

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	14/05/2018 10:16
Date Of Accident	11/05/2018 09:50
Exact Location Of Accident	SLIDE ROAD TO BENDEMEER ROAD
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SLJ9688L
Insured/Policyholder	
Name Of Registered Owner	HYPE MEDIA PTE LTD
Co Reg No	201211190N
Email Address	RAYMONDRALIM@GMAIL.COM
Mobile Phone No	(LOCAL) +65-96886588
Alternative Phone No	OFFICE-96886588

Vehicle Particulars

Manufacturer	BMW
Model	520I-2.0 (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	VA1/GA285538
Cover Note Number	

Driver

Name of Driver	LIM PIN WAN
NRIC No	S7034673G
Date Of Birth	07/10/1970
Occupation	INDOOR
Date Of Driving Pass	05/05/1989
Driving Experience	29 YEARS AND 0 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-96886588
Fax Number	
Contact Number	
Email Address	RAYMONDRALIM@GMAIL.COM

Address	BLK 51, KENT ROAD #08-31
Postcode	210051
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?	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)	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 STATMENT

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	SHA9188H
Vehicle Make/Model/Colour	YELLOW TAXI
Details Of Properties	
Vehicle Category	TAXI
Name of Driver	NG HOON KOK
NRIC/Passport Number	S0164554D
Contact Number	
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/are 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 (c) 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:

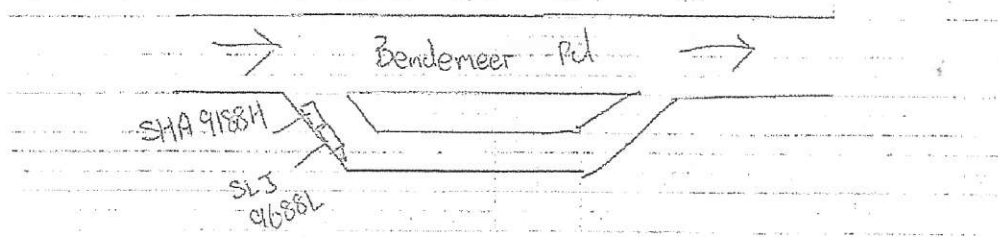
Driver's Signature
(If Driver is not the policyholder)
Date & Time:

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

14/5.

Sketch Plan Pg. 2

SKETCH PLAN



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

On 11th May 2018, it was clear weather, I, Lim PM Wan driver of SL3 9688L park my car to drop cheque at UOB bank, when I return at 9.52pm to start my car to move off on Bendemeer side road, I heard a loud bang on back of my car, when I came out to check accident, I saw yellow taxi of SHA 9188H, drove by Ng Hoon Koo NRIC S0164554D, LTA Vocatind Licence S0164554D. The front of taxi bang into back of my car, He immediately reverse his taxi before I can take any photos. We exchange particulars.

DECLARATION

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

Policyholder's Signature

Date & Time:

14/5

Driver's Signature

(If driver is not the policyholder)

Date & Time:

14/5

Reporting Centre Personnel's Signature

Name:

NRIC/FIN No.:



RE: SLJ9688L

I authorize Lim Pin Wan, I/C number S7034673G to make insurance report on behalf of Hype Media Pte Ltd

Thank you!

Sincerely,

A handwritten signature in black ink, appearing to be "Lim Pin Wan", is written over a horizontal line.

Lim Pin Wan

S7034673G

