# **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 witholding 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.

- 4. The issue and acceptance of this is form by instrained 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 30/06/2023 17:35 (SGT) Reported by Owner Date of Accident 29/06/2023 07:50 (SGT) Exact Location of Accident 1300 ECP, Singapore 468964 Additional Location Information Open Space Carpark Country/State of Loss Singapore

### **DETAILS OF OWN VEHICLE**

Kia

1591

Vehicle Registration Number SLT7029A

INSURED/POLICYHOLDER

Is company? No Name Of Registered Owner NEO KAI CHIAT (LIANG KAIJIE) NRIC No SXXXX804I Email Address quantumage@yahoo.com Mobile Phone No (Phone) +65-97268216 Alternative Phone No

### VEHICLE PARTICULARS

Manufacturer

Model Cerato 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 No - Claiming third party your vehicle? Vehicle Category Private car Transmission Auto

**INSURANCE COMPANY** 

Name of Insurance Company AIG Asia Pacific Insurance Pte. Ltd. Policy Number / Cover Note Number 1700075617-05

DRIVER

CC

Name of Driver TAN PIN XIU (CHEN PINXIU) NRIC No SXXXX917J Date Of Birth 05/10/1985 Occupation Indoor

Date Of Driving Pass 08/11/2004 Driving experience 18 YEARS AND 7 MONTHS Gender Female Mobile Number (Phone) +65-96408726 Alt. Phone Number Email Address quantumage@yahoo.com Address 33 PUNGGOL FIELD #12-11 SINGAPORE Address complement Postcode 828817 Is the driver the policyholder? No If No, Relationship of the Driver with the Insured Spouse Does Driver Own Other Vehicles? Nο 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 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) 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 **Bedok Division Headquarters** Police Station Phone No (Phone) +65-18002440000 Alt. Police Station Phone No (Fax) +65-64443009 Police Station Address 30 Bedok North Road Singapore 469676 Was notice of intended Prosecution given? If yes, against whom? CIRCUMSTANCES OF ACCIDENT REFER TO POLICE REPORT # G/20230630/7040 ATTACHMENT(S) Are accident photos available for attachment? Yes Was there any video captured by Car Camera? Yes **DETAILS OF OTHER VEHICLE PROPERTY 1** Vehicle Registration Number YP6775C Vehicle Manufacturer

Vehicle Model
Vehicle Variant

Vehicle Colour	-
Vehicle Category	Commercial vehicle
Name of Driver	-
Contact Number	-
Address	-
Address complement	-
Postcode	-
Insurance Company Name	-
Nature Of Damage	-
Details of property damaged in accident	-
No. Of Passenger (Including Driver)	-

#### SKETCH PLAN

#### 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.
- Information provided must be as <u>truthful and accurate as possible</u>. Any wilful misrepresentation or withholding of material facts may allow insurance companies to <u>repudiate policy liability</u>.
- 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 Traffic Police Department for investigation.

- This report will be forwarded by the insurers to 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.
- 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.

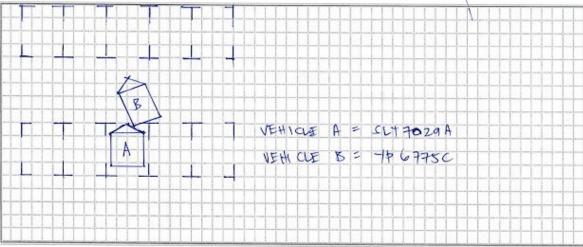
falled 1630

Policyholder's Signature / Date & Time

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

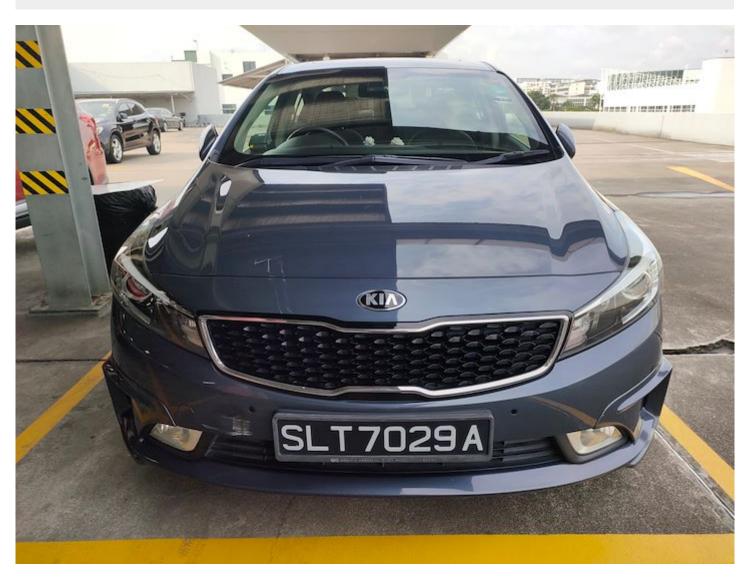
Witnessed by Reporting Certin Personnel (Name as in NRIC/ID carts)

