

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	15/05/2018 12:11
Date Of Accident	25/04/2018 20:45
Exact Location Of Accident	BLK 136 BISHAN ST 12 CARPARK
Country/State of Loss	MALAYSIA/WILAYAH PERSEKUTUAN

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SJJ1219J
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Insured/Policyholder

Name Of Registered Owner	MARK TJOW CHEN-XIAN
NRIC No	S8003420B
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-90076841
Alternative Phone No	OFFICE-90076841

Vehicle Particulars

Manufacturer	MERCEDES-BENZ
Model	C180-1.8 KOMPRESSOR (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	THIRD PARTY
Fleet Policy	NO
Policy Number	VA1/GA154371
Cover Note Number	

Driver

Name of Driver	MARK TJOW CHEN-XIAN
NRIC No	S8003420B
Date Of Birth	01/01/1980
Occupation	OUTDOOR
Date Of Driving Pass	23/01/2010
Driving Experience	8 YEARS AND 3 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-90076841
Fax Number	
Contact Number	OFFICE-90076841
Email Address	NOEMAIL

Address	NO
Postcode	
Was driver an employee of the Insured's Company	YES
If No, Relationship of the Driver with the Insured	
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.	YES
Number of Passengers (Including Driver)	1

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 SKETCH PLAN. THE DRIVER CLAIMING AT THIER OWN WORKSHOP.

Attachment(s)

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

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	SHC8461P
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	TAXI
Name of Driver	
NRIC/Passport Number	
Contact Number	
Address	
Postcode	
Insurance Company Name	
Nature Of Damage	
No. Of Passenger (Including Driver)	

Sketch Plan

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: 11/10/18 10:51 AM

Driver's Signature

(If driver is not the policyholder)

Date & Time:

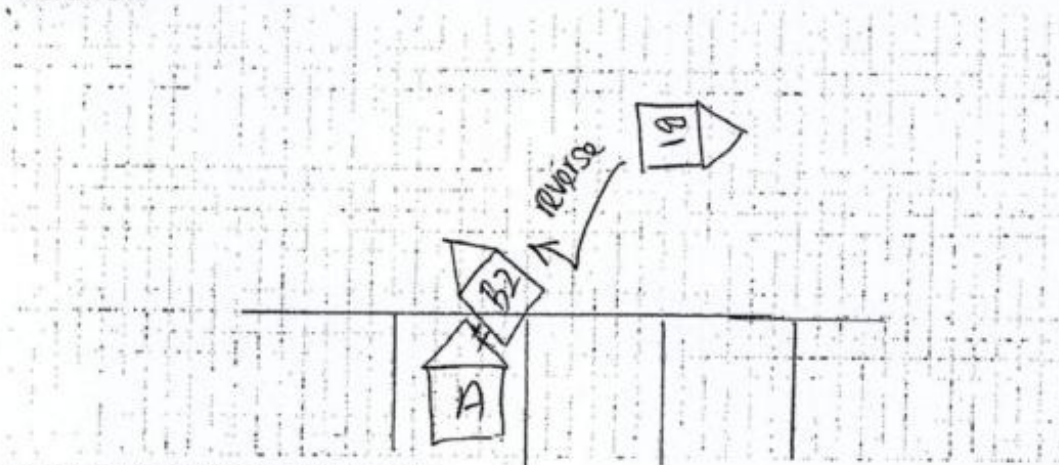
Reporting Centre Personnel's Signature

Name:

NRIC/FIN No.:

Sketch Plan #2

SKETCH PLAN



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

I HAVE REGISTERED A HIT & RUN FROM DOWNTOWN TAXI SHC8461P AT CARPARK OF BUN 156 BISHOP ST 12 AT 8:00AM TO 8:55AM. MY CAR WAS PARKED IN THE CARPARK FROM 8PM TILL THE NEXT DAY.

TAXI DRIVERSHIP AND ON A PASSENGER AND AFTER NATION DID A REVERSE
TURN AND HIT MY CAR. HE EXERCISED A BRAKE BUT STILL FAILED
TO DRIVE OFF.

I SAW THE SCARF AND SLIGHT DENT IN THE ARMCHAIR AND REFER TO MY FOOTAGE FOR CONFIRMATION.

DECLARATION

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

Policyholder's Signature _____

Date & Time: 15/05/18 10:15 AM

Driver's Signature _____

(If driver is not the policyholder)
Date & Time:

Reporting Centre Personnel's Signature

Name: _____
NRIC/FIN No.: _____

Sketch Plan #3

REPUBLIC OF SINGAPORE DRIVING LICENCE

S8003420B

TJOW-CHEN-XIAN
(ZOU JUNXIAN)

Birth Date: 01 Jan 1980
Valid Date: 23 Nov 2010

301513131K

REPUBLIC OF SINGAPORE
IDENTITY CARD NO. S8003420B



Name

MARK TJOW CHEN-XIAN
(ZOU JUNXIAN)

Race

CHINESE

Date of birth

01-01-1980

Country/Place of birth

SINGAPORE

Sex

M

S8003420B

YOU ARE LICENSED TO DRIVE VEHICLES IN THE FOLLOWING CLASS(ES)

EFFECTIVE DATE

Class 3A Motor cars without clutch pedals (Auto) <= 3000kg
with <= 7 passengers, exclusive of the driver; and
other motor vehicles without clutch pedals <= 2500kg

23 Nov 2010



Licence No: S8003420B

NP 428A

527847



NRIC No: S8003420B



Date of issue

11-03-2014

APT BLK 136 BISHAN STREET 12 #04-440
SINGAPORE 570136

NRIC No: S8003420B

Date: 11/04/2014

Sketch Plan #4

Dear Mr Tjow,

I will call you at about 3:00pm.

Thank you.

Best Regards
Aida Samsuri
Motor Claims Dept
India International Insurance Pte Ltd
64 Cecil Street #04/#05 IOB Building
Singapore 049711
Tel: 6347 6100 Ext 257 Fax: 6224 4174
Email: aida@iii.com.sg
Co. Reg Number: 198703792K

From: mark tjow [<mailto:mark.tjow@gmail.com>]
Sent: Friday, 4 May, 2018 2:03 PM
To: Fleet Safety <fleetsafety@cdgtaxi.com.sg>
Cc: Zuhaidah Samsuri <aida@iii.com.sg>
Subject: Re: (Property Damage Claims)- Acc on 25/04/2018 involving SHC8461P (MCT18040872) Along Bishan Street 12 open air car park

Hi,

What is it? Please get someone to call me instead.

Thanks

Regards
Mark Tjow
90076841

Sent from my iPhone

On 3 May 2018, at 3:55 PM, Fleet Safety <fleetsafety@cdgtaxi.com.sg> wrote:

Dear Mr Mark Tjow

We are sorry to hear of the unpleasant incident you have encountered with one of our drivers.

Our driver has filed the report.

We have accordingly informed our insurers, India International Insurance Pte Ltd, and they are currently investigating into this accident.

Strictly on a without prejudice basis, please quantify your claim, with the necessary supporting documents and submit to our insurer for consideration. The details of our insurer are as follows:

India International Insurance Pte Ltd
64 Cecil Street

Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo

