

## 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 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	19/01/2018 16:23
Date Of Accident	18/01/2018 18:15
Exact Location Of Accident	BLK 8 LOR 7 TOA PAYOH OPEN SPACE CARPARK
Country/State of Loss	SINGAPORE

### DETAILS OF OWN VEHICLE

Vehicle Registration Number	SLU894J
<b>Insured/Policyholder</b>	
Name Of Registered Owner	HO KIN HENG SIMON
NRIC No	S7308969G
Email Address	HOKINHENG@HOTMAIL.COM
Mobile Phone No	(LOCAL) +65-91125255
Alternative Phone No	OTHERS-NOPHONE

### Vehicle Particulars

Manufacturer	HONDA
Model	VEZEL-1.5 (A)

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	GA295076
Cover Note Number	

### Driver

Name of Driver	HO KIN HENG SIMON
NRIC No	S7308969G
Date Of Birth	16/03/1973
Occupation	INDOOR
Date Of Driving Pass	18/01/1999
Driving Experience	19 YEARS AND 0 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-91125255
Fax Number	
Contact Number	OTHERS-NOPHONE
EMail Address	HOKINHENG@HOTMAIL.COM

Address	BLK 1A CONTONMENT RD #16-01
Postcode	085101
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	CLEAR
Road Surface	DRY

#### 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?	
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?	NO
If Yes, Please state which Police Station	
Was notice of intended Prosecution given?	NO
If Yes, against whom?	

#### Circumstances of Accident

REFER TO ATTACHED

#### 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	SHC379Y
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	TAXI
Name of Driver	WONG AH PIN
NRIC/Passport Number	S2513543A
Contact Number	96268513
Address	
Postcode	
Insurance Company Name	
Nature Of Damage	
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' 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: 19/1/18

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



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

# Sketch Plan Pg. 2

## SKETCH PLAN

Date of Accident: 18 JAN 2010

Time: 1815 HRS

Location: Blk 8 Lor 7 Tan Pagar Open Space

Carpark

My Vehicle A: SLV 914 U

Vehicle B: SHC 379 Y

Vehicle C/Others:

N/A

Refer to attach

## DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

I stopped my vehicle A to pick up something at nearby. Suddenly I heard a sharp horn, I rush back to my vehicle and realised there was a City Cab taxi (Vehicle B) collided onto my vehicle while trying to reverse out from a parking lot. After the accident, vehicle B move back into the parking lot. The driver of vehicle B and his friend then alighted from his taxi to assess both vehicles damages.

The driver of vehicle B admit liability and willing to compensate to the damages of my vehicle. Letter of admission liability duly signed by the driver of vehicle was attached with this report.

No injuries was involved.

Treat / S All-

( ) Claim OD/TP at Ah Lim Motor (✓) Claim OD/TP at other workshop ( ) Reporting Only

Remarks: Please forward a copy of my efile accident report to:

My workshop: Lim Tan Motor Pte Ltd

email address: richard@ltm.sg

& myself:

email address: hokinberg@hotmail.com

Note: Please take note that your insurer have 14 days timeframe for you to submit own damage claim under your own policy. Kindly check with your own insurer for more information.

