

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	10/02/2018 13:02
Date Of Accident	09/02/2018 21:50
Exact Location Of Accident	THOMSON PLAZA BASEMENT CAR PARK
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SFT4381Y
Insured/Policyholder	
Name Of Registered Owner	CHAN YEW WAI
NRIC No	S0046495C
Email Address	CHAN_YEWWAI@HOTMAIL.COM
Mobile Phone No	(LOCAL) +65-91193350
Alternative Phone No	OFFICE-91193350

Vehicle Particulars

Manufacturer	TOYOTA
Model	WISH 1.8 A
Exact Purpose for which vehicle was being used at time of accident	HIRE OR REWARDS
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 HIRE

Insurance Company

Name of Insurance Company	AXA INSURANCE PTE LTD
Type Of Coverage	COMPREHENSIVE
Fleet Policy	NO
Policy Number	VCX/P2001200
Cover Note Number	11/10/2017 - 19/07/2018

Driver

Name of Driver	CHAN YEW WAI
NRIC No	S0046495C
Date Of Birth	28/09/1954
Occupation	OUTDOOR
Date Of Driving Pass	06/02/1976
Driving Experience	42 YEARS AND 0 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-91193350
Fax Number	
Contact Number	OFFICE-91193350
EEmail Address	CHAN_YEWWAI@HOTMAIL.COM

Address	BLK 115A YISHUN RING RD #09-829
Postcode	761115
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?	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 [OTHER]	YISHUN NORTH N.P.C
Was notice of intended Prosecution given?	NO
If Yes, against whom?	

Circumstances of Accident

REFER TO THE ATTACHED SKETCH PLAN BY DRIVER.

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	SKM2228Z
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 Pg. 1

Date of accident: 09/02/18 Time: 2150 Location: Thomson Plaza basement carpark.
 My Vehicle A: SFT4381Y Vehicle B: SKM2228Z Vehicle C: _____

SKETCH PLAN

			A				
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DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

Refer to police report.

☒ 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 :

Email address :

& myself :

Email address : Chan_Yewwai@hotmail.com

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

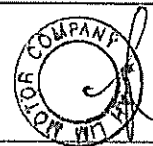
DECLARATION

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

Policyholder's Signature
Date & Time:

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

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



AH LIM MOTOR COMPANY

Sketch Plan Pg. 2

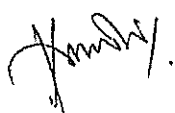
SKETCH PLAN

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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)

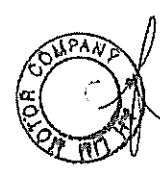
I understand, acknowledge, agree and consent that:

- (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:



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

Sketch Plan Pg. 3



**SINGAPORE
POLICE FORCE**



T/20180209/2206

Police Station Of Origin:
Yishun North N.P.C
31 Yishun Central SINGAPORE 768827
Tel No: 1800-8529999

1 of 3

Report No. T/20180209/2206

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 09/02/2018 22:51		Vide Report No.:		Station Diary No.: 124	
Informant's Particulars					
Name of Informant: CHAN YEW WAI			Address: APT BLK 115A YISHUN RING ROAD #09-829 SINGAPORE 761115		
ID Type / ID No.: NRIC NO / S0046495C			Contact No.: Home/Office: Mobile: 91193350		
Nationality: SINGAPORE CITIZEN			Email:		
Sex: Male	Age: 63	Date of Birth: 28/09/1954	Type of Informant: Driver		
Race: Chinese			Language: English		Institution / School Name:
Occupation: GRAB CAR DIVER (FULL TIME)			Driving Licence Information: Class: 2B,2A,2,3,3A,4 Date of Expiry:		

General Information of the Accident				
Type of Accident:	Non-Injury Hit and Run	Drink Drive: No	Date/Time of Accident: 09/02/2018 21:50	Type of Location: Car Park
Location: Along Road 1 UPPER THOMSON ROAD THOMSON PLAZA (BASEMENT CARPARK)				
Weather: Clear		Road Surface: Dry	Road Speed Limit: 20 Km/h	
Traffic Flow: One Way		Traffic Control: Not Controlled	Traffic Volume: Light	
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
SFT4381Y	Car	TOYOTA	WISH 1.8 A	Grey	Slightly Damaged	0
SKM2228Z	Car					0

