SINGAPORE ACCIDENT STATEMENT

IMPORTANT NOTICE

Contact Number

EMail Address

- 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 <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

aforesaid.	
	ACCIDENT STATEMENT
Date Of Report	16/07/2018 11:56
Date Of Accident	14/07/2018 21:15
Exact Location Of Accident	UPPER BUKIT TIMAH ROAD
Country/State of Loss	SINGAPORE
	DETAILS OF OWN VEHICLE
Vehicle Registration Number	SJH4893C
Insured/Policyholder	
Name Of Registered Owner	LEE CHAI THIAM
NRIC No	S0117489D
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-92324008
Alternative Phone No	OFFICE-92324008
Vehicle Particulars	
Manufacturer	MITSUBISHI
Model	3000GT
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 FIRE AND/OR THEFT
Fleet Policy	NO
Policy Number	GA283123/1
Cover Note Number	25/10/2017-24/10/2018
Driver	
Name of Driver	LEE CHAI THIAM
NRIC No	S0117489D
Date Of Birth	17/03/1949
Occupation	INDOOR
Date Of Driving Pass	12/12/1973
Driving Experience	44 YEARS AND 7 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-92324008
Fax Number	

OFFICE-92324008

NOEMAIL

Address BLK 9 TOH YI DRIVE

11-323590009

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

number Company of Drivada Our Vahiala

Insurance Company of Driver's Own Vehicle

General Information of the Accident

Type Of Accident COLLISION - CHANGE/CROSS LANE

Weather Conditions CLEAR
Road Surface DRY

Other Information

Postcode

Was any foreign vehicle involved in this accident? NO

Number of vehicles involved in the accident

Was any body injured in the Accident?

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.

Number of Passengers (Including Driver) 1

Details of Police Action

Was the accident reported to the police? YES

If Yes, Please state which Police Station

Police Station Name BUKIT TIMAH NEIGHBOURHOOD POLICE POST

NO

NO

Police Station Address ROAD: BLK 1 TOH YI DRIVE , POSTCODE: 590001 , COUNTRY:

SINGAPORE

Police Station Contact **TEL NO**: 1800-4689999 - **FAX NO**: 64623782

Was notice of intended Prosecution given?

If Yes, against whom?

Circumstances of Accident

REFER TO THE POLICE REPORT T/20180715/2113

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 SHC296C

Vehicle Make/Model/Colour B

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

IMPORTANT NOTICE

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- 7. By the ladgment 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:

- 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)
 - (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
- 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.
- 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
 - (iii) for complying with requirements under any regulations, laws or court orders.

Policyholder's Signature

Charles and Advantage of

Date & Time:

Driver's Signature

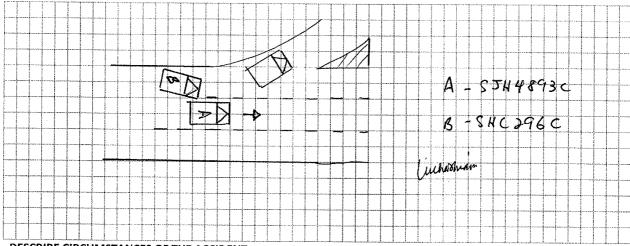
(If driver is not the policyholder)

Date & Time:

Reporting Centre Personner's Signature
Kenneth

Name: NRIC/FIN No

SKETCH PLAN



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

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mportant:							- Reporting Only
ou have bee	n advi:	sed by t	he worksho	p that in the ev	ent that you wish to		- Claim OD
ciaim against DAYS (1 AHSE	your o	wn poli	CY (OD CLA)	lM), There is a	FOURTEEN (14) tipulated time frame	rate.	- Claim TP
rom the day	of the	occurre	nce.	or within the 2	upulated time trame		- Claim OD/ TP at other worksho

### **DECLARATION**

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

Luchardnen

Policyholder's signature

Date & Time

Driver's Signature

(if driver not the policyholder)

Date & Time

Reporting Centre Personnel's Signature

Name:

Nric/Fin No.

