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 <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	21/09/2018 16:48
	Date Of Accident	20/09/2018 19:15
	Exact Location Of Accident	STEVENS RD NEAR 109A DALVEY RD
	Country/State of Loss	SINGAPORE
	D	ETAILS OF OWN VEHICLE
	Vehicle Registration Number	SJW5778S
	Insured/Policyholder	
	Name Of Registered Owner	HENG HENG LIMO SERVICE
	Co Reg No	53346568X
	Email Address	NOEMAIL
	Mobile Phone No	
	Alternative Phone No	OFFICE-96324224
	Vehicle Particulars	
	Manufacturer	MAZDA
	Model	MAZDA3 1.6L SDN
	Exact Purpose for which vehicle was being used at time of accident	WORK PURPOSE
	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 HIRE
	Insurance Company	
	Name of Insurance Company	AXA INSURANCE PTE LTD
	AND STREET STREET	

COMPREHENSIVE

VCX/P1989691

NO

Fleet Policy
Policy Number
Cover Note Number

Type Of Coverage

Driver
Name of Driver HENG SIEW KWANG

 NRIC No
 \$1592837I

 Date Of Birth
 19/05/1963

 Occupation
 OUTDOOR

 Date Of Driving Pass
 16/11/1981

Driving Experience 36 YEARS AND 10 MONTHS

Gender MALE

Mobile Number (LOCAL) +65-96324224

Fax Number

Contact Number

EMail Address NOEMAIL

Address

104 ALJUNIED CRESCENT #11-247 SPORE 380104

Postcode

Was driver an employee of the Insured's Company YES

If No, Relationship of the Driver with the Insured

Vehicle Registration Number of Driver's Own

Vehicle

Insurance Company of Driver's Own Vehicle

General Information of the Accident

SIDE SWIPE Type Of Accident Weather Conditions RAINING Road Surface WET

Other Information

Was any foreign vehicle involved in this accident?

Number of vehicles involved in the accident

Was any body injured in the Accident? NO

Was any injured conveyed to hospital by NO

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)

Passenger 1

NAME:

NO

NO

2

NO

: PASSENGER

GENDER: : MALE

Details of Police Action

NO Was the accident reported to the police?

If Yes, Please state which Police Station

Was notice of intended Prosecution given?

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? NO NO

Was there any audio recorded?

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number

Vehicle Make/Model/Colour

AUDI S8 4.0 TFSI QUATTRO

Details Of Properties

Vehicle Category

PRIVATE CAR

SDM14U

Name of Driver

NRIC/Passport Number

Contact Number

Address Postcode

Insurance Company Name

Nature Of Damage

No. Of Passenger (Including Driver)

Sketch Plan

SKETCH PLAN

IMPORTANT NOTICE

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- 4. The issue and acceptance of this Form by insurance companies is not an admission of policy liability on the part of the insurance
- 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
- 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.
- 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
- (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.
- 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.

HENS HENG LIMO SERVICE

Policyholder's Signature Date & Time:

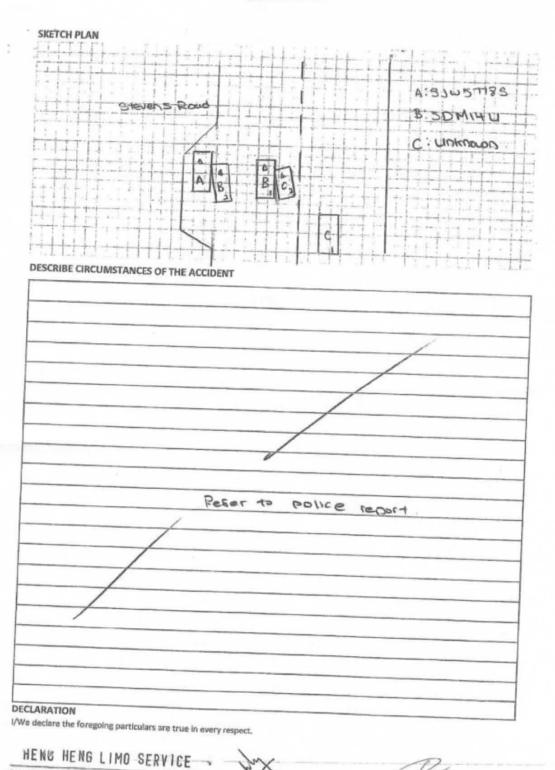
Driver's Signature (If driver is not the policyholder) Date & Time:

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

ACCIONAL

GHARMC SketchPlanForm_VR

Sketch Plan #2



Policyholder's Signature

GIARME Skeech Plant aren_ 48

Date & Time:

