

## 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	21/05/2018 17:54
Date Of Accident	19/05/2018 10:50
Exact Location Of Accident	AMK CARPARK AMA24 LOT 91
Country/State of Loss	SINGAPORE

### DETAILS OF OWN VEHICLE

Vehicle Registration Number	SJT707X
<b>Insured/Policyholder</b>	
Name Of Registered Owner	CHIA WEE JIN CHRISTOPHER
NRIC No	S1745635J
Email Address	CHRIS.CHIA@CHRIS-RAY.NET
Mobile Phone No	(LOCAL) +65-96605030
Alternative Phone No	OFFICE-96605030

### Vehicle Particulars

Manufacturer	BMW
Model	528I
Exact Purpose for which vehicle was being used at time of accident	NORMAL USAGE
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	LIBERTY INSURANCE PTE LTD
Type Of Coverage	COMPREHENSIVE
Fleet Policy	NO
Policy Number	
Cover Note Number	

### Driver

Name of Driver	CHIA WEE JIN CHRISTOPHER
NRIC No	S1745635J
Date Of Birth	03/03/1966
Occupation	INDOOR
Date Of Driving Pass	27/07/1984
Driving Experience	33 YEARS AND 9 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-96605030
Fax Number	
Contact Number	OFFICE-96605030
Email Address	CHRIS.CHIA@CHRIS-RAY.NET

Address	65 JALAN LEBAN
Postcode	S577602
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	COLLIDED INTO PARKED VEHICLE
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?	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]	AMK SOUTH NPC
Was notice of intended Prosecution given?	NO
If Yes, against whom?	

#### Circumstances of Accident

REFER TO ATTACH.

#### Attachment(s)

Are accident photos available for attachment?	YES
Was there any video captured by Car Camera?	YES
Remarks/ Reasons:	FILE TOO BIG
Was there any audio recorded?	NO

#### Details of Witness 1

Name	MICHAEL ONG
Phone Number	96993466
Email Address	

#### DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	SJZ1748P
Vehicle Make/Model/Colour	BMW GREY 7 SERIES
Details Of Properties	
Vehicle Category	PRIVATE CAR
Name of Driver	
NRIC/Passport Number	
Contact Number	
Address	
Postcode	

Insurance Company Name	AXA INSURANCE PTE LTD
Nature Of Damage	
No. Of Passenger (Including Driver)	

15 May, 2018 10:22 AM

SKETCH PLAN

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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.

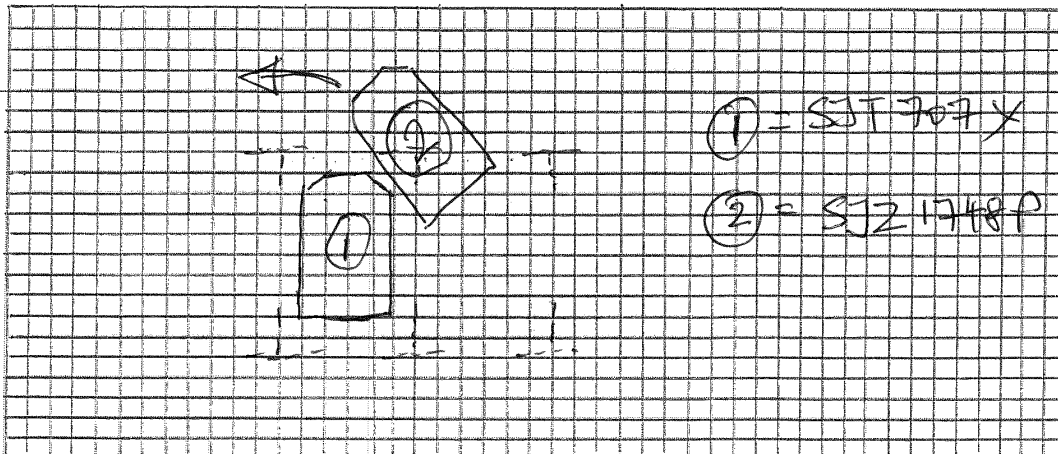
Policyholder's Signature  
Date & Time:

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

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

15 May, 2018 10:22 AM

SKETCH PLAN



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

THE INCIDENT HAPPENED ON MAY 19, 2018 @ 1050 HRS.  
 MY CAR (SJT 707X) WAS PARKED STATIONARY.  
 THE OTHER CAR (SJZ 1748P) WAS MOVING  
 OUT OF PARKING LOT ON THE RIGHT SIDE  
 OF MY CAR, AND WHILE TURNING LEFT,  
 THE CAR'S LEFT SIDE COLLIDED WITH  
 MY CAR'S RIGHT CORNER FRONT BUMPER.  
 POLICE REPORT NO. T/2A180519/2160 WAS  
 LODGE ON MAY 19, 2018 @ 2334 HRS.

DECLARATION

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

Policyholder's Signature

Date & Time: 21/5/18  
1630 HRS.