Kenneth





Police Station Of Origin: Bukit Timah NPP

1 Toh Yi Drive #01-139 SINGAPORE 591501 Tel No: 1800-4689999

1 of 3 Report No. T/20180715/2113

### REPORT OF A TRAFFIC ACCIDENT

Vide Report No.:	Station Diary No.: 46			
Address:				
APT BLK 9 TOH YI DRIVE #11-323 SINGAPORE 590009				
Contact No.:	•			
Home/Office:	Mobile: 92324008			
Email:				
Type of Informant:				
Driver				
Language:	Institution / School Name:			
Driving Licence Information:				
Class:	Date of Expiry:			
	Address: APT BLK 9 TOH YI DRIVE #1 Contact No.: Home/Office: Email:  Type of Informant: Driver Language:  Driving Licence Information:			

	mation of the Accide		T- :-: :	T = 3, 3,
Type of	Non-Injury	Drink	Date/Time of	Type of Location:
Accident:	Hit and Run	Drive:	Accident:	,
Accident.		No	14/07/2018 21:1	5
Location:		•		
Along Road 1	*			
	IT TIMAH ROAD	•		
· · - · · ·				
NEAR OLD B	UKIT TIMAH FIRE ST	ATION		÷
NEAR OLD B	UKIT TIMAH FIRE ST	ATION Road Surface:		Road Speed Limit:
Weather:	UKIT TIMAH FIRE ST			Road Speed Limit:
<del>~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~</del>	UKIT TIMAH FIRE ST	Road Surface:		Road Speed Limit:
Weather: Clear	UKIT TIMAH FIRE ST	Road Surface: Dry		
Weather: Clear Traffic Flow:		Road Surface: Dry		
Weather: Clear Traffic Flow: Type of Collis		Road Surface: Dry Traffic Control:		Traffic Volume:

Details of Vehicle Involved						
Vehicle No.	Туре	Make	Model	Color	Condition	No of Passenger
SHC296C	Car	_			Slightly	0
		•			Damaged	
SJH4893C	Car	MITSUBISHI	3000GT	Red	Slightly	0
					Damaged	

Details of Ve	hicle insurance			
Vehicle No.	Insurance Company	Insurance No	Effective	Expiry Date
SJH4893C	AXA INSURANCE SINGAPORE PTE	GA283123	25/10/2017	24/10/2018
	LTD			





Police Station Of Origin: Bukit Timah NPP 1 Toh Yi Drive #01-1395

2 of 3 Report No. T/20180715/2113

1 Toh Yi Drive #01-139 SINGAPORE 591501

Tel No: 1800-4689999

**CONTINUATION OF REPORT** 

Details of Perso						
No. of Pedestrian			Use of Pedestrian Crossing: NA			
Driver						
Name	LEE CHAI THIAM	٠.		ID No	•	S0117489D
Related Vehicle	SJH4893C (Car)			Conta	ct No.	92324008
Hospital/Clinic	NIL			Class Drivin Licend	g ce &	Class: NIL Date of Expiry: NIL
		<del>,</del>	,	Expiry		
Date Treatment	NIL :		Date Discl	narge	NIL	<u> </u>
No. of Days gran	ted Medical Leave NIL		Degree of	Injury	NIL	

### Brief Details.

On 14/07/2018 at about 2115hrs, I was driving my vehicle (registration number SJH4893C) on the right of 2 lanes road along Upper Bukit Timah Road.

As I was approaching Old Bukit Timah Fire Station, a vehicle (registration number SHC296C) from the left lane wanted to switch to the right lane.

While doing so, the front right vehicle collided to the rear left of my vehicle. After which, I then stopped my vehicle by the roadside to make a check. I then got down to exchange particulars with the other driver but he refuses and asked me to lodge a report.

After which, the driver drove off without providing his particulars to me.





Police Station Of Origin: Bukit Timah NPP 1 Toh Yi Drive #01-139 Si 3 of 3 Report No. T/20180715/2113

1 Toh Yi Drive #01-139 SINGAPORE 591501

Tel No: 1800-4689999

**CONTINUATION OF REPORT** 

### Sketch Plan

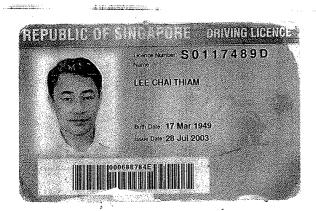
Informant is not able to provide sketch plan

