

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	03/09/2018 09:03
Date Of Accident	01/09/2018 04:00
Exact Location Of Accident	CARPARK LOT 63 SENG POH RD BLK 72
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SKV1902U
Insured/Policyholder	
Name Of Registered Owner	SHU YAN NI
NRIC No	S8539566A
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-90671951
Alternative Phone No	OFFICE-90671951

Vehicle Particulars

Manufacturer	MERCEDES-BENZ
Model	E200
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	VPA/P2159201
Cover Note Number	

Driver

Name of Driver	SHU CHYANG
NRIC No	S0088975Z
Date Of Birth	24/09/1951
Occupation	INDOOR
Date Of Driving Pass	20/02/1969
Driving Experience	49 YEARS AND 6 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-90228009
Fax Number	
Contact Number	
EEmail Address	NOEMAIL

Address	BLK 45 KIM CHENG ST #04-05
Postcode	160045
Was driver an employee of the Insured's Company	NO
If No, Relationship of the Driver with the Insured	PARENT
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	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?	NO
If Yes, Please state which Police Station	
Was notice of intended Prosecution given?	NO
If Yes, against whom?	

Circumstances of Accident

MY CAR WAS PARKED AT LOT 63 SENG POH RD BLK 72. AT ABOUT 4.00AM ON 1 SEP 18, I WAS NOTIFY BY MY NEIGHBOURS THAT MY CAR WAS BEEN HIT. WHEN I CAME OUT, I DISCOVERED A SMALL NOTE ON MY CAR FRONT WINDSCREEN LEAVE BY CAR OWNER MR DARRYL (SJK470A). WE WILL PROCEED TO INSURANCE CLAIM.

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	SJK470A
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	PRIVATE CAR
Name of Driver	DARRYL
NRIC/Passport Number	
Contact Number	97311129
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 01.09.18 09:40AM

Driver's Signature
(If driver is not the policyholder)
Date & Time 01.09.18 09:40AM

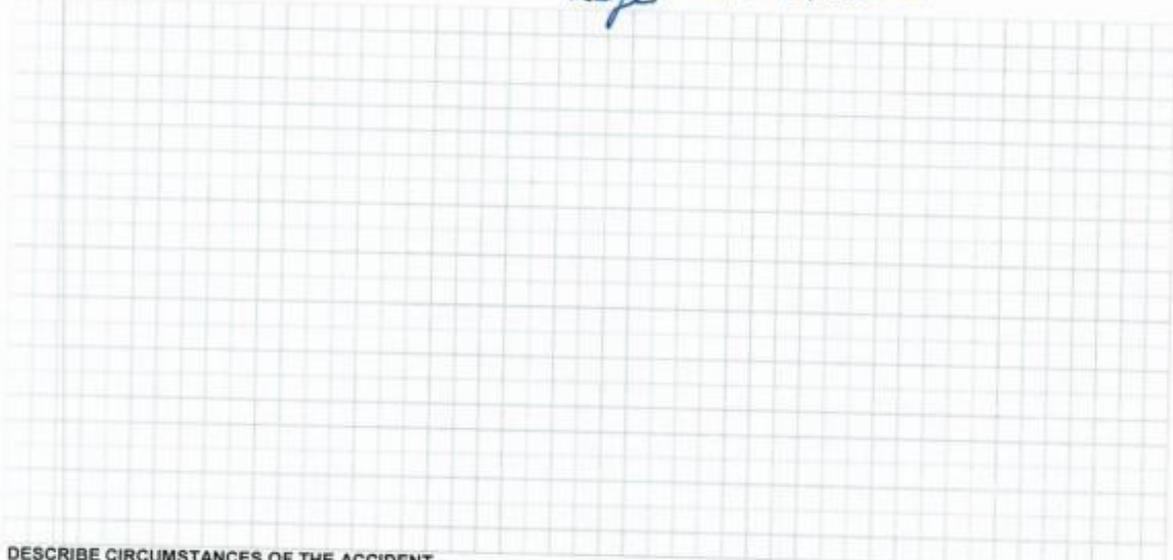
Reporting Centre Personnel's
Name:
NRIC/FIN No.:

Vincent Seah
Vehicle & Carriage Industries Pte Ltd
Body Care & Repair Center
714-401 HP: 8332 0002 Fax: 8332 1372
Email: vincent.seah@vehicleindustries.com.sg

Sketch Plan #2

SKETCH PLAN

Refer to attached.



