

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	10/07/2023 16:13 (SGT)
Reported by	Both Policyholder and Actual Driver
Date of Accident	08/07/2023 15:00 (SGT)
Exact Location of Accident	166A Yung Kuang Rd, Singapore 611166
Additional Location Information	EITHER AT JURONG POINT MALL CAR PARK OR MY RESIDENTIAL (BLK 166A YUNG KUANG ROAD) CAR PARK
Country/State of Loss	Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SMN8238B
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INSURED/POLICYHOLDER

Is company?	No
Name Of Registered Owner	CHAI CHUNG CHEEN
NRIC No	SXXXXX062A
Email Address	CCCHAI2000@GMAIL.COM
Mobile Phone No	(Phone) +65-96159738
Alternative Phone No	-

VEHICLE PARTICULARS

Manufacturer	Audi
Model	A5
Variant	SPORTBACK 2.0 TFS
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?	Yes
Vehicle Category	Private car
Transmission	Auto
CC	1984

INSURANCE COMPANY

Name of Insurance Company	AIG Asia Pacific Insurance Pte. Ltd.
Policy Number / Cover Note Number	1900121316-03

DRIVER

Name of Driver	CHAI CHUNG CHEEN
NRIC No	SXXXXX062A
Date Of Birth	17/09/1980

Occupation	Indoor
Date Of Driving Pass	08/09/2013
Driving experience	9 YEARS AND 10 MONTHS
Gender	Male
Mobile Number	(Phone) +65-96159738
Alt. Phone Number	-
Email Address	CCCHAI2000@GMAIL.COM
Address	BLK 166A YUNG KUANG ROAD
Address complement	#08-16
Postcode	611166
Is the driver the policyholder?	Yes
If No, Relationship of the Driver with the Insured	-
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	Jurong Division Headquarters
Police Station Phone No	(Phone) +65-18007910000
Alt. Police Station Phone No	(Fax) +65-68965647
Police Station Address	No. 2 Jurong West Avenue 5 Singapore 649482
Was notice of intended Prosecution given?	No
If yes, against whom?	-

CIRCUMSTANCES OF ACCIDENT

PLEASE REFER TO THE ATTACHED POLICE REPORT DATED 8 JULY 2023.

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	UNKNOWN
Vehicle Manufacturer	-
Vehicle Model	-

Vehicle Variant	-
Vehicle Colour	-
Vehicle Category	NA / Unknown
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

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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

Sketch Plan

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

Witnessed by Reporting Centre Personnel



Damaged Area Chit by unknown vehicle)

