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 $\underline{\text{completed by the Policyholder and/or the Authorised Driver.}}$
- 3. Information provided must be as <u>truthful and accurate</u> as possible. Any wilful misrepresentation or witholding 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 | 02/04/2018 15:57 |
| Date Of Accident | 29/03/2018 18:20 |
| Exact Location Of Accident | BLK 692A JURONG WEST CTRL 1 MSCP DEC 2A LOT NO 113 |
| Country/State of Loss | SINGAPORE |
| Control of the second section in | DETAILS OF OWN VEHICLE |
| Vehicle Registration Number | SJS5664H |
| Insured/Policyholder | |

Name Of Registered Owner TAY MING HUI MOLLIE

NRIC No S8412981Z

Email Address MOLLIE.TAY@AXAPLANNER.COM.SG

Mobile Phone No (LOCAL) +65-92398791
Alternative Phone No OFFICE-92398791

Vehicle Particulars

Manufacturer BMW

Model 318I 2.0L A/T ABS D/AIRBAG 2WD 4DR

Exact Purpose for which vehicle was being used at time of accident PRIVATE

Are you claiming under your own insurance policy for repair to your vehicle?

If No, Please state action to be taken

THIRD PARTY

Vehicle Category PRIVATE CAR

Insurance Company

Name of Insurance Company AVIVA LTD

Type Of Coverage COMPREHENSIVE

Fleet Policy NO
Policy Number 10635103

Cover Note Number

Driver

Name of Driver TAY MING HUI MOLLIE

 NRIC No
 \$8412981Z

 Date Of Birth
 05/05/1984

 Occupation
 INDOOR

 Date Of Driving Pass
 03/05/2008

Driving Experience 9 YEARS AND 10 MONTHS

Gender FEMALE

Mobile Number (LOCAL) +65-92398791

Fax Number

Contact Number OFFICE-92398791

EMail Address MOLLIE.TAY@AXAPLANNER.COM.SG

689 JURONG WEST CENTRAL 1 Address

#13-215

Postcode 64068

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

NO

YES

NO

YES

NO

0

Weather Conditions CLEAR Road Surface DRY

Other Information

Was any foreign vehicle involved in this accident? NO

Number of vehicles involved in the accident 2

Was any body injured in the Accident? NO

Was any injured conveyed to hospital by

ambulance?

Was any other material or property damaged?

I have been approached by unknown person(s) soliciting/offering accident claims assistance.

Number of Passengers (Including Driver)

Details of Police Action

Was the accident reported to the police?

If Yes, Please state which Police Station

Police Station Name JURONG WEST NPC

ROAD: 700 CORPORATION ROAD, POSTCODE: 649818, COUNTRY: Police Station Address

SINGAPORE

Police Station Contact TEL NO: - FAX NO:

Was notice of intended Prosecution given?

If Yes, against whom?

Circumstances of Accident

REFER TO POLICE REPORT NO: T/20180330/2111 LODGED AT JURONG WEST N.P.C On 29 Mar 2018 at about 5.40 pm, I parked my motorcar SJS5664H at the multi-storey car park of deck 2A Lot 113 of Blk 692A Jurong West Central 1 MSCP. On 30 Mar 18 at about 8.45am, I returned to my car and discovered scratch marks on the front ride side of the car bumper above the wheel. Later I viewed my vehicle CCTV's recording and saw a footage of a vehicle no SJR5266D coming out of lot no 112 and it appear that the vehicle had grazed against my vehicle when it drove out of the lot. The vehicle did not stop or place any note on my vehicle to notify about the accident.

Attachment(s)

Are accident photos available for attachment?

YES YES

Was there any video captured by Car Camera?

WILL FORWARD TO INSURANCE ONCE INSURED SEND

Was there any audio recorded?