Driver's Signature

Date & Time:

(If driver is not the policyholder)

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Reporting Centre Personnel's Signature

Name: Sufficient NRIC/FIN No.: JJU403>2/1

Police Report





Police Station Of Origin: MacPherson NPP 54 Pipit Road #01-82/84 SINGAPORE 370054

1 of 3 Report No. T/20180921/2112

Tel No: 1800-7449999

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 21/09/2018 14:58			Vide Report No.:	Station Diary No.:		
Informa	ant's Partic	ulars	NEW COLUMN TO THE REAL PROPERTY OF THE PARTY			
Name of Informant: HENG SIEW KWANG ID Type / ID No.: NRIC NO / S15928371 Nationality: SINGAPORE CITIZEN			Address: APT BLK 104 ALJUNIED CR 380104	RESCENT #11-247 SINGAPORE		
			Contact No.: Home/Office:	Type I and the second		
			Email:	WIODING, 30324224		
Sex: Age: Date of Birth: 19/05/1963		Date of Birth: 19/05/1963	Type of Informant:			
Race: Chinese Occupation: FREELANCE MANAGER			Language:	Institution / School Name:		
			Driving Licence Information: Class: 3	Date of Expiry:		

Type of Accident: Non-Injury Hit and Run		Drink Drive: No	Date/Time of Accident:	Type of Location Straight Road	
Location: Along Road 1 STEVENS RO Near 109A Da			20/09/2018 19:15		
Disziing . Wet		Road Surface: Wet		Road Speed Limit:	
Traffic Flow: Two Way		Traffic Control:		Traffic Volume:	
Type of Collision					

Venicle No	Type	No.				
SDM14U	The second secon	Make	Model:	Colon	Condition	No of Passenge
1	Car AUDI	S8	Black	Slightly	0	
SJW5778S		Mazda 3	Silver	Damaged		

Details of Person Involved	
Any Pedestrian Involved: No	
No. of Pedestrians Injured: NIL	Line of Park and a
	Use of Pedestrian Crossing: NA

Police Report





Police Station Of Origin: MacPherson NPP 54 Pipit Road #01-82/84 SINGAPORE 370054 Tel No: 1800-7449999 2 of 3 Report No. T/20180921/2112

CONTINUATION OF REPORT

Mana	11- 11			150 51		THE RESERVE OF THE PARTY OF THE
Name	Hee Mong		ID.No.		S0378958F	
Related Vehicle	SDM14U (Car)			Contact No.		96230538
Hospital/Clinic	NIL		-	Class of Driving Licence & Expiry Date		Class: NIL Date of Expiry: NIL
Date Treatment	NIL	Date Dis	charge	NIL		
No. of Days granted Medical Leave NIL			Degree o		NIL	
Driver . The same				法如实现产业	A HOUSE	阿里斯克克斯斯斯
Name	HENG SIEW KWANG		ID No		S1592837I	
Related Vehicle	SJW5778S (Car)			Contact No.		96324224
Hospital/Clinic	NIL			Class of Driving Licence & Expiry Date		Class: 3 Date of Expiry: NIL.
Date Treatment	NIL Date Di			- Annual Contract of the Contr	NIL	
No. of Days grant		e of Injury NIL				

Brief Details

On the 20/9/18 at about 1915hrs, I stopped along Stevens road near Dalvey Road to pick up passenger, my vehicle was hit at front right driver door, while in stationary position, by an Audi, SDM14U, vehicle's front left bumper. We then stopped at the road side to assess our vehicle and ourselves, no one was injured at the point of time nor conveyed by Ambulance. The driver told me that other unknown vehicle had hit him at right front side of the vehicle which caused the Audi vehicle to swirl and hit my vehicle, after which the unknown was nowhere to be found. My vehicle suffered dents and scratch marks at front right driver door, the Audi vehicle suffered scratch marks at front both side of the bumper. There is one passenger in my vehicle and no passenger in the Audi vehicle.

Police Report





Police Station Of Origin: MacPherson NPP 54 Pipit Road #01-82/84 SINGAPORE 370054 Tel No: 1800-7449999

3 of 3 Report No. T/20180921/2112

CONTINUATION OF REPORT

Sketch Plan

Informant is not able to provide sketch plan

BRINATURE

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 2 CHEW SONG YAN JAK	
	July .
Signature Of Interpreter:	Date/Time.
Not applicable	21/09/2018 14:58
Officer In Charge Of Case:	
TP / HRT /	Classification Of Case:
Sr Staff Sgt TAN-JEOK-LENG-	
Contact No.: 65476144	
Authentication Stamp, /	
NP168	
CANAL	