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

My vehicle was parked at lot 63 Seang Poh Rd B11K 72. At about 4am 01/09/18, I was notified by my neighbours that my vehicle was been hit. When I came out, I discovered a small note on my vehicle front windscreen leave by vehicle owner Mr. Darryl S61K 470A. We will proceed to insurance claim.

DECLARATION

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

Please note that you have 14 calendar days to revert and file the claim under your own policy. Failing to do so, your insurance company will not allow nor accept the claim.

(Please contact your insurance company for any further details)

Policyholder's Signature
Date & Time 01.09.18 09:40AM

Driver's Signature
(If driver is not the policyholder)
Date & Time 01.09.18 09:40AM

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

Vincent Seah
Cycle & Carriage Industries Pte Ltd
Body Care & Repair Centre
No. 6771 4401 11P, 8, 13, 14, 15, 16, 17, 18, 19, 20, 21, 22, 23, 24, 25, 26, 27, 28, 29, 30, 31, 32, 33, 34, 35, 36, 37, 38, 39, 40, 41, 42, 43, 44, 45, 46, 47, 48, 49, 50, 51, 52, 53, 54, 55, 56, 57, 58, 59, 60, 61, 62, 63, 64, 65, 66, 67, 68, 69, 70, 71, 72, 73, 74, 75, 76, 77, 78, 79, 80, 81, 82, 83, 84, 85, 86, 87, 88, 89, 90, 91, 92, 93, 94, 95, 96, 97, 98, 99, 100
Email: vincent.seah@cycleandcarriage.com.sg

Accident Sketch Plan

AXA INSURANCE PTE LTD
 8 Shenton Way, #24-01
 AXA Tower, Singapore 068811
 Customer Service Centre #B1-01
 Tel:(65)63387288 Fax:(65)63382522
 Website:www.axa.com.sg
 GST Registration Number: 199903512M
 customer.service@axa.com.sg



Private Cars COMP
POLICY SCHEDULE
NEW BUSINESS
Original

POLICY INFORMATION		Policy No. : VPA/P2159201
Source	: (01) 03203	ALFA CREDIT PTE LTD
Insured	: SHU YAN NI	
Address	: BLK 45 KIM CHENG STREET	
	: 04-05	
	: SINGAPORE 160045	
Business/Profession	: MANAGER	
	Carrying on or engaged in the business or profession last declared and no other for the purpose of this insurance.	
Period of Insurance	: From 28/07/2018 To 31/08/2019 (Both Dates Inclusive)	
	Any subsequent period for which the Insured shall pay and the Company shall agree to accept a renewal premium.	
PREMIUM		
Premium After 40.00% NCD	: SGD 1,494.84	
Extra Coverage	: SGD 124.42	
Safe Driver Disc 5.00%	: SGD 80.96	
GST 7.00%	: SGD 107.67	
Annual Premium	: SGD 1,645.97	
Total Payable	: SGD 1,803.81	
RISK DETAILS THE MOTOR VEHICLE		
Type Of Cover	: Comprehensive	
Regn No.	: SKV1902U	
Type Of Use	: Private Car	
Make/Model	: MERCEDES E200 SEDAN (R18)	
Year of Manufacture	: 2015	Seating Capacity (excl. Driver) : 04
Body Type	: SALOON	Engine C.C. : 1991
Engine No.	: 27492030378655	
Chassis No.	: WDD2120342B149942	
Insured's Estimated Market Value	: Market Value At The Time Of Loss (including Accessories and Spare Parts)	
Limitations as to Use	: As specified in Certificate of Insurance	
Hire Purchase	: OCBC BANK LIMITED	
<u>Extra Coverage(Premium Breakdown)</u>	<u>Limits (SGD)</u>	<u>Premium (SGD)</u>
No Claim Discount Protection		124.42
Basic Own Damage Excess	: SGD 600.00	
Windscreen Excess	: SGD 100.00	
<u>Named Drivers</u>		
1	SHU YAN NI	
2	SHU CHYANG	

Accident Sketch Plan



Accident Sketch Plan

SJK 470A

~~SJK 470A~~

Hi,

I am deeply sorry to have
hit your car as I was travelling
along this road.

Please contact me at 9731129

My name is Darryl.

Accident Sketch Plan



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo

