

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	24/07/2018 16:11
Date Of Accident	23/07/2018 11:00
Exact Location Of Accident	BENOI SECTOR (TES-AMM LOADING BAY)
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SLE6877D
Insured/Policyholder	
Name Of Registered Owner	ONG LYE HUAT
NRIC No	S7008502Z
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-90616460
Alternative Phone No	OFFICE-90616460

Vehicle Particulars

Manufacturer	MITSUBISHI
Model	LANCER-1.6 (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	GA241568
Cover Note Number	

Driver

Name of Driver	LIOW CHING MEI
NRIC No	S6979368A
Date Of Birth	27/04/1969
Occupation	INDOOR
Date Of Driving Pass	11/04/2017
Driving Experience	1 YEAR AND 3 MONTHS
Gender	FEMALE
Mobile Number	(LOCAL) +65-96541587
Fax Number	
Contact Number	
Email Address	CMLIOW69@YAHOO.COM.SG

Address	BLK 624C PUNGGOL CENTRAL #11-328
Postcode	823624
Was driver an employee of the Insured's Company	NO
If No, Relationship of the Driver with the Insured	SPOUSE
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?	YES
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	PUNGGOL N.P.C
Police Station Address	ROAD: 21A TEBING LANE , POSTCODE: 828837 , COUNTRY: SINGAPORE
Police Station Contact	TEL NO: - FAX NO:
Was notice of intended Prosecution given?	NO
If Yes, against whom?	

Circumstances of Accident

PLEASE REFER TO SKETCH PLAN.

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	SLA9933B
Vehicle Make/Model/Colour	BMW
Details Of Properties	
Vehicle Category	PRIVATE CAR
Name of Driver	GANISH SINGH S/O RAGURAT SINGH
NRIC/Passport Number	S1769179A
Contact Number	94550952
Address	
Postcode	
Insurance Company Name	
Nature Of Damage	

No. Of Passenger (Including Driver)

DETAILS OF INJURED PERSON 1	
Name	LIOW CHING MEI
Approximate Age	
Injuries Sustain	RIGHT THIGH
Injured person in which vehicle?	SLE6877D
Were seat belts worn?	NO
Was this injured conveyed to hospital by ambulance?	NO
Address	
Postcode	

SKETCH PLAN


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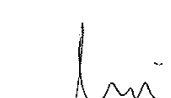
8. Consent under the Personal Data Protection Act (PDPA)

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.

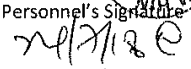
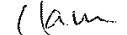


Policyholder's Signature
Date & Time:



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



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



SKETCH PLAN

↓
B
A
R

parked
Mr

A: SLE 6877D
B: SLA 9933B

Benoit Sector (TES-Ammunition)
Woodbury

DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

Please refer to police report.

DECLARATION

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

Policyholder's Signature

Date & Time:

Company Chop (if applicable)

U.S. AIR FORCE - 1954-1955

Driver's Signature

(If driver is not the policyholder)

Date & Time:

Reporting Centre Personnel's Signature

Name:

NRIC/FIN No.:

Police Report Pg. 1



**SINGAPORE
POLICE FORCE**



T/20180723/2193

1 of 3

Police Station Of Origin:
Punggol N.P.C
21A Tebing Lane SINGAPORE 828837
Tel No: 1800-6049999

Report No. T/20180723/2193

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 23/07/2018 23:11	Vide Report No.:	Station Diary No.: 86
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Informant's Particulars

Name of Informant: LIOW CHING MEI			Address: APT BLK 624C PUNGGOL CENTRAL #11-328 SINGAPORE 823624		
ID Type / ID No.: NRIC NO / S6979368A			Contact No.: Home/Office: Mobile: 96541587		
Nationality: SINGAPORE CITIZEN			Email:		
Sex: Female	Age: 49	Date of Birth: 27/04/1969	Type of Informant: Driver		
Race: Chinese			Language:		Institution / School Name:
Occupation: SELF-EMPLOYED			Driving Licence Information: Class: 3A Date of Expiry:		

General Information of the Accident

Type of Accident:	Injury Others	Drink Drive: No	Date/Time of Accident: 23/07/2018 11:00	Type of Location: Car Park
Location: Along Road 1 BENOI SECTOR at the loading bay located at TES-AMM company				
Weather: Clear		Road Surface: Dry		Road Speed Limit:
Traffic Flow:		Traffic Control:		Traffic Volume: No Traffic
Type of Collision: Moving Vehicle Against - Parked Vehicle				Anyone conveyed by ambulance: No

Details of Vehicle Involved

Vehicle No.	Type	Make	Model	Color	Condition	No of Passenger
SLA9933B	Car					0
SLE6877D	Car					0

Details of Person Involved

Any Pedestrian Involved: No	
No. of Pedestrians Injured: NIL	Use of Pedestrian Crossing: NA



**SINGAPORE
POLICE FORCE**



T/20180723/2193

Police Station Of Origin:
Punggol N.P.C
21A Tebing Lane SINGAPORE 828837
Tel No: 1800-6049999

2 of 3

Report No. T/20180723/2193

CONTINUATION OF REPORT

Driver			
Name	LIOW CHING MEI		ID No. S6979368A
Related Vehicle	NIL		Contact No. 96541587
Hospital/Clinic	NG TENG FONG GENERAL HOSPITAL		Class of Driving Licence & Expiry Date Class: 3A Date of Expiry: NIL
Date Treatment	NIL	Date Discharge	NIL
No. of Days granted Medical Leave	03	Degree of Injury	NIL
Driver			
Name	Ganesh Singh S/O Ragurat Singh		ID No. S1769179A
Related Vehicle	NIL		Contact No. 94550952
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 23/07/2018 at about 1100hrs, I parked my vehicle registration number SLE6877D at the loading bay located at TES-AMM company along Benoi Sector. After which, I alighted from my vehicle and stood at the back of my vehicle near to the bush to wait for my customer. All of a sudden, a vehicle registration number SLA9933B reversed and hit onto the front of my vehicle. Due to the impact, my car moved and hit onto my right thigh. I felt instant pain due to the hit.

Immediately, the driver of that vehicle came down to make a check. We then exchanged particulars and agreed on private settlement.

After which, both of us left the scene and I went to see doctor at Ng Teng Fong General Hospital and was given 3 days MC. Medical Certificate Number: 43695205.

I wish to inform that I have an installed camera in my vehicle however it is not switched on at the time the accident occurred.



**SINGAPORE
POLICE FORCE**



T/20180723/2193

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21A Tebing Lane SINGAPORE 828837
Tel No: 1800-6049999

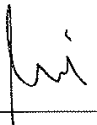
3 of 3
Report No. T/20180723/2193

CONTINUATION OF REPORT

Sketch Plan

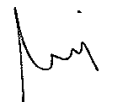
Informant is not able to provide sketch plan

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 TAN XIAO HUI	Signature Of Informant: 
Signature Of Interpreter: Not applicable	Date/Time: 23/07/2018 23:11
Officer In Charge Of Case: TP / AEIT / Sgt 2 YEO KIA HUAT Contact No.: 65476325	Classification Of Case:

Authentication Stamp
NP168

Singapore Police Force



Accident Photo



Accident Photo



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