

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	02/10/2018 13:05
Date Of Accident	01/10/2018 07:45
Exact Location Of Accident	ALONG SAM LEONG ROAD
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SGA7826A
Insured/Policyholder	
Name Of Registered Owner	HO KOK ENG
NRIC No	S7116279F
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-84989419
Alternative Phone No	OTHERS-84989419

Vehicle Particulars

Manufacturer	TOYOTA
Model	VIOS 1.5E A
Exact Purpose for which vehicle was being used at time of accident	PRIVATE
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	GA143096/1
Cover Note Number	

Driver

Name of Driver	HO KOK ENG
NRIC No	S7116279F
Date Of Birth	11/05/1971
Occupation	OUTDOOR
Date Of Driving Pass	13/05/1992
Driving Experience	26 YEARS AND 4 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-84989419
Fax Number	
Contact Number	OTHERS-84989419
EMail Address	NOEMAIL

Address	BLK 52 NEW UPPER CHANGI ROAD #02-1492
Postcode	461052
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	-
	-
	-
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)	0

Details of Police Action

Was the accident reported to the police?	YES
If Yes, Please state which Police Station	
Police Station Name	ROCHER N.P.C
Police Station Address	ROAD: 11 KAMPONG KAPOR ROAD , POSTCODE: 208678 , COUNTRY: SINGAPORE
Police Station Contact	TEL NO: 1800-2949999 - FAX NO:
Was notice of intended Prosecution given?	NO
If Yes, against whom?	

Circumstances of Accident

AS PER POLICE REPORT

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	
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	NA/UNKNOWN
Name of Driver	
NRIC/Passport Number	
Contact Number	
Address	
Postcode	
Insurance Company Name	
Nature Of Damage	

No. Of Passenger (Including Driver)

SKETCH PLAN

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

Policyholder's Signature
Date & Time: 01.10.2018

1660

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

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

Sam Leung Road

Lot 25A

vehicle A - SGA

vehicle B - unknown

Please refer to police report.
Report No: T/50181001/2011

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

Yvonne Toh



**SINGAPORE
POLICE FORCE**



T/20181001/2011

1 of 3

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

Report No. T/20181001/2011

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 01/10/2018 09:19	Vide Report No.: A/20181001/0022	Station Diary No.: 38
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Informant's Particulars

Name of Informant: HO KOK ENG			Address: APT BLK 52 NEW UPPER CHANGI ROAD #02-1492 SINGAPORE 461052	
ID Type / ID No.: NRIC NO / S7116279F			Contact No.: Home/Office:	Mobile: 84989419
Nationality: SINGAPORE CITIZEN			Email:	
Sex: Male	Age: 47	Date of Birth: 11/05/1971	Type of Informant: Vehicle Owner	
Race: Chinese			Language: English	Institution / School Name:
Occupation: SALESMAN			Driving Licence Information: Class: 3	Date of Expiry:

General Information of the Accident

General Information of the Accident					Type of Location: parking lot
Type of Accident:	Non-Injury	Drink Drive: No	Date/Time of Accident: 01/10/2018 07:45		
Location: Along Road 1 SAM LEONG ROAD parking lot 25a, near Loh Yew Hotel					
Weather: Clear		Road Surface: Dry		Road Speed Limit:	
Traffic Flow: One Way		Traffic Control: Not Controlled		Traffic Volume: Moderate	
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
SGA7826A	Car	TOYOTA	VIOS	Red	Seriously Damaged	0

Details of Vehicle Insurance

Vehicle No.	Insurance Company	Insurance No	Effective	Expiry Date
SGA7826A	AXA INSURANCE SINGAPORE PTE LTD			



**SINGAPORE
POLICE FORCE**



T/20181001/2011

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

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Report No. T/20181001/2011

CONTINUATION OF REPORT

Details of Person Involved			
Any Pedestrian Involved: No			
No. of Pedestrians Injured: NIL		Use of Pedestrian Crossing: NA	
Vehicle Owner			
Name	HO KOK ENG	ID No.	S7116279F
Related Vehicle	NIL	Contact No.	84989419
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 30/09/2018 at about 1830hrs, I parked my car at Sam Leong Road parking lot 25a. I went to my friend's place at Jalan Besar and only returned on 01/10/2018 at about 0745 hrs. I saw a note on my car "Your vehicle was involved in a hit and run accident. Kindly contact IO Abduillah @65476246 and lodge an accident report. REF : A/20181001/0022"

The repair damages would cause about SGD\$4000.

I would like to state that I have installed camera both at the front and back of my car and that it was recording during the time of incident.



**SINGAPORE
POLICE FORCE**



T/20181001/2011

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

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Report No. T/20181001/2011

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 /
Sgt 1 LIM HUI YI KLARISSA

Signature Of Informant:

Signature Of Interpreter:
Not applicable

Date/Time:
01/10/2018 09:19

Officer In Charge Of Case:
TP / GIA /
Staff Sgt WONG SIEU LUI
Contact No.: 65476151

Classification Of Case:

Authentication Stamp
NP168