Details of Vehicle Insurance				
Vehicle No.	Insurance Company	Insurance No	Effective	Expiry Date
SFT4381Y	AXA INSURANCE SINGAPORE PTE LTD	P2001200	11/10/2017	19/07/2018

Sketch Plan Pg. 4



**SINGAPORE
POLICE FORCE**



T/20180209/2206

Police Station Of Origin:
Yishun North N.P.C
31 Yishun Central SINGAPORE 768827
Tel No: 1800-8529999

2 of 3

Report No. T/20180209/2206

CONTINUATION OF REPORT

Details of Person Involved			
Any Pedestrian Involved: No			
No. of Pedestrians Injured: NIL		Use of Pedestrian Crossing: NA	
Driver			
Name	CHAN YEOW WAI	ID No.	S0046495C
Related Vehicle	SFT4381Y (Car)	Contact No.	91193350
Hospital/Clinic	NIL	Class of Driving Licence & Expiry Date	Class: 2B,2A,2,3,3A,4 Date of Expiry: NIL
Date Treatment	NIL	Date Discharge	NIL
No. of Days granted Medical Leave	NIL	Degree of Injury	NIL

Brief Details.

On 9.2.18 at about 1920hrs, I went to dinner with my family at Thomson Plaza. I parked my Toyota Wish (Grey colour), registration no. SFT4381Y at the basement carpark. After securing my vehicle at the carpark, everything was intact.

Later that day, at about 2150hrs, my family and I returned back to my vehicle and noticed someone wrote a note and placed it onto my vehicle windscreen. The note states that "Hi, for you info, I witnessed a BMW banged into yr car as she had problems moving out of her lot. The BMW is SKM2228Z check yr front bumper? my contact is 96810155."

I checked my vehicle slight dent and deep scratches on front bumper with the front plate number cracked, left front side rims were scratched leaving the culprit vehicle's dark blue paint mark.

Later, my daughter Chan Yu Xuan (S9629205H) Tel: 96168725 called the person who witnessed it. She informed my daughter that the said BMW had collided onto the front and left side of my vehicle causing damages to it and left the scene after difficulties moving out of her carpark lot from my left side. The witness sent me photos of the BMW vehicle that collided onto my vehicle. I am not sure if there's any security camera near to the scene and my car's dashcam is not operating at that time.

Sketch Plan Pg. 5



SINGAPORE
POLICE FORCE



T/20180209/2206

Police Station Of Origin:
Yishun North N.P.C
31 Yishun Central SINGAPORE 768827
Tel No: 1800-8529999

3 of 3

Report No. T/20180209/2206

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 / Staff Sgt GHAZALI BIN IBRAHIM	Signature Of Informant:
Signature Of Interpreter: Not applicable	Date/Time: 09/02/2018 22:51
Officer In Charge Of Case: TP / HRT / SI KALESWARI PALANI Contact No.: 65476902	Classification Of Case:
Authentication Stamp NP168	 SN 085
 Signature: Singapore Police Force	

ACQUITY

Hi, for your info, I
witnessed a BMW banged
into yr. car as she had
problems moving out of her lot.

The BMW is SKM 228 Z

Check yr. front bumper?

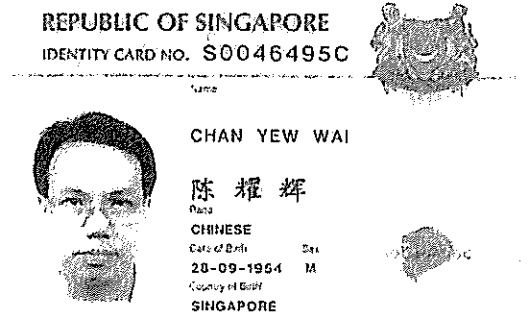
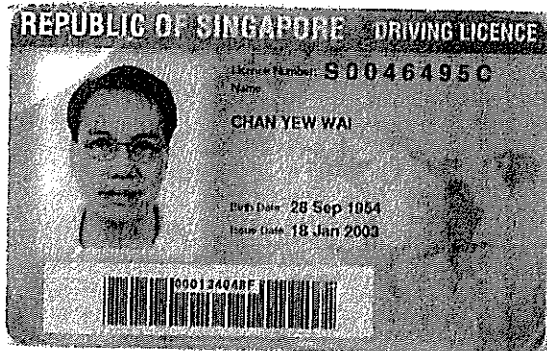
~~If u need the photo~~