Sketch Plan

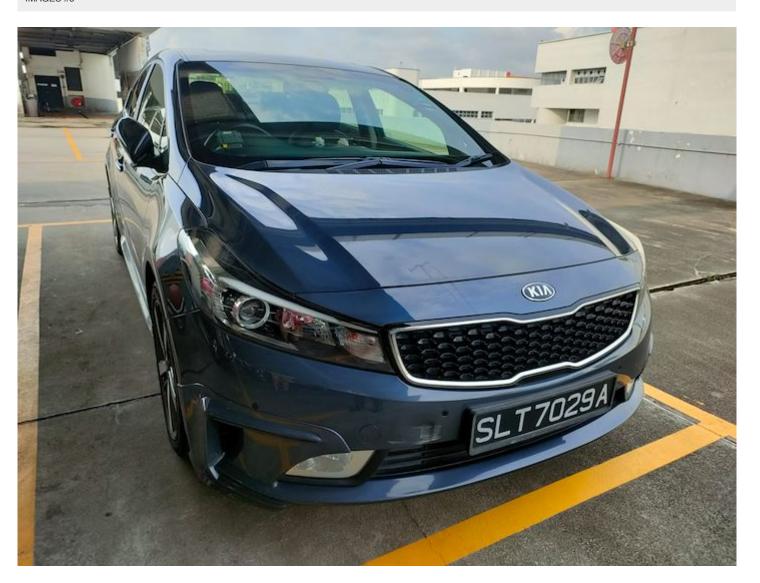


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- KEFER TO	POLICE REPORT # 11/2023 0630 7040
	N.F
aration declare the foregoing particulars	are true in every respect.
Eddy 30 June 2023	
holder's Signature / Date & Time	Driver's Signature (if driver is not the policyholder) / Date  Witnessed by Reporting Coope Personnel
THE STREET LAND & 11110	Driver's Signature (if driver is not the policyholder) / Date  8. Time  Witnessed by Reporting Ceotre Personnel (Name as in NRICriD card)
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Report No. G/20230630/7040

## POLICE REPORT (NP299)

Police Station Of Origin Bedok Division HQ 30 Bedok North Road SINGAPORE 469676 Tel No:1800-2440000

Date/Time Report Made 30/06/2023 14:37	Vide Re	port No.		Station Diary No.
Name Of Informant	Address			
NEO KAI CHIAT	33 PUN	GGOL FIEL	D #12-11 SINGA	PORE 828817
ID Type / ID No. NRIC NO / S8340804I	Contact Home/C	No.	Mobile: 97268216	OKE 020017
Nationality SINGAPORE CITIZEN	Email Address quantumage@yahoo.com			
Occupation	Sex	Age	Date of Birth	Race
Analyst	Male	39	16/12/1983	Chinese
Institution/School Name	Language English			
Date/Time Of Incident	Location Of Incident			
29/06/2023 07:50 - 29/06/2023 07:50	1300 EAST COAST PARKWAY SINGAPORE 468964			

Earlier today (30 June) at 1330hrs, i realised there were scratches on the front bonnet of my car (SLT 7029A) and a dent at the left side of my carplate number. I checked my in car camera and realised there was a hit and run incident by a commercial lorry YP6775C supposedly from Ina engineering and construction pte ltd on 29 June about 7.50am when my car was parked at East Coast Park Carpark F2. There was no one in the car during the incident time. There was also no note left on the car after the incident. I called my insurance company on the steps to be taken and they have advised me to lodge a police report and accident report at my car dealer to facilitate insurance claim for the repair. I am lodging this report for my insurer to follow up.

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: 30/06/2023 14:37
Officer In-Charge Of Case:	Classification Of Case:





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POLICE REPORT (NP299)

CONTINUATION OF REPORT

Report No. G/20230630/7040

Suspect			Maria de la companya del companya de la companya del companya de la companya de l
Person Name	Unknown		
Victim			
Person Name	NEO KAI CHIAT		
ID Type	NRIC NO	ID No	S8340804I
Gender	Male	Age	39
Race	Chinese	Language	English
Occupation	Analyst	Address	33 PUNGGOL FIELD #12-11 SINGAPORE 828817
Mobile No	97268216	Is Informant A Victim?	Yes

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: 30/06/2023 14:37
Officer In-Charge Of Case:	Classification Of Case: