

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	02/08/2023 15:37 (SGT)
Reported by	Both Policyholder and Actual Driver
Date of Accident	01/08/2023 21:00 (SGT)
Exact Location of Accident	Pasir Ris Street 11, Singapore
Additional Location Information	PASIR RIS ST 11, TURNING RIGHT INTO CLUSTER OF BLOCKS TO BLK 185
Country/State of Loss	Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SFN8088A
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INSURED/POLICYHOLDER

Is company?	No
Name Of Registered Owner	TAN KONG HUI
NRIC No	SXXXX965E
Email Address	ADRIAN.TAN@U-BLOX.COM
Mobile Phone No	(Phone) +65-96646300
Alternative Phone No	-

VEHICLE PARTICULARS

Manufacturer	Audi
Model	A6
Variant	DESIGN 2.0 TFSI S
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	2070111159-03

DRIVER

Name of Driver	TAN KONG HUI
NRIC No	SXXXX965E
Date Of Birth	31/05/1963

Occupation	Indoor
Date Of Driving Pass	08/06/1988
Driving experience	35 YEARS AND 2 MONTHS
Gender	Male
Mobile Number	(Phone) +65-96646300
Alt. Phone Number	-
Email Address	ADRIAN.TAN@U-BLOX.COM
Address	185 PASIR RIS STREET 11
Address complement	#02-62
Postcode	510185
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)	1
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	Pasir Ris Neighbourhood Police Centre
Police Station Phone No	(Phone) +65-18005852999
Alt. Police Station Phone No	(Fax) +65-65855261
Police Station Address	1 Pasir Ris Drive 4 #01-01 Singapore 519457
Was notice of intended Prosecution given?	No
If yes, against whom?	-

CIRCUMSTANCES OF ACCIDENT

PLEASE REFER TO THE TRAFFIC POLICE REPORT NO: T/20230801/2100.

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	GBJ987B
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

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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 :

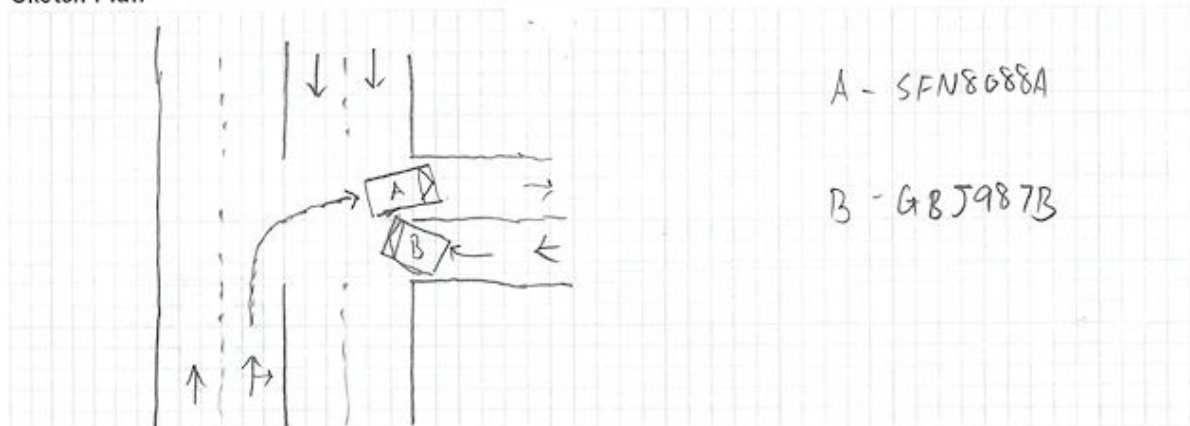
- (i) processing, handling and/or dealing with my claims including the settlement of the claims and any necessary investigations relating to the claims;
 - (ii) investigating the accident and/or my claims;
 - (iii) carrying out and/or dealing with my instructions or responding to any enquiries by me;
 - (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' law yers/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 law yers/law firms), which may be sited outside of Singapore, for one or more of the above Purposes.

 Policyholder's Signature / Date & Time 2nd Aug 2023	 Driver's Signature (If driver is not the policyholder) / Date & Time	 Witnessed by Reporting Centre Personnel Tony Foong
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Sketch Plan




Describe Circumstances of the Accident

Please Refer to the traffic Police
Report NO: 7/20230801/2100

Declaration

We declare the foregoing particulars are true in every respect.

