

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 First Submission	31/07/2023 09:23 (SGT)
Reported by	Both Policyholder and Actual Driver
Date of Accident	14/07/2023 19:30 (SGT)
Exact Location of Accident	Singapore
Additional Location Information	Green leaf place
Country/State of Loss	Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SMR5541Z
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INSURED/POLICYHOLDER

Is company?	Yes
Name Of Registered Owner	Downtown Travel Services Pte Ltd
Company Reg No	1XXXXX671H
Email Address	Rafizah@tchospitality.Asia
Mobile Phone No	(Phone) +65-67038491
Alternative Phone No	-

VEHICLE PARTICULARS

Manufacturer	Subaru
Model	Xv
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	2000

INSURANCE COMPANY

Name of Insurance Company	AIG Asia Pacific Insurance Pte. Ltd.
Policy Number / Cover Note Number	7990000060-01 / 1220000253-01

DRIVER

Name of Driver	Heidi Margriet J D'Hollander
Passport No/FIN	GXXXX602R
Date Of Birth	19/06/1975
Occupation	Indoor

Date Of Driving Pass	21/07/2020
Driving experience	3 YEARS
Gender	Female
Mobile Number	(Phone) +65-91279727
Alt. Phone Number	-
Email Address	Rafizah@tchospitality.Asia
Address	23 Greenleaf place
Address complement	-
Postcode	279433
Is the driver the policyholder?	No
If No, Relationship of the Driver with the Insured	Hirer
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	Clementi Neighbourhood Police Centre
Police Station Phone No	(Phone) +65-18008729999
Alt. Police Station Phone No	(Fax) +65-68728039
Police Station Address	No. Singapore 129858
Was notice of intended Prosecution given?	No
If yes, against whom?	-

CIRCUMSTANCES OF ACCIDENT

REFER TO POLICE REPORT

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	SDR826S
Vehicle Manufacturer	-
Vehicle Model	-
Vehicle Variant	-

Vehicle Colour	-
Vehicle Category	Private car
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.
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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.
6. 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.
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' law yers/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 w ith 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 w ell as on the external cover of envelopes/mail packages); and/or
 - (v) complying w ith applicable law in administering, processing, handling and/or dealing w ith 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

SMR5541Z	
	
Green leaf place	

Describe Circumstance of the Accident

Refer to police report

Declaration

I/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**


T/20230721/2016

Police Station Of Origin:
Clementi N.P.C
20 Clementi Avenue 5 SINGAPORE 129858
Tel No: 1800-8729999

1 of 3

Report No. T/20230721/2016

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 21/07/2023 10:06		Vide Report No.:		Station Diary No.: 12	
Informant's Particulars					
Name of Informant: HEIDI MARGRIET J D'HOLLANDER			Address: 29 GREENLEAF PLACE BAN GUAN PARK SINGAPORE 279433		
ID Type / ID No.: FIN NO / G3881602R			Contact No.: Home/Office: Mobile: 91279727		
Nationality: BELGIAN			Email:		
Sex: Female	Age: 48	Date of Birth: 19/06/1975	Type of Informant: Driver		
Race: European			Language: English		
Occupation: Unemployed			Driving Licence Information: Class: 2B,3 Date of Expiry:		

General Information of the Accident				
Type of Accident:	Non-Injury	Drink Drive: No	Date/Time of Accident: 14/07/2023 19:30	Type of Location: Straight Road
Location: GREENLEAF PLACE				
Weather: Clear		Road Surface: Dry		
Traffic Flow: Two Way		Traffic Control: Not Controlled		Traffic Volume: No Traffic
Type of Collision: Moving Vehicle Against - Parked Vehicle				Anyone conveyed by ambulance: No

Details of Vehicle Involved						
Vehicle No.	Type	Make	Model	Color	Condition	No of Passenger
SMR5541Z	Car				Seriously Damaged	0

Details of Person Involved	
Any Pedestrian Involved: No	
No. of Pedestrians Injured: NIL	Use of Pedestrian Crossing: NA


**SINGAPORE
POLICE FORCE**


T/20230721/2016

Police Station Of Origin:
Clementi N.P.C
20 Clementi Avenue 5 SINGAPORE 129858
Tel No: 1800-8729999

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Report No. T/20230721/2016

CONTINUATION OF REPORT

Driver			
Name	HEIDI MARGRIET J D'HOLLANDER	ID No.	G3881602R
Related Vehicle	SMR5541Z (Car)	Contact No.	91279727
Hospital/Clinic	NIL	Class of Driving Licence & Expiry Date	Class: 2B,3 Date of Expiry: NIL
Date Treatment	NIL	Date Discharge	NIL
No. of Days granted Medical Leave	NIL	Degree of Injury	NIL

Brief Details.

I wish to state that I am driving a long-term lease rental car bearing license plate no. SMR5541Z for about two years now, from DownTown Travel Services. On 14/07/2023 at about 1845hrs, I had parked the said vehicle outside of my residence located at 29 Greenleaf Place, Ban Guan Park. That was the last time I had seen my vehicle intact, with no damages.

On 14/07/2023 at about 1930hrs, I had left my unit and noticed that there had been visible damages on my parked vehicle. The damages are such as dents, cracks and scratches on the driver right-side door, right side lower body and stretching to the right-side passenger door. At said time, I had no suspects in mind, and there had been no letters placed on my vehicle. I had thus left the vehicle in its position, while I called DownTown Travel Services to inform them of the matter and seek their advice.

However, on 15/07/2023 at about 0930hrs, I had made a check and discovered that there had been a letter placed on the front windscreen of my vehicle. I wish to state that I can confirm that the said letter had not initially been there, when I had made a check the night prior. The letter was addressed to me, with content stating 'I accidentally grazed your car to allow a truck to pass by at 7:00pm. If you notice some scratches on your right side, please call me at Tel: 96280800 to discuss after 10:00am in the morning.' The letter sender was written by namely 'Dr Phua Kai Hong' whom I recognize as my neighbor from 31 Greenleaf Place.

Dr Phua owns a motorcar vehicle bearing license plate no. SDR826S, which I believe may be the vehicle involved in causing the said accident. I had reached out to Dr Phua on the accident claims matters; however, he had been difficult on the negotiation and discussion process. I had also been faced difficulties in reaching out to DownTown Travel Service, which I believe should have been the direct contact for negotiations and settlements with Dr Phua on the accident caused. Thus, I require police assistance on the matter.

I do not have any footages of the accident. I had sent the vehicle back to DownTown Travel Services, and I am unsure whether it had been repaired since then.



**SINGAPORE
POLICE FORCE**



T/20230721/2016

3 of 3

Police Station Of Origin:
Clementi N.P.C
20 Clementi Avenue 5 SINGAPORE 129858
Tel No: 1800-8729999

Report No. T/20230721/2016

CONTINUATION OF REPORT

Signature of Officer Recording The Report:

D /
SGT 2 MUHAMMAD MIQDAD
BIN FISALL

Signature Of Interpreter:

Not applicable

Officer In Charge Of Case:

TP / GIA /
SR STAFF SGT FAHKRUL RAZI BIN SUHAIME
Contact No.: 65470000

Signature Of Informant:

Date/Time:

21/07/2023 10:06

Classification Of Case:

NP168