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number

Vehicle Make/Model/Colour MERCEDES BENZ/ C 200 KOMPRESSOR / SIL

Details Of Properties

Remarks/ Reasons:

Vehicle Category PRIVATE CAR

Name of Driver **UNKNOWN DRIVER**

NRIC/Passport Number

Contact Number
Address
Postcode
Insurance Company Name
Nature Of Damage
No. Of Passenger (Including Driver)



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 Authrolsed Driver.
- 3. Information provided must be as truthful and accurate as possible. Any wilful misrepresentation or withholding of material facts may
- The issue and acceptance of this form by insurance companies is not an admission of policy liability on the part of insurance companies.
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 Any false reporting may be referred to the Police for investigation.
 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 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
- 8. Consent under the Personal Data Protection Act (PDPA)
- I understand, acknowledge, agree and consent that:

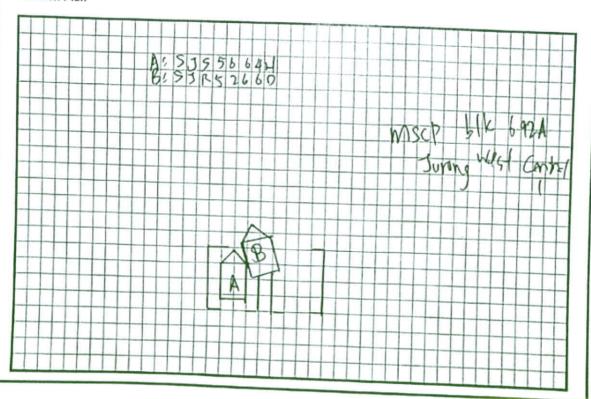
 (a) My Insurer, my workshop and the General Insurance Association of Singapore ("GIA") may/are permitted to collect, use, disclose and/or process my personal data/personal information set out in this [form] and any other personal information provided by me or possessed by my insurer (collectively the "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
- (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
- (v) complying with applicable law in administering, processing, handling and/or dealing with my claims.
- (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,
- (c) an insurer(s) who have insured vehicle(s) involved in this accident and the insurers havyershaw hithis, thayler particles 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

VERIFIED BY AJAX MARS REPORTING OFFICER THOMAS NG CHIN CHUN

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

Witnessed by Reporting Centre Personnel

Sketch Plan



Sketch Plan #2 Pg. 1

| ACCIDEN | i sta | PEMENT | (2000) | charact | ors) |
|---------|-------|--------|--------|---------|------|
|---------|-------|--------|--------|---------|------|

| PLEASE REFER TO THE POLICE F | REPORT. |
|----------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| | |
| | |
| | |
| Taxi Voucher No.: | |
| Are you claiming your own insurance policy for the repair of your vehicle? | No. Claim 3rd party |
| DECLARATION We declare that the above particulars & information p | orovided above are true in every aspect |
| VERIFIED BY AJAX MARS REPORTING OFFICER - NO CHIN CHUN | |
| MARS OROS | |
| lob Complete Date/Time | Registered Owner or Driver's Signature Date/Time: |
| | provinces provinces and the contract of the co |

POLICE REPORT





Police Station Of Origin: Jurong West N.P.C 700 Corporation Road SINGAPORE 649818

Tel No: 1800-2689999

Report No. T/20180330/2111

ambulance: No

| EPORT OF A Date/Time F 30/03/2018 | Report M | ade | : | Vide Rep | ort No.: | | | Statio | n Diary No.: |
|-----------------------------------------|-----------|------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------|----------------------------------------|---------------------|-------------------|-----------------------|
| nformant's Particulars | | | Strandarda de la compansión de la compan | District Street and a second | | | 132 | | |
| Name of In | formant: | | | | SV AGENT | | NUMBER OF SERVICE | | STATE OF THE PARTY OF |
| AY MING | HUI, MC | DLLI | E | Address: APT BLK | 689 JURC | ONG WES | T CENTRAL | 1.440 | |
| D Type / I | D No.: | | | | WILL DANDS | 89 | CENTRAL | - 1 #13- | 215 |
| NRIC NO / S8412981Z Nationality: | | Contact No.: | | | | | | | |
| | | | Home/Office: 67925534 Mobile: | | | Mobile: 9 | 92398791 | | |
| SINGAPO | RE CITIZ | ZEN | 4 | Type of Informant: | | | | . 52550791 | |
| Sex: Female | Age: | 1 | Date of Birth | | | | | | |
| Race: | | | 03/05/1984 | Driver | | | | | |
| Chinese | | | | Language: | | | Instituti | | |
| Occupation: FINANCIAL MANAGER | | | | | | institution | on / School Name: | | |
| | | Driving Licence Information: | | | | | | | |
| | | | | Class: | 3 | ······································ | Date of E | | |
| | | | | | | | Date of E | xbith: | |
| General I | nformat | ion | of the Accider | V CONTRACTOR OF THE PARTY OF TH | | | 4 | | |
| Type of | | No | on-Injury |) (| Block to | | 22 Property and the | | |
| Accident | | Hi | t and Run | | Drink | Dater | ime of | T | ALTER CHARLES |
| Location | | | | | Drive: No | Accident: | | C | pe of Location |
| Along Ro | | | | | 1140 | 29/03/ | 2018 18:20 | | ar Fark |
| JURONO | AU I | 05 | NTRAL 1 | 100 | | | | | |
| | VVLOT | CE | NIRAL 1 | | | | | | |
| Blk 692A | Jurona | We | et Control 4 tes | | | | | | |
| Weather: | | 110 | st Central 1 MS | CP, Dec | 2A Lot No 1 | 113 | | | |
| Clear | | | Surface: | | | Roads | esadli i | | |
| Traffic FI | | | | Dry | | | | 20 Km | peed Limit: |
| One Way | | | | Traffic Control: | | | | Volume: | |
| Type of (| Collision | | | - | Controlled | | | Light | volume; |
| Moving \ | ehicle A | lgai | nst - Parked V | shints | | | | The second second | e conveyed b |
| Moving Vehicle Against - Parked V | | | | enicle | | | | 1 | a conveyed to |

| Vehicle No. | Type | Make | Model | Color | | |
|-------------|------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------|---------------------|----------------|
| SJR5266D | Car | The second state of the second | Total Control of the | Color | Condition | No of Passenge |
| | Cai | MERCEDES BENZ | C Class | Silver | | 0 |
| SJS5664H | Car | BMW | 318I 2.0L A/T ABS D/AIRBAG 2WD 4DR | Black | Slightly Damaged | 0 |

| Details of Ve | ehicle Insurance | | | |
|---------------|-------------------|--------------|-----------|-------------|
| Vehicle No. | Insurance Company | Insurance No | Effective | Expiry Date |

POLICE REPORT



T/20180330/2111

Report No T/20180330/2111

Police Station Of Origin: Jurong West N.P.C 700 Corporation Road SINGAPORE 649818 Tel No: 1800-2689999

CONTINUATION OF REPORT

| Vehicle No | ehicle Insurance | | | |
|--------------------|-------------------|--------------|------------|-------------|
| SJS5664H | Insurance Company | Insurance No | Effective | Expiry Date |
| SJS5664H AVIVA LTD | 10635103 | 15/12/2015 | 24/02/2019 | |

| Any Pedestrian In No. of Pedestrian Driver | s Injured: NIL | Use of Pe | destrian Cross | ing: NA |
|--------------------------------------------------|--------------------------|-----------|----------------------------------|---------------------------------|
| Name | TAY MING HUI, MOLLIE | | ID No. | S8412981Z |
| Related Vehicle | NIL | | Contact No. | 67925534 |
| Hospital/Clinic | NIL | | Class of Driving Licence & | Class: 3 Date of Expiry: NIL |
| Date Treatment | NIL | 1.5 | Expiry Date | |
| | ited Medical Leave NIL | Date Disc | charge NIL of Injury NIL | |

Brief Details.

On 29 Mar 2018 at about 5.40 pm. I parked my motorcar SJS5664H at the multi-storey car park of deck On 29 Mar 2016 at about 5.40 pm, I paned my motored bacobour at the multi-storey car park or deck 2A Lot 113 of Blk 692A Jurong West Central 1 MSCP. On 30 Mar 18 at about 8.45 am, I returned to my car and discovered scratch marks on the front ride side of the car bumper above the wheel. Later I viewed my vehicle CCTV's recording and saw a footage of a vehicle no SJR5266D coming out of lot no 112 and it appear that the vehicle had grazed against my vehicle when it drove out of the lot. The vehicle did not stop or place any note on my vehicle to notify about the accident.

POLICE REPORT





T/20180330/2111

Police Station Of Origin: Jurong West N.P.C 700 Corporation Road SINGAPORE 649818 Tel No: 1800-2689999

3 of 3 Report No. T/20180330/2111

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 <u>report number</u> as reference.

| Signature Of Officer Recording The Report: J / SI IRWAN SUMARTO BIN IBRAHIM | Signature Of Informant: |
|--------------------------------------------------------------------------------------------|--------------------------------|
| Signature Of Interpreter: Not applicable | Date/Time: 30/03/2018 20:42 |
| Officer In Charge Of Case: TP / HRT / SI TAN LEE HWANG DAWN Contact No.: 65476215 | Classification Of Case: |
| Authentication Stamp | 4 126 |
| Sincern Caller Scarce | |