 20 Aug 2023
Policyholder's Signature / Date & Time

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


Witnessed by Reporting Centre Personnel
Tony Poong



**SINGAPORE
POLICE FORCE**



T/20230801/2100

Police Station Of Origin:
Pasir Ris N.P.C
1 Pasir Ris Drive 4 #01-01 SINGAPORE
519457
Tel No: 1800-5852999

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Report No. T/20230801/2100

CONTINUATION OF REPORT

Vehicle Owner			
Name	TAN KONG HUI	ID No.	S1606965E
Related Vehicle	NIL	Contact No.	96646300
Hospital/Clinic	NIL	Class of Driving Licence & Expiry Date	Class: 3 Date of Expiry: NIL
Date Treatment	NIL	Date Discharge	NIL
No. of Days granted Medical Leave	NIL	Degree of Injury	NIL

Brief Details.

On the 1/8/2023 at about 9pm, I (SFN8088A) was travelling along Pasir Ris Street 11, turning right into the cluster of blocks leading to Blk 185 Pasir Ris Street 11.

As I was approaching the entrance of the carpark, there was a vehicle (GBJ987B) waiting to turn right into Pasir Ris Street 11. After ensuring that the traffic from the opposite direction is clear, I make a right turn into the carpark. When I made the right turn, the vehicle (GBJ987B) suddenly moved forward and collided onto the rear right of my vehicle. I horned at the driver to alert him about the collision, however the driver did not even attempt to stop. I even tried to chase the vehicle, however to no avail.

I do have an in-car camera installed in my vehicle and it captured the whole accident. I am not injured. I am lodging this report as I would like to claim from my insurance.











