

## 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 Authorised 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 ability.
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 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 Report	08/01/2018 18:17
Date Of Accident	08/01/2018 06:55
Exact Location Of Accident	BLK 517 SERANGOON NORTH AVE 4 S550517
Country/State of Loss	SINGAPORE

### DETAILS OF OWN VEHICLE

Vehicle Registration Number	SJU9188D
<b>Insured/Policyholder</b>	
Name Of Registered Owner	MARK THIA KAI HWEE
NRIC No	S1655591F
Email Address	MARKTHIA7288@GMAIL.COM
Mobile Phone No	(LOCAL) +65-91159738
Alternative Phone No	OFFICE-91159738

### Vehicle Particulars

Manufacturer	BMW
Model	730LI
Exact Purpose for which vehicle was being used at time of accident	
Are you claiming under your own insurance policy for repair to your vehicle?	NO
If No, Please state action to be taken	THIRD PARTY
Vehicle Category	PRIVATE CAR

### Insurance Company

Name of Insurance Company	AXA INSURANCE PTE LTD
Type Of Coverage	COMPREHENSIVE
Fleet Policy	NO
Policy Number	GA079232
Cover Note Number	

### Driver

Name of Driver	MARK THIA KAI HWEE
NRIC No	S1655591F
Date Of Birth	28/12/1964
Occupation	INDOOR
Date Of Driving Pass	21/06/1990
Driving Experience	27 YEARS AND 6 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-91159738
Fax Number	
Contact Number	OFFICE-91159738
Email Address	MARKTHIA7288@GMAIL.COM

Address	BLK 517 SERANGOON NORTH AVE 4 #04-236
Postcode	550517
Was driver an employee of the Insured's Company	NO
If No, Relationship of the Driver with the Insured	OWNER
Vehicle Registration Number of Driver's Own Vehicle	-
	-
	-
Insurance Company of Driver's Own Vehicle	-
	-
	-

#### General Information of the Accident

Type Of Accident	HIT AND RUN / VANDALISM / DAMAGED WHILST PARKED
Weather Conditions	RAINING
Road Surface	WET

#### Other Information

Was any foreign vehicle involved in this accident?	NO
Number of vehicles involved in the accident	
Was any body injured in the Accident?	NO
Was any injured conveyed to hospital by ambulance?	NO
Was any other material or property damaged?	YES
I have been approached by unknown person(s) soliciting/offering accident claims assistance.	NO
Number of Passengers (Including Driver)	0

#### Details of Police Action

Was the accident reported to the police?	YES
If Yes, Please state which Police Station	
Police Station Name	SERANGOON NORTH NEIGHBOURHOOD POLICE POST
Police Station Address	<b>ROAD:</b> BLK 108 SERANGOON NORTH AVENUE 1 #01-709 , <b>POSTCODE:</b> 550108 , <b>COUNTRY:</b> SINGAPORE
Police Station Contact	<b>TEL NO:</b> 1800-2849999 - <b>FAX NO:</b> 63431742
Was notice of intended Prosecution given?	NO
If Yes, against whom?	

#### Circumstances of Accident

PLEASE REFER TO SKETCH PLAN.

#### Attachment(s)

Are accident photos available for attachment?	YES
Was there any video captured by Car Camera?	NO
Was there any audio recorded?	NO

#### DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	SFR1066M
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	PRIVATE CAR
Name of Driver	
NRIC/Passport Number	
Contact Number	
Address	
Postcode	
Insurance Company Name	
Nature Of Damage	

No. Of Passenger (Including Driver)

**SKETCH PLAN**

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5. Any false reporting may be referred to the Police for investigation.
6. The 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 lodgment 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.
- (d) my Personal Information will also be collected and used to compile claims history for the purpose of fraud detection, investigation and management in present and all future claims.
- (e) the information so collected under (d) above may be shared / disclosed:
  - (i) to all insurers and/or any other third parties that assist in evaluating, investigating, controlling or managing fraud, regulators, law enforcement and government agencies as reasonably required for the purposes stated, or
  - (ii) for complying with requirements under any regulations, laws or court orders.



Policyholder's Signature  
Date & Time:

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

8/11/18  
3.30pm

Reporting Centre Personnel's Signature  
Name:  
NRIC/FIN No.:

### SKETCH PLAN

A: SJU 9188D

DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

Refer to Police Report.

\* Repair at other workshop.

## DECLARATION

I/We declare the foregoing particulars are true in every respect.