## DECLARATION

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

Policyholder's Signature

Date & Time: 19/1/10

Driver's Signature

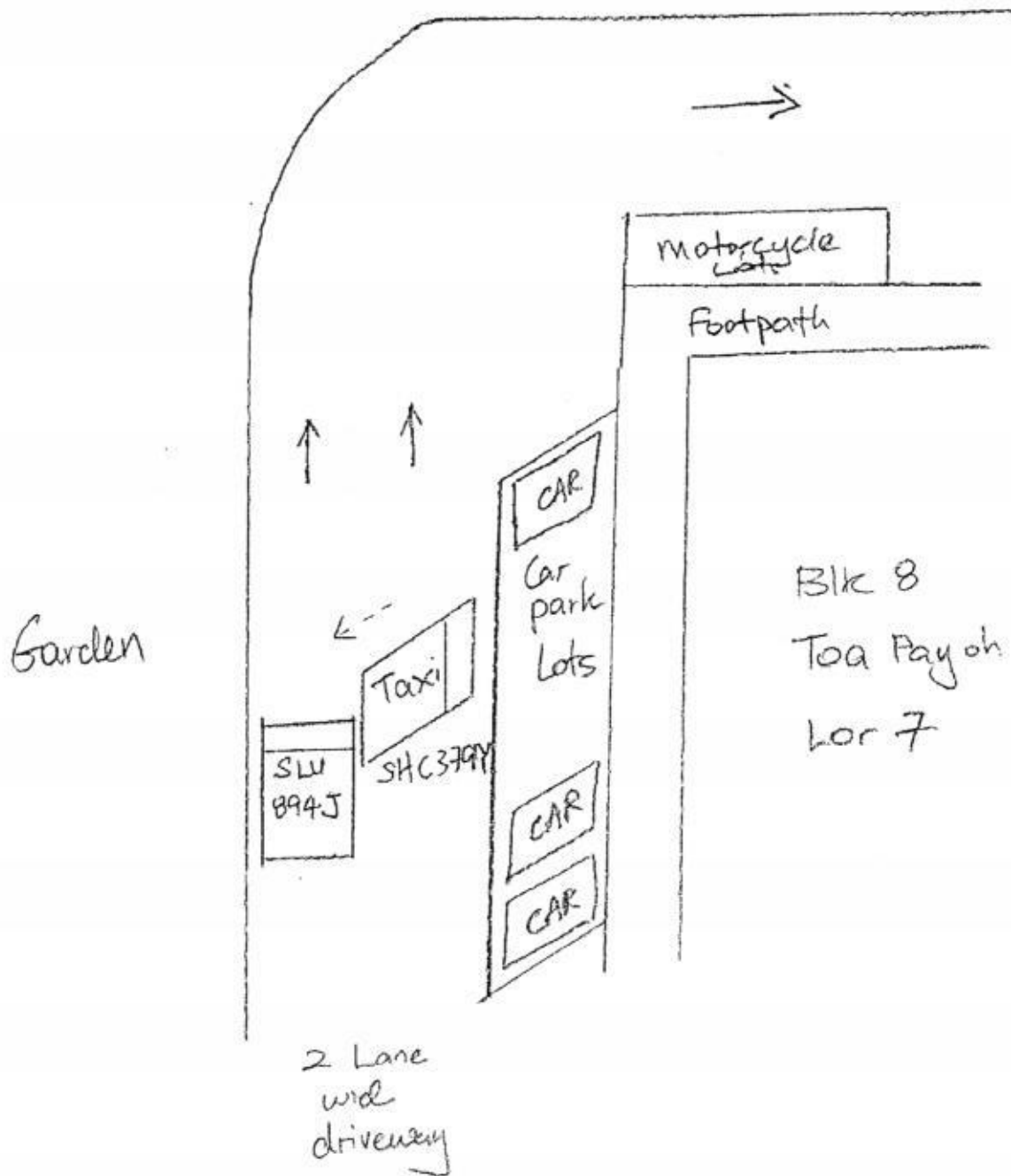
(If driver is not the policyholder)


Date & Time:

Reporting Centre Personnel's Signature

Name:

NRIC/IN No.:



 SIMON HO  
S73089696

I, Mr Wong Ah Pin (a) Wong Tai Ping S2513543A  
agreed to pay all repair cost to  
SIMON HO KIN HENG S73089696 for vehicle  
SLU894J for the dent (right side)

Wong Ah Pin 18/1/18  
Wong Ah Pin  
NRC S2513543A

Simon Ho Kin Heng 18/1/18  
SIMON HO KIN HENG  
NRC S73089696  
Hp 9112555  
Witness: Guan  
Teh Hoe Guan  
S147701910

Workshop Address  
Lim Tan Motor Pte Ltd  
Blk 9 Sector C Sin Ming Est #01-38/40/42  
Singapore ~~757~~  
575644  
Tel : 6452 0893