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:	Signature Of Informant:
Sgt 3 CAMERON TOH CHUN HAN	Cuchaman
Signature Of Interpreter: Not applicable	Date/Time: 15/07/2018 21:41
Officer In Charge Of Case:	Classification Of Case:
TP / HRT / Sr Staff Sgt TAN JEOK LENG Contact No.: 65476144	
Authentication Stamp NP168	

# redefining / insurance

Date: _	76 7077 <b>3</b> 01 <b>4</b>
To: Ow	rner of Vehicle Number: <i>SJH4893</i> C
The fol	llowing has been advised to you via your workshop, ETHUZ GROUP CTD through their kernell.
Please	tick the applicable box if you had been advice on the content as seen below:
<b>/</b>	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.
<b>(/</b> )	You had been advised by the workshop on the liability and merits of the case accordingly.
1	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 <i>any combination</i> 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 <u>Own Damage</u> 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:
	uchednian
Name a	and signature of policyholder/authorised driver
Name a	and signature of workshop personnel including company stamp  Kenneth



## REPUBLIC OF SINGAPORE IDENTITY CARD NO. SO117489D





Nan LE

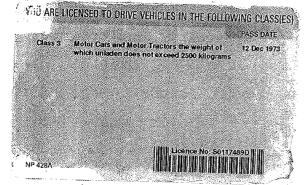
LEE CHAI THIAM



CHINESE Date of birth Sen 17~03~1949 M

Country of birth

......





NRIC No. SO117489D



Date of issue 10~12-2010

Address
APT BLK 9 TOH YI DRIVE
#11~323
SINGAPORE 590009





redefining / insurance



### Certificate of Insurance

account number

Motor White Resilient Parts Bokes and Compensation 14ct a Course 1890. Manufactories. Made from Review Compensation Parts 1980. Built Partsport 4ct. 1987 (Malaysian Motor Vanides (Parts Rules) Rules, 1989 (Motor).

Certificate number

Chassis number

Cognu manies

### Policy details

LEE CHAITHIAM Policyholder name Third Party, Fire & Theft Plan name Third Party, Fire & Theft NCD applicable 96% Vehicle registration number SJH4893C Period of Insurance

from 25/10/2017 to 24/10/2018 shown dates and home?

GA283123 / 1 JMYMNZ 16AVY000101 6672841927

### Persons or classes of persons entitled to drive*

Finance loan company

thi Any priming who is thinking on the Poskyholder's order or with their permission

Provided that the person driving is permitted in accordance with the boensing or other days or regulations to drive the Motor Vehicle or has been so pomitted and is not disqualified by order of a Court of Law or to reason of any enactivent is regulation in that behalf from driving the Minter Vehicle,

Use only for social, domestic and pleasure purposes and for the Poscynoider's business

The policy does not cover, use for fire or reward, racing, pace making, reliability trial, speed festing, the camage of goods other than samples in connection with any trade or business or use for any purpose in connection with inicitor trade, or when the Motor Car, whether stammary, in use or otherwise, is in or on, at racing track, circuit, route, course or any other roads by whatever name called that are typically used for racing, pace making or such similar purposes.

* Emittains rendered inaperation by Section 8 of the Notes Sections by Thuis Part, Posts and Commission - Art - Couptin 1894 and Section 95 of the Road Triengul Act, 1987 (Millignan, are not to be included under these brank gs.

An Additional Excess is applicable as follows:

- 1. \$\$500 for unnamed Authorised Driver
- 2. \$\$500 for declared Young and Inexperienced Driver
- 3. \$\$5,000 for undeclared Young and Inexpensioned Orners. This additional excess is reduced to \$\$2,500 if You have chosen AXA Premium Workshoos.

### Additional clauses & endorsements to your policy

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

### AXA Insurance Pte Ltd

Authorised signature

### Important note

Polargialists are warred that on the sale of a motor sets to trey must someodic the Centricate of a surance and the Pears to the resummer company. If the Centricate of insurance has been lost or destroyed a Statutory Demoration to the effect must be made. Favore to company in this obligation is an offence under the Motor Vehicle (fluid Party Risks and Compression Act (Cap. 183)

The Promise Walled Classe craises the presson to be payed for with a second field and there are no based, order the redeal managemental field. onduisannen etc

AXA Insurance Pre Ltd / 199903512Mi 8 Shenton Way, #24 01, AXA Tower, Singapore 068811 Customer Centre, #81-01

1 of 3









### **Accident Photo**



### **Accident Photo**

