

## 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	30/08/2018 14:05
Date Of Accident	29/08/2018 14:30
Exact Location Of Accident	KB1 CARPARK
Country/State of Loss	SINGAPORE

### DETAILS OF OWN VEHICLE

Vehicle Registration Number	GY9L
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#### Insured/Policyholder

Name Of Registered Owner	BAMBOO
Co Reg No	52997198D
Email Address	TIM@BAMBOOSTICK.COM
Mobile Phone No	(LOCAL) +65-97374298
Alternative Phone No	OFFICE-NOPHONE

#### Vehicle Particulars

Manufacturer	LAND ROVER
Model	DEFENDER
Exact Purpose for which vehicle was being used at time of accident	PRIVATE USE
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	P1712469
Cover Note Number	04/02/2018 TO 03/02/2019

#### Driver

Name of Driver	TIMOTHY LAI TIM MING
NRIC No	S7127769J
Date Of Birth	07/08/1971
Occupation	INDOOR
Date Of Driving Pass	04/08/1989
Driving Experience	29 YEARS AND 0 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-97374298
Fax Number	
Contact Number	
EEmail Address	TIM@BAMBOOSTICK.COM

Address	APT BLK 816 JELLICOE RD #22-02
Postcode	200816
Was driver an employee of the Insured's Company	NO
If No, Relationship of the Driver with the Insured	OTHER - MANGING PARTNER
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?	YES
If Yes, Please state which Police Station	
Police Station Name	ROCHOR NEIGHBOURHOOD POLICE CENTRE
Police Station Address	<b>ROAD:</b> 11 KAMPONG KAPOR ROAD , <b>POSTCODE:</b> 208678 , <b>COUNTRY:</b> SINGAPORE
Police Station Contact	<b>TEL NO:</b> 1800-2949999 - <b>FAX NO:</b> 63918583
Was notice of intended Prosecution given?	NO
If Yes, against whom?	

#### Circumstances of Accident

REFER TO SKETCH PLAN

#### Attachment(s)

Are accident photos available for attachment?	YES
Was there any video captured by Car Camera?	YES
Was there any audio recorded?	NO

#### DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	SKB9110R
Vehicle Make/Model/Colour	
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)

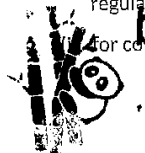
**IMPORTANT NOTICE**

Acc  
Vehicle: 6Y9L

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5. Any false reporting may be referred to the Police for investigation.
6. The 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 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 for complying with requirements under any regulations, laws or court orders.



Policyholder's Signature

Date & Time: 30/8/18

13:10

Driver's Signature

(if driver is not the policyholder)

Date & Time:

Reporting Centre Personnel's Signature

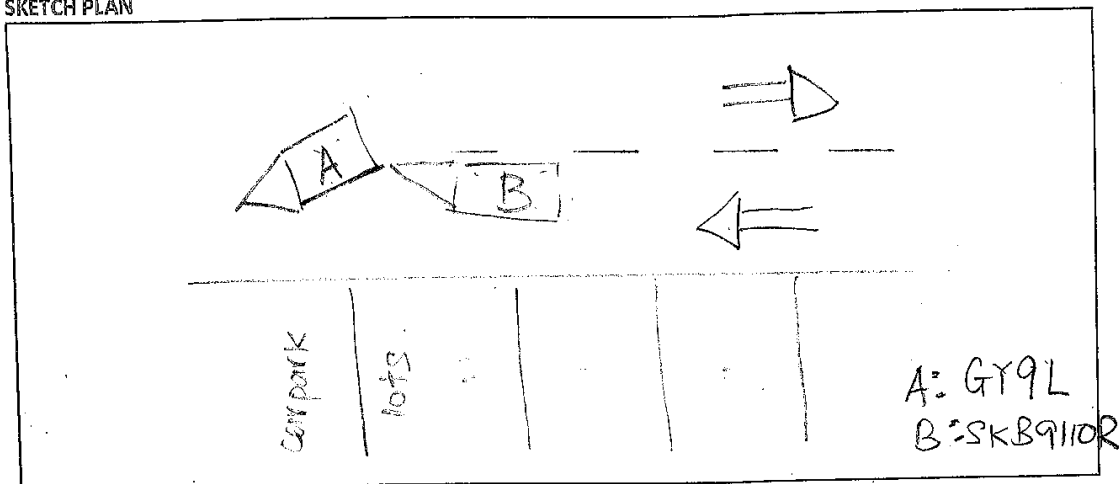
Name:

NRIC/FIN No.:

30/08/18

# Sketch Plan Pg. 2

Date of accident: 29/8/18 Time: 14:30 Location: Carpark KBI  
 My Vehicle A: GY9L Vehicle B: SKB 9110 R Vehicle C: -  
 SKETCH PLAN



## DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

*Refer to attached police report.*

☒ Claim ~~OD~~/TP at Ah Lim Motor ☐ Claim OD/TP at other workshop ☐ Reporting Only

Remarks : Please forward a copy of my efile accident report to :

My workshop :

Email address :

& myself :

Email address : tim@bamboostick.com

Note : Please take note that your insurer have 14 days timeframe for you to submit own damage claim under you own policy. Kindly check with your own insurer for more information.