My contact is 96810155

www.acquity.com

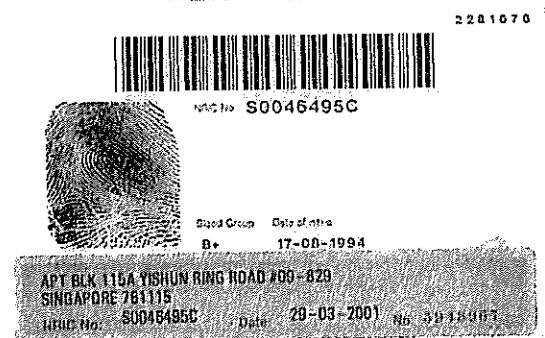
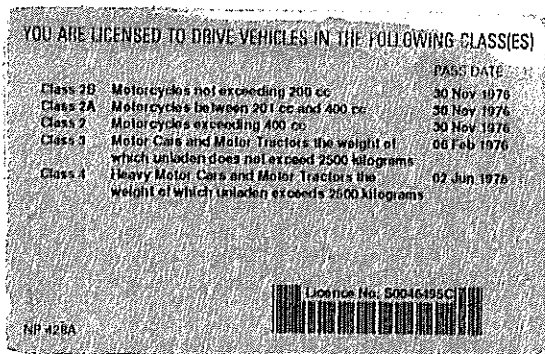
isa.alex@acquity.com

Sketch Plan Pg. 7



Opax
no injury.
clear & dry
no video

9119 3350



AXA INSURANCE PTE LTD
8 Shenton Way, #24-01
AXA Tower, Singapore 068811
Customer Service Centre #B1-01
Tel:(65)63367288 Fax:(65)63382522
Website:www.axa.com.sg
GST Registration Number: 199903512M
customer.service@axa.com.sg



CERTIFICATE OF INSURANCE

■ Motor Vehicles (Third-Party Risks and Compensation) Act, (Chapter 189) ■ Motor Vehicles (Third-Party Risks and Compensation) Rules, 1960 ■ Road Transport Act, 1987 (Malaysia) ■ Motor Vehicles (Third-Party Risks) Rules, 1959 (Malaysia)

CERTIFICATE NO. : VCX/P2001200 Account No. : 13861
Coverage : Comprehensive
Sum Insured : Market Value At The Time Of Loss
Name of Policy Holder : CHAN YEW WAI
Vehicle Registration No. : SFT4381Y
Period of Insurance : From 11/10/2017 To 19/07/2018 (Both Dates Inclusive)

PERSONS OR CLASSES OF PERSONS ENTITLED TO DRIVE*

Named Driver(s) as stated in the Policy

1. CHAN YEW WAI
2. ANY AUTHORISED DRIVER

Provided that the person driving is permitted in accordance with the licensing or other laws or regulations to drive the Motor Vehicle or has been so permitted and is not disqualified by order of a Court of Law or by reason of any enactment or regulation in that behalf from driving the Motor Vehicle.

LIMITATIONS AS TO USE*

(a) Use for the carriage of passengers or goods in connection with the Policyholder's business.

(b) Use for social, domestic and pleasure purposes.

The Policy does not cover

(a) Use for racing, pace making, reliability trial or speed-testing

(b) Use whilst drawing a trailer except the towing (other than for reward) of any one disabled mechanically propelled vehicle

(04)

EXCESS :

All Claims-Any Author'd Driver : SGD 500.00

Windscreen Excess : SGD 100.00

(For Unnamed Driver Excess, please refer to your policy)

* Limitations rendered inoperative by Section 8 of the Motor Vehicles (Third-Party Risks and Compensation) Act, (Chapter 189) and Section 95 of the Road Transport Act, 1987 (Malaysia), are not to be included under these headings.

I/We hereby certify that the policy to which this Certificate relates is issued in accordance with the provisions of the Motor Vehicles (Third Party Risks and Compensation) Act, (Chapter 189) and Part IV of the Road Transport Act, 1987 (Malaysia).

AXA INSURANCE PTE LTD

Authorized Signature

Issued by - SGOSFBA on 11/10/2017

IMPORTANT :

Policyholders are warned that on the sale of a motor vehicle they must surrender the Certificate of Insurance and the Policy to the insurance company. If the Certificate of Insurance has been lost or destroyed a Statutory Declaration to the effect must be made. Failure to comply with this obligation is an offence under the Motor Vehicle (Third-Party Risks and Compensation Act (Cap. 189).