Describe Circumstances of the Accident

Please refer to attached Police Report dated 8 July 2023

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







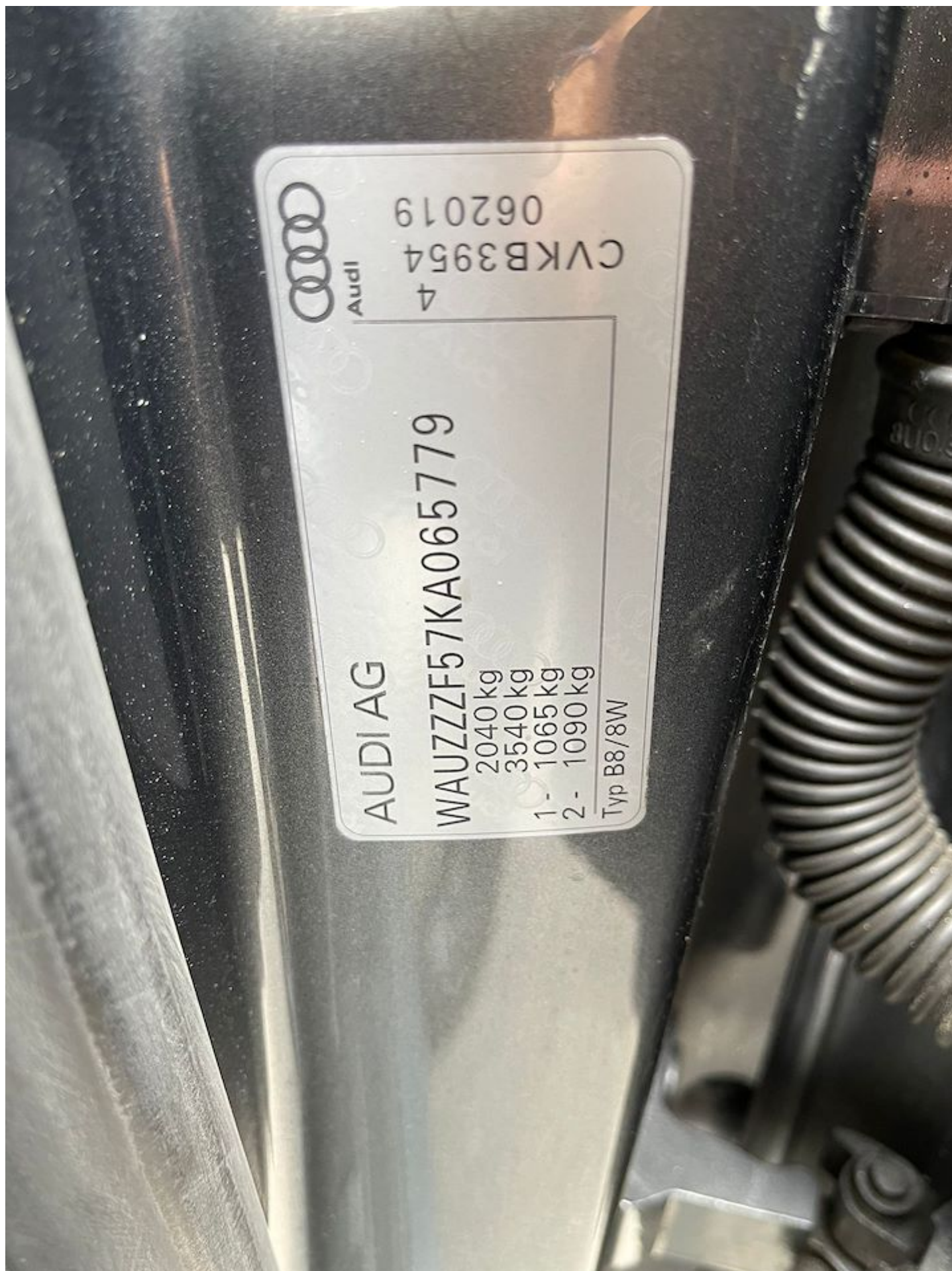
































**SINGAPORE
POLICE FORCE**



J/20230708/7040

1 of 2

POLICE REPORT (NP299)

Report No. J/20230708/7040

Police Station Of Origin
Jurong Division HQ
2 Jurong West Avenue 5 SINGAPORE
649482
Tel No:1800-7910000

Date/Time Report Made 08/07/2023 16:57	Vide Report No.	Station Diary No.		
Name Of Informant CHAI CHUNG CHEEN	Address 166A YUNG KUANG ROAD #08-16 SINGAPORE 611166			
ID Type / ID No. NRIC NO / S8089062A	Contact No. Home/Office:	Mobile: 96159738		
Nationality MALAYSIAN	Email Address ccchai2000@gmail.com			
Occupation Other specialist medical practitioners (medical)	Sex Male	Age 42	Date of Birth 10/09/1980	Race Chinese
Institution/School Name	Language English			
Date/Time Of Incident 08/07/2023 15:00 - 08/07/2023 15:05	Location Of Incident 166A YUNG KUANG ROAD #08-16 YUNG KUANG COURT SINGAPORE 611166			

Brief details.

noticed my car right (driver's side) lower bumper got scratched and indented. I am not able to tell when it have happened exactly, but my estimate was roughly from yesterday (7/7/23) 8.45pm when I was in Jurong Point to today 8/7/23, 3pm when I happened to notice the scratches in the car park in my unit.

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: 08/07/2023 16:57
Officer In-Charge Of Case:	Classification Of Case:

This report is lodged at Jurong West NPC Kiosk 1



**SINGAPORE
POLICE FORCE**



J/20230708/7040

2 of 2

POLICE REPORT (NP299)

CONTINUATION OF REPORT

Report No. J/20230708/7040

Person Name	CHAI CHUNG CHEEN		
ID Type	NRIC NO	ID No	S8089062A
Gender	Male	Age	42
Race	Chinese	Language	English
Occupation	Other specialist medical practitioners (medical)	Address	166A YUNG KUANG ROAD #08-16 SINGAPORE 611166
Mobile No	96159738	Is Informant A Victim?	Yes
Person Name	CHAI CHUNG CHEEN (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: 08/07/2023 16:57
Officer In-Charge Of Case:	Classification Of Case:

This report is lodged at Jurong West NPC Kiosk 1