**DECLARATION**  
**bamboo**  
 I declare the foregoing particulars are true in every respect.

Policyholder's Signature

Date & Time: 30/8/18  
13:10

GIARMC SketchPlanForm\_V3

Driver's Signature

(If driver is not the policyholder)

Date & Time:

Reporting Centre Personnel's Signature

Name: Mell

NRIC/FIN No.:

30/08/18



AH LIM MOTOR COMPANY



**SINGAPORE  
POLICE FORCE**



T/20180829/2120

1 of 3

Police Station Of Origin:  
Rochor N.P.C  
11 Kampong Kapur Road SINGAPORE  
208678  
Tel No: 1800-2949999

Report No. T/20180829/2120

**REPORT OF A TRAFFIC ACCIDENT**

Date/Time Report Made: 29/08/2018 16:19		Vide Report No.:		Station Diary No.: 97	
<b>Informant's Particulars</b>					
Name of Informant: TIMOTHY LAI TIM MING			Address: APT BLK 816 JELICOE ROAD #22-02 SINGAPORE 200816		
ID Type / ID No.: NRIC NO / S7127769J			Contact No.: Home/Office: Mobile: 97374298		
Nationality: SINGAPORE CITIZEN			Email:		
Sex: Male	Age: 47	Date of Birth: 07/08/1971	Type of Informant: Driver		
Race: Chinese			Language: English		Institution / School Name:
Occupation: SELF-EMPLOYED			Driving Licence Information: Class: 3 Date of Expiry:		

<b>General Information of the Accident</b>				
Type of Accident:	Non-Injury Hit and Run	Drink Drive: No	Date/Time of Accident: 29/08/2018 14:30	Type of Location: Car Park
Location: Along Road 1 GEYLANG BAHRU				
Blk 57 Geylang Bahru Openspace Carpark				
Weather: Clear		Road Surface: Dry	Road Speed Limit:	
Traffic Flow: Two Way		Traffic Control: Not Controlled	Traffic Volume: No Traffic	
Type of Collision: Between Moving Vehicles - Head To Rear			Anyone conveyed by ambulance: No	

<b>Details of Vehicle Involved</b>						
Vehicle No.	Type	Make	Model	Color	Condition	No. of Passenger
GY9L	Car				Slightly Damaged	0
SKB0110R	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/20180829/2120

Police Station Of Origin:  
Rochor N.P.C  
11 Kampong Kapur Road SINGAPORE  
208678  
Tel No: 1800-2949999

2 of 3

Report No. T/20180829/2120

**CONTINUATION OF REPORT**

<b>Driver</b>			
Name	TIMOTHY LAI TIM MING		ID No. S7127769J
Related Vehicle	GY9L (Car)		Contact No. 97374298
Hospital/Clinic	NIL		Class of Driving Licence & Expiry Date Class: 3 Date of Expiry: NIL
Date Treatment	NIL	Date Discharge	NIL
No. of Days granted Medical Leave	NIL	Degree of Injury	NIL

**Brief Details.**

On 29 Aug 2018 at about 1430hrs, I was trying to find a parking lot at the openspace carpark of Blk 57 Geylang Bahru. When I turned into the carpark, I noticed one white car (SKB 9110R) dropping off a passenger. While overtaking the said car, it moved forward and collided against the rear left bumper of my car. This caused a small dent on my rear left bumper. No one was injured in this incident.

Subsequently, I stopped my car by the side and had wanted to alight. However, the said car stopped beside my car and the female driver simply waved at me before driving off.

I had called Traffic Police and was advised to lodge a traffic accident report. My in-vehicle camera had captured the whole incident and I am able to download it.