*James H. Jones*

Policyholder's Signature

Date & Time:

Company Chop (if applicable)

Driver's Signature \_\_\_\_\_

(If driver is not the policyholder)

Date &amp; Time:

8/11/80  
3:30pm

Reporting Centre Personnel's Signature

Name:

NRIC/FIN No.:



**SINGAPORE  
POLICE FORCE**



T/20180108/2089

Police Station Of Origin:  
Serangoon North NPP  
108 Serangoon North Ave 1 #01-709  
SINGAPORE 550108  
Tel No: 1800-2849999

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Report No. T/20180108/2089

**REPORT OF A TRAFFIC ACCIDENT**

Date/Time Report Made: 08/01/2018 14:35		Vide Report No.:		Station Diary No.: 27	
<b>Informant's Particulars</b>					
Name of Informant: MARK THIA KAI HWEE			Address: APT BLK 517 SERANGOON NORTH AVENUE 4 #04-236 SINGAPORE 550517		
ID Type / ID No.: NRIC NO / S1655591F			Contact No.: Home/Office: Mobile: 91159738		
Nationality: SINGAPORE CITIZEN			Email:		
Sex: Male	Age: 53	Date of Birth: 28/12/1964	Type of Informant: Driver		
Race: Chinese			Language:		Institution / School Name:
Occupation: DIRECTOR OF FACILITIES MANAGEMENT			Driving Licence Information: Class: 3 Date of Expiry:		

<b>General Information of the Accident</b>				
Type of Accident:	Non-Injury Hit and Run	Drink Drive: No	Date/Time of Accident: 08/01/2018 08:00	Type of Location: Car Park
Location: Along Road 1 SERANGOON NORTH AVENUE 4  BLK 517 SERANGOON NORTH AVENUE 4 OPEN SPACE CAR PARK				
Weather: Heavy rain		Road Surface: Wet		Road Speed Limit:
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

<b>Details of Vehicle Involved</b>						
Vehicle No.	Type	Make	Model	Color	Condition	No of Passenger
SFR1066M	Car					0
SJU9188D	Car	BMW	730LI AT ABS D/AB 2WD 4DR NAV HID SR	Grey	Seriously Damaged	0

<b>Details of Vehicle Insurance</b>				
Vehicle No.	Insurance Company	Insurance No	Effective	Expiry Date



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SINGAPORE 550108  
Tel No: 1800-2849999

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Report No. T/20180108/2089

**CONTINUATION OF REPORT**

Details of Vehicle Insurance				
Vehicle No.	Insurance Company	Insurance No	Effective	Expiry Date
SJU9188D	AXA INSURANCE SINGAPORE PTE LTD	GA079232	29/12/2017	28/12/2018

Details of Person Involved			
Any Pedestrian Involved: No			
No. of Pedestrians Injured: NIL		Use of Pedestrian Crossing: NA	
Driver			
Name	MARK THIA KAI HWEE		ID No. S1655591F
Related Vehicle	SJU9188D (Car)		Contact No. 91159738
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 07.01.2018 at about 1600hrs, I parked my vehicle (SJU9188D) at the open space carpark near Blk 517 Serangoon North Ave 4. At that point of time, everything was intact and nothing was amiss.

On 08.01.2018, at about 0800hrs, I saw a piece of paper stating "SFR1066M, Time: 0653am" located at the window of my car. However, as it was raining heavily at that point of time, I just took the paper, placed it inside my car and just drove off.

On the same day at about 0830hrs, I felt something was amiss with the piece of paper. I made a check of my vehicle at my company's carpark and discovered that the front side bumper and lamp had some scratches. The front bumper also dislocated from its original position. I then consulted my insurance company with regards to the issue and they advise me to do a police report.

I suspect that someone had witness the accident and left the piece of paper, indicating the car that had hit my vehicle and time it happened on my car's window.



**SINGAPORE  
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T/20180108/2089

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SINGAPORE 550108  
Tel No: 1800-2849999

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Report No. T/20180108/2089

**CONTINUATION OF REPORT**

**Sketch Plan**

Informant is not able to provide sketch plan

**IMPORTANT:** Please attach a copy of your vehicle's Insurance Certificate to this report. If you don't have the certificate with you now, please fax a copy to 65474885 stating the report number as reference.

Signature Of Officer Recording The Report:

F /

Sgt 2 TAN WEI JIE

Signature Of Informant:

Signature Of Interpreter:

Not applicable

Date/Time:

08/01/2018 14:35

Officer In Charge Of Case:

TP / HRT /

Sr Staff Sgt ESTHER CHONG

Contact No.: 65476368

Classification Of Case:

SN 154

Authentication Stamp

NP168



Signature:

Singapore Police Force



Accident Photo



Accident Photo



Accident Photo



Accident Photo





Accident Photo



Accident Photo



Accident Photo



Accident Photo

