

SINGAPORE ACCIDENT STATEMENT

IMPORTANT NOTICE

1. Please report correctly the details of the accident to speed up the claims process.
2. This Form must be completed by the Policyholder and/or the Actual Driver
3. Information provided must be as truthful and accurate as possible. Any wilful misrepresentation or withholding of material facts may allow insurance companies to repudiate policy liability.
4. The issue and acceptance of this Form by insurance companies is not an admission of policy liability on the part of the insurance companies.
5. **Any false reporting may be referred to the Police for investigation.**
6. This report will be forwarded by the insurers of the GIA Records Management Centre established by the General Insurance Association of Singapore (GIA) for archiving and that copies of this report will, for a fee, be made available upon application by interested parties.
7. By the lodgement of this report to the insurers, you hereby consent to the archiving of this report at the centre and to copies of the report being made available aforesaid.

ACCIDENT STATEMENT

Date of Submission	14/06/2023 12:20 (SGT)
Reported by	Actual Driver
Date of Accident	12/06/2023 18:20 (SGT)
Exact Location of Accident	20 Ah Hood Rd, Singapore 329984
Additional Location Information	ZHONGSHAN MALL CARPARK
Country/State of Loss	Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SNF3998D
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INSURED/POLICYHOLDER

Is company?	No
Name Of Registered Owner	SHU JING
NRIC No	SXXXX699I
Email Address	junmin147@icloud.com
Mobile Phone No	(Phone) +65-91505858
Alternative Phone No	-

VEHICLE PARTICULARS

Manufacturer	Lamborghini
Model	Aventador
Variant	-
Exact purpose for which vehicle was being used at time of accident	Private use
Are you claiming under your own insurance policy for repair to your vehicle?	No - Claiming third party
Vehicle Category	Private car
Transmission	Auto
CC	6498

INSURANCE COMPANY

Name of Insurance Company	AIG Asia Pacific Insurance Pte. Ltd.
Policy Number / Cover Note Number	7220058474-01

DRIVER

Name of Driver	GOH CHIEN SIONG
NRIC No	SXXXX651G
Date Of Birth	14/07/1979
Occupation	Indoor

Date Of Driving Pass	29/11/1997
Driving experience	25 YEARS AND 7 MONTHS
Gender	Male
Mobile Number	(Phone) +65-91505858
Alt. Phone Number	-
Email Address	sales@siongdoor.com
Address	BLK 987B JURONG WEST STREET 93 #17-569
Address complement	-
Postcode	642987
Is the driver the policyholder?	No
If No, Relationship of the Driver with the Insured	Spouse
Does Driver Own Other Vehicles?	No
Vehicle Registration Number of Other Vehicle Owned by Driver	-
Insurance Company of Other Vehicle Owned by Driver	-

GENERAL INFORMATION OF THE ACCIDENT

Type of Accident	Hit and run / Vandalism / Damaged whilst parked
Weather Conditions	Clear
Road Surface	Dry

OTHER INFORMATION

Was any foreign vehicle involved in the accident?	No
Number of vehicles involved in the accident	2
Was anybody injured in the Accident?	No
Was any injured conveyed to hospital by ambulance?	-
Was any other vehicle or property damaged?	Yes
Number of Passengers (Including Driver)	0
Has the driver been approached by unknown person(s) soliciting/offering accident claims assistance?	No
Translator's name	-
Translator's ID	-
Translator's phone number	-
Translator's email	-
Original language used in the statement	-

DETAILS OF POLICE ACTION

Was the accident reported to the police?	Yes
Police Station Name	Tanglin Division Headquarters
Police Station Phone No	(Phone) +65-18003910000
Alt. Police Station Phone No	(Fax) +65-63964900
Police Station Address	21 Kampong Java Road Singapore 228892
Was notice of intended Prosecution given?	No
If yes, against whom?	-

CIRCUMSTANCES OF ACCIDENT

PLEASE REFER TO POLICE REPORT E/20230612/7054

ATTACHMENT(S)

Are accident photos available for attachment?	Yes
Was there any video captured by Car Camera?	No

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	SLQ4749R
Vehicle Manufacturer	-
Vehicle Model	-
Vehicle Variant	-

Vehicle Colour	-
Vehicle Category	Private car
Name of Driver	MR. SOH
Contact Number	(Phone) +65-81123559
Address	-
Address complement	-
Postcode	-
Insurance Company Name	-
Nature Of Damage	-
Details of property damaged in accident	-
No. Of Passenger (Including Driver)	-

SKETCH PLAN

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7. By the lodgement of this report to the insurers, you hereby consent to the archiving of this report at the centre and to copies of the report being made available aforesaid.
8. **Consent under the Personal Data Protection Act (PDPA)**
I understand, acknowledge, agree and consent that :
(a) My insurer, my workshop and the General Insurance Association of Singapore ("GIA") may/are permitted to collect, use, disclose and/or process my personal data/personal information set out in this (Form) and any other personal information provided by me or possessed by my insurer (collectively the "Personal Information") and disclose and transfer such Personal Information to all insurer(s) who have insured vehicle(s) involved in this accident (all insurer(s) who have insured vehicle(s) involved in this accident shall be collectively referred to as the "Insurers"), the Insurers' lawyers/law firms, the Monetary Authority of Singapore and any relevant government agency/authority (such as the police), for the purpose(s) of :
(i) processing, handling and/or dealing with my claims including the settlement of the claims and any necessary investigations relating to the claims;
(ii) investigating the accident and/or my claims;
(iii) carrying out and/or dealing with my instructions or responding to any enquiries by me;
(iv) administering my claims (including the mailing of correspondence, statements, invoices, reports or notices to me, which could involve disclosure of certain personal data about me to bring about delivery of the same as well as on the external cover of envelopes/mail packages); and/or
(v) complying with applicable law in administering, processing, handling and/or dealing with my claims.
(collectively the "Purposes")
(b) all insurer(s) who have insured vehicle(s) involved in this accident and the Insurers' lawyers/law firms, may/are permitted to collect, use, disclose and/or process my Personal Information for one or more of the above Purposes; and
(c) my Personal Information may/can be disclosed by any of the Insurers and/or GIA to their third party service providers or agents (including their lawyers/law firms), which may be sited outside of Singapore, for one or more of the above Purposes.

Policyholder's Signature / Date & Time

Driver's Signature (if driver is not the policyholder) / Date & Time

Witnessed by Reporting Centre Personnel

Sketch Plan

Vehicle A: SNF2998D

Vehicle B: SLQ4749R



Describe Circumstances of the Accident

Refer to police report E	20230612	7054
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Declaration

We declare the foregoing particulars are true in every respect.

Policyholder's Signature / Date & Time

Driver's Signature (if driver is not the policyholder) / Date & Time

Witnessed by Reporting Centre
Personnel



















**SINGAPORE
POLICE FORCE**



E/20230612/7054

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POLICE REPORT (NP299)

Report No. E/20230612/7054

Police Station Of Origin
Tanglin Division HQ
21 Kampong Java Road SINGAPORE
228892
Tel No: 1800-3910000

Date/Time Report Made 12/06/2023 19:20	Vide Report No.	Station Diary No.
Name Of Informant GOH CHIEN SIONG	Address 987B JURONG WEST STREET 93 #17-569 SINGAPORE 642987	
ID Type / ID No. NRIC NO / S7919651G	Contact No. Home/Office:	Mobile: 91505858
Nationality SINGAPORE CITIZEN	Email Address SALES@SIONGDOOR.COM	
Occupation Managing director/Chief executive officer	Sex Male	Age 43
Institution/School Name	Date of Birth 14/07/1979	Race Chinese
Date/Time Of Incident 12/06/2023 18:10 - 12/06/2023 18:40	Location Of Incident zhongshall mall carpark	

Brief details.

we entered zhongshall mall carpark at about 6.10pm for dinner and proceed to the carpark to collect our car at 6.40pm and realize there is damage and scratches on the front left fender. We approached the mall to inform the security team and they said they will get their officer to contact us. My car plate SNF 3998D car Make Lambo LP 700. No car cam thus we need the mall to provide CCTV footage

Subjects Involved
Victim

Signature Of Officer Recording The Report: Not applicable	Signature Of Informant: The identity of the person making this report has been authenticated by Singpass. No signature is required.
Signature Of Interpreter: Not applicable	Date/Time: 12/06/2023 19:20
Officer In-Charge Of Case:	Classification Of Case:

This report is lodged at Moulmein NPP Kiosk



SINGAPORE
POLICE FORCE



E/20230612/7054

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POLICE REPORT (NP299)

CONTINUATION OF REPORT

Report No. E/20230612/7054

Person Name	GOH CHIEN SIONG		
ID Type	NRIC NO	ID No	S7919651G
Gender	Male	Age	43
Race	Chinese	Language	English
Occupation	Managing director/Chief executive officer	Address	987B JURONG WEST STREET 93 #17-569 SINGAPORE 642987
Mobile No	91505858	Is Informant A Victim?	Yes
Person Name	GOH CHIEN SIONG (Informant)		

Signature Of Officer Recording The Report: Not applicable	Signature Of Informant: The identity of the person making this report has been authenticated by Singpass. No signature is required.
Signature Of Interpreter: Not applicable	Date/Time: 12/06/2023 19:20
Officer In-Charge Of Case:	Classification Of Case:

This report is lodged at Moulmein NPP Kiosk