**SINGAPORE  
POLICE FORCE**



T/20180829/2120

Police Station Of Origin:  
Rochor N.P.C  
11 Kampong Kapur Road SINGAPORE  
208678  
Tel No: 1800-2949999

3 of 3

Report No. T/20180829/2120

## 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:

A /

Staff Sgt TOH RUI FENG

Signature Of Interpreter:

Not applicable

Officer In Charge Of Case:

TP / HRT /

Sr Staff Sgt ESTHER CHONG

Contact No : 65476368

SN 12

Authentication Stamp

NP168

Singapore Police Force

Signature Of Informant:

Date/Time:

29/08/2018 16:19

Classification Of Case:

**Driver's Particulars Pg. 1**

**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



**Commercial Vehicles COMP**  
**POLICY SCHEDULE**  
**RENEWAL**  
**Original**

<b>POLICY INFORMATION</b>		Policy No. : VCA/P1712469
Source	: 05186 M PRO CONSULTANCY	
Insured	: BAMBOO	
Address	: BLK 816 JELlicoe ROAD #22-02 LAVENDER GARDENS SINGAPORE 200816	
Business/Profession	: C-OTHER INDUSTRY <i>Carrying on or engaged in the business or profession last declared and no other for the purpose of this insurance.</i>	
Period of Insurance	: From 04/02/2018 To 03/02/2019 (Both Dates Inclusive)	
Any subsequent period for which the Insured shall pay and the Company shall agree to accept a renewal premium.		
<b>PREMIUM</b>		
Premium After 10.00% NCD	: SGD 2,549.01	
GST 7.00%	: SGD 178.44	
Annual Premium	: SGD 2,727.45	
Total Payable	: SGD 2,727.45	
<b>RISK DETAILS THE MOTOR VEHICLE</b>		
Type of Cover	: Comprehensive	
Regn. No.	: GY9L	
Type Of Use	: Commercial Vehicle	
Make/Model	: LAND ROVER DEFENDER 110 HARDTOP 2.2	
Year of Manufacture	: 2014	
Seating Cap. (Excl.) Driver	: 1	Carrying Cap. (Tons) : 1.27
Body Type	: VAN	
Engine No.	: 140719131506DT224	
Chassis No.	: SALLDHP7FA458257	
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	: MAYBANK	
<b>Excess Applicable</b>		
Sect I - Any Authorised Driver	: SGD 700.00	
Windscreen Excess	: SGD 140.00	

Continuation page 1

Driver's Particulars Pg. 2


**REPUBLIC OF SINGAPORE DRIVING LICENCE**

Card Number: **S7127769J**

**TIMOTHY LAI TIM MING**

Birth Date: **07 Aug 1971**  
Valid Date: **30 Jul 2003**

000700809J



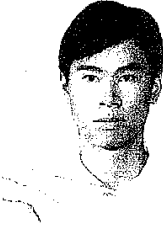
**REPUBLIC OF SINGAPORE**

**IDENTITY CARD NO. S7127769J**

Name: **TIMOTHY LAI TIM MING**

Race: **CHINESE**  
Date of Birth: **07-08-1971** Sex: **M**  
Country of Birth: **SINGAPORE**

S7127769J



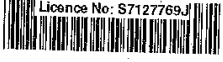
**YOU ARE LICENSED TO DRIVE VEHICLES IN THE FOLLOWING CLASS(ES)**

Class 3 **Motor Cars and Motor Tractors the weight of which unladen does not exceed 2500 kilograms**

PASS DATE: **04 Aug 1989**

NP 428A

Licence No: **S7127769J**



0167184


**S7127769J**

NRIC No. **S7127769J**

Blood Group: **O+** Date of issue: **26-11-1991**

**APT. BLK 816 JELICOE ROAD #22-02**  
**SINGAPORE 200816**

NRIC No: **S7127769J** Date: **04/12/2012** No: **7150519**





Policy Holder's LA & Briefings Pg. 2



redefining / insurance

Date: 29/08/18

To: Owner of Vehicle Number: Gy 9L

The following has been advised to you via your workshop, Ah Lim Motor Co through their staff, Heidi.

Please tick the applicable box if you had been advice on the content as seen below:

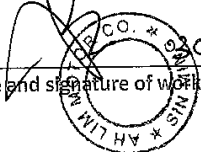
- ☒ You had been advised by the workshop that in the case that you wish to claim against your own policy, there is a Fourteen (14) days clause whereby the claim must be made within the stipulated timeframe from the day of occurrence.
- ☐ You had been advised by the workshop on the liability and merits of the case accordingly.
- ☐ 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 **any combination** 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 Own Damage 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 acknowledged by:

Timothy Lai

Name and signature of policyholder/authorised driver

Name and signature of workshop personnel including company stamp



scene



scene



scene



scene



scene





scene



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo