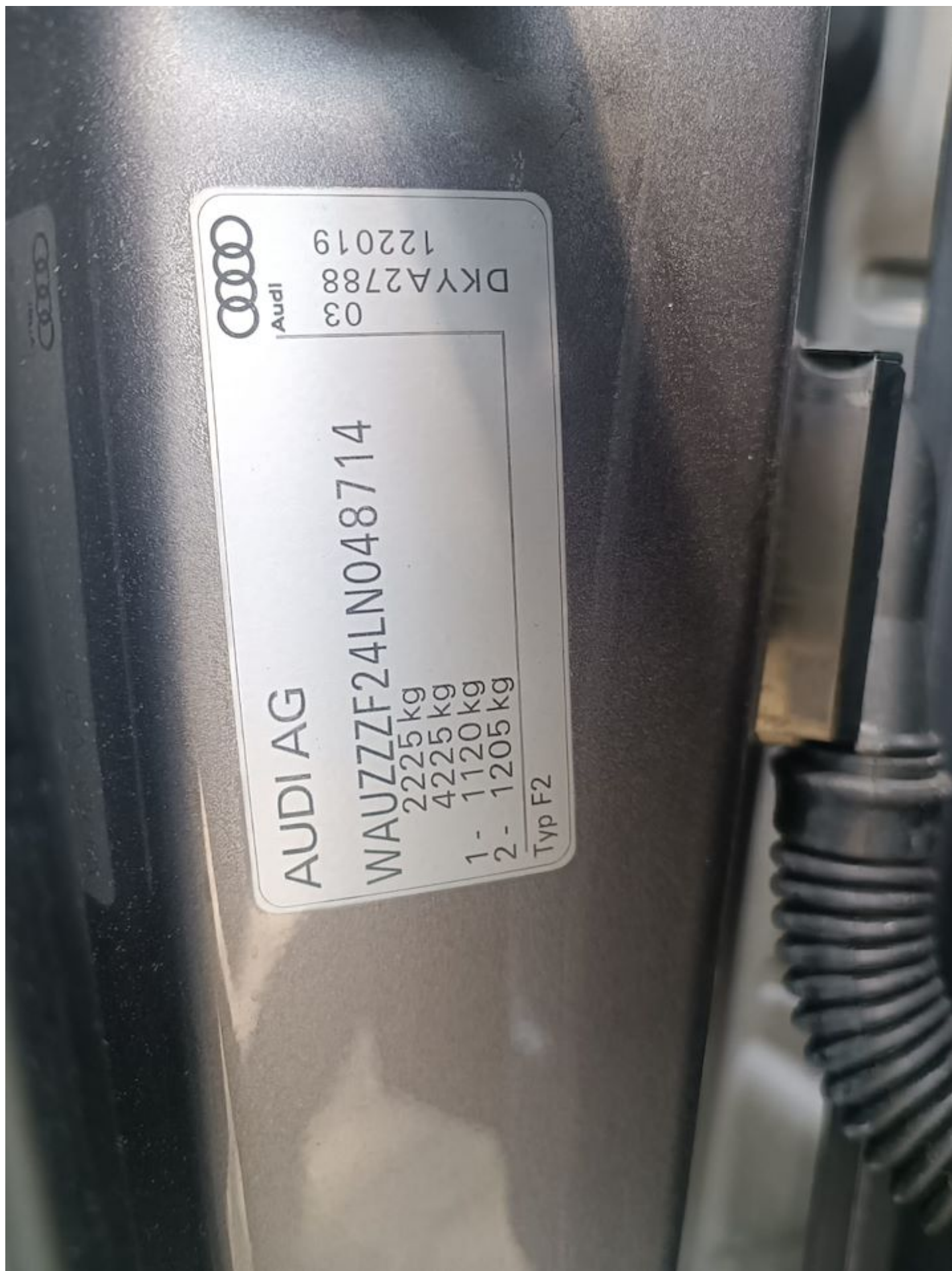












































SINGAPORE POLICE FORCE



T/20230801/2100

1 of 3

Police Station Of Origin:
Pasir Ris N.P.C
1 Pasir Ris Drive 4 #01-01 SINGAPORE
519457
Tel No: 1800-5852999

Report No. T/20230801/2100

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 01/08/2023 22:19		Vide Report No.:		Station Diary No.: 86
Informant's Particulars				
Name of Informant: TAN KONG HUI		Address: APT BLK 185 PASIR RIS STREET 11 #02-62 SINGAPORE 510185		
ID Type / ID No.: NRIC NO / S1606965E		Contact No.: Home/Office: Mobile: 96646300		
Nationality: SINGAPORE CITIZEN		Email:		
Sex: Male	Age: 60	Date of Birth: 31/05/1963	Type of Informant: Vehicle Owner	
Race: Chinese		Language:		
Occupation: SALES GENERAL MANAGER		Driving Licence Information: Class: 3 Date of Expiry:		

General Information of the Accident				
Type of Accident:	Non-Injury Hit and Run	Drink Drive: No	Date/Time of Accident: 01/08/2023 21:00	Type of Location: T-Junction
Location: PASIR RIS STREET 11				
Weather: Clear		Road Surface: Dry		
Traffic Flow: Dual Carriage Way		Traffic Control: Not Controlled		Traffic Volume: No Traffic
Type of Collision: Between Moving Vehicles - Side Swipe - Opposite Direction				Anyone conveyed by ambulance: No

Details of Vehicle Involved						
Vehicle No.	Type	Make	Model	Color	Condition	No of Passenger
GBJ987B	Van					0
SFN8088A	Car				Slightly Damaged	0

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



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T/20230801/2100

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Vehicle Owner			
Name	TAN KONG HUI	ID No.	S1606965E
Related Vehicle	NIL	Contact No.	96646300
Hospital/Clinic	NIL	Class of Driving Licence & Expiry Date	Class: 3 Date of Expiry: NIL
Date Treatment	NIL	Date Discharge	NIL
No. of Days granted Medical Leave	NIL	Degree of Injury	NIL

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T/20230801/2100

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3 of 3

Report No. T/20230801/2100

CONTINUATION OF REPORT

Signature of Officer Recording The Report:

G /
SGT 3 AMAL NADHIRAH BINTE
JUFRI

Signature Of Interpreter:

Not applicable

Officer In Charge Of Case:

TP / HRT /
SR STAFF SGT NEO ZHI YUAN
Contact No.: 65476079

Signature Of Informant:

Date/Time:

01/08/2023 22:19

Classification Of Case:

NP168