Driver's Signature

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

Reporting Centre Personnel's Signature

Name:

NRIC/FIN No.:

21/5/2018

@ 1748HRS



**SINGAPORE  
POLICE FORCE**



T/20180519/2160

1 of 3

Police Station Of Origin:  
Ang Mo Kio South N.P.C  
81 Ang Mo Kio Avenue 3 SINGAPORE  
569929  
Tel No: 1800-4519999

Report No. T/20180519/2160

**REPORT OF A TRAFFIC ACCIDENT**

Date/Time Report Made: 19/05/2018 23:34		Vide Report No.:		Station Diary No.: 180	
<b>Informant's Particulars</b>					
Name of Informant: CHIA WEE JIN CHRISTOPHER			Address: 65 JALAN LEBAN SINGAPORE 577602		
ID Type / ID No.: NRIC NO / S1745635J			Contact No.: Home/Office: Mobile: 96605030		
Nationality: SINGAPORE CITIZEN			Email:		
Sex: Male	Age: 52	Date of Birth: 03/03/1966	Type of Informant: Driver		
Race: Chinese			Language:		Institution / School Name:
Occupation: BUSINESSMAN			Driving Licence Information: Class: Date of Expiry:		

<b>General Information of the Accident</b>				
Type of Accident:	Non-Injury	Drink Drive: No	Date/Time of Accident: 19/05/2018 10:50	Type of Location:
Location: Along Road 1 ANG MO KIO STREET 32  CARPARK LOT 91 and Lot 90 CARPARK NUMBER AMA24				
Weather:		Road Surface:	Road Speed Limit:	
Traffic Flow:		Traffic Control:	Traffic Volume:	
Type of Collision:			Anyone conveyed by ambulance: No	

<b>Details of Vehicle Involved</b>						
Vehicle No.	Type	Make	Model	Color	Condition	No of Passenger
SJT707X	Car					0
SJZ1748P	Car					0

<b>Details of Person Involved</b>	
Any Pedestrian Involved: No	
No. of Pedestrians Injured: NIL	Use of Pedestrian Crossing: NA



**SINGAPORE  
POLICE FORCE**



T/20180519/2160

2 of 3

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81 Ang Mo Kio Avenue 3 SINGAPORE  
569929  
Tel No: 1800-4519999

Report No. T/20180519/2160

## CONTINUATION OF REPORT

<b>Driver</b>			
Name	CHIA WEE JIN CHRISTOPHER		ID No. S1745635J
Related Vehicle	SJT707X (Car)		Contact No. 96605030
Hospital/Clinic	NIL		Class of Driving Licence & Expiry Date Class: NIL Date of Expiry: NIL
Date Treatment	NIL	Date Discharge	NIL
No. of Days granted Medical Leave	NIL	Degree of Injury	NIL
<b>Driver</b>			
Name	Unknown		ID No. NIL
Related Vehicle	SJZ1748P (Car)		Contact No. NIL
Hospital/Clinic	NIL		Class of Driving Licence & Expiry Date Class: NIL Date of Expiry: NIL
Date Treatment	NIL	Date Discharge	NIL
No. of Days granted Medical Leave	NIL	Degree of Injury	NIL

**Brief Details.**

On 19/05/18 at about 1000hours, I parked my vehicle(SJT707X) at Ang Mo Kio Street 32, open carpark number AMA24, lot 91, everything was alright and I left. On the same day at about 1048hours, I returned back to my vehicle and discovered deep scratches at my vehicle front right bumper. I went to view my in built camera footage and discovered at about 1037hours, a vehicle(SJZ1748P) drove into the carpark at parked at lot 90, right side of my vehicle. At about 1048hours, he drove out of his carpark lot, while driving out of his carpark lot, the left side of his vehicle brushed through my right front bumper. The driver came down of his vehicle and placed a name card on my windscreen and drove of at 1050hours.

The followings are the details on the name card;

Name: Michael Ong  
H/P: 96993466  
Company: Capstone Capital Pte Ltd

I wished to state that I have yet to call the number stated on the name card and not too sure whether the driver who placed the name card is the owner of the vehicle.



**SINGAPORE  
POLICE FORCE**



T/20180519/2160

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569929  
Tel No: 1800-4519999

3 of 3

Report No. T/20180519/2160

**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 /

Sgt 2 ELAINE ONG EE LING

Signature Of Informant:

Signature Of Interpreter:

Not applicable

Date/Time:

19/05/2018 23:34

Officer In Charge Of Case:

TP / GIA /

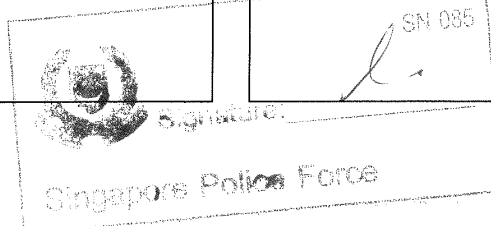
Staff Sgt TANG SIEW PING

Contact No.: 65476430

Classification Of Case:

Authentication Stamp

NP168



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



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