The Premium Warranty Clause requires the premium to be paid in full within a specific period failing which there would be no liability under the policy, renewal certificate, covernote and endorsement etc.

Sketch Plan Pg. 9

AXA INSURANCE PTE LTD
 5 Shenton Way, #24-01
 AXA Tower, Singapore 068811
 Customer Service Centre #B1-01
 Tel:(65)63387288 Fax:(65)63382522
 Website:www.axa.com.sg
 GST Registration Number: 199903512M
 customer.service@axa.com.sg



Commercial Individual Cars
 POLICY SCHEDULE
 NEW BUSINESS
 Original

POLICY INFORMATION		Policy No. : VCX/P2001200	
Source	: 13861	GRAB TAXI PTE LTD	
Insured	: CHAN YEW WAI		
Address	: BLK 115A YISHUN RING ROAD #09-829 SINGAPORE 761115		
Business/Profession	: AS PER MEMO <i>Carrying on or engaged in the business or profession last declared and no other for the purpose of this insurance.</i>		
Period of Insurance : From 11/10/2017 To 19/07/2018 (Both Dates Inclusive)			
Any subsequent period for which the Insured shall pay and the Company shall agree to accept a renewal premium.			
Replacing Policy No	: GRAB20171011734882FA1		
PREMIUM			
Premium After 20.00 NCD	: SGD 1,451.58		
GST 7.00%	: SGD 101.61		
Annual Premium	: SGD 1,553.19		
Total Payable	: SGD 1,199.99		
RISK DETAILS THE MOTOR VEHICLE			
Type of Cover	: Comprehensive		
Regn. No.	: SFT4381Y		
Type Of Use	: Hire Car		
Make/Model	: TOYOTA WISH 1.8		
Year of Manufacture	: 2007		
Seating Cap. (Excl. Driver)	: 7		
Body Type	: MULTI - PURPOSE VEHICLE		
Engine No.	: 1ZZ2933470	Engine C.C.	: 1794
Chassis No.	: ZNE100372143		
	: Market Value At The Time Of Loss (including Accessories and Spare Parts)		
Limitations as to Use	: As specified in Certificate of Insurance		
<u>Excess Applicable</u>			
All Claims-Any Author'd Driver	: SGD 500.00		
Windscreen Excess	: SGD 100.00		
<u>Named Drivers</u>			
1	CHAN YEW WAI		

Continuation page 1



redefining / insurance

Date: 07/2/18

To: Owner of Vehicle Number: SPT 4381Y

The following has been advised to you via your workshop, Ah Lim Motor Company through their staff, Zila (Eileen) Mui Hong.

Please tick the applicable box if you had been advice on the content as seen below:

- ☒ You had been advised by the workshop that in the case that you wish to claim against your own policy, there is a Fourteen (14) days clause whereby the claim must be made within the stipulated timeframe from the day of occurrence.
- ☐ You had been advised by the workshop on the liability and merits of the case accordingly.
- ☐ You had been advised by the workshop on the claims procedure for the type of claim that you will be making due to this accident.
- ☐ There will be delay to your vehicle repair due to the unavailability of spare parts locally and there is no other option except to indent it from overseas.
- ☐ There will be no cancellation/withdrawal of the Own Damage claim once the order of the spare parts have been placed. If you wish to cancel/withdraw the claim, you shall bear all costs, expenses &/or related charges incurred directly &/or indirectly to the procurement of the spare parts.
- ☐ The estimated waiting time for the spare parts to arrive is _____. The estimated arrival time does not include the repair period.
- ☐ You will be driving the vehicle out despite being advised by the workshop mechanic/personnel that the vehicle may not be road worthy.
- ☐ For vehicles below Three (3) years old, your Insurance Company will use only genuine original parts to repair your vehicle.
- For vehicles above Three (3) years old, your Insurance Company will be carrying out repairs using *any combination* of genuine original parts and/or original equipment manufacturer (OEM) parts.
- ☐ You had been advised by the workshop of the Twelve (12) months warranty for Own Damage repairs on workmanship related to the accident.
- ☐ For vehicles that are under warranty with a local distributor, you have been advised by the workshop to check with your local distributor on any effect to your warranty prior to making this Own Damage claim.
- ☐ Others _____

Signed and acknowledge by:

[Signature]

Name and signature of policyholder/authorised driver

Name and signature of workshop personnel including company stamp

