

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 liability.
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	11/10/2018 17:44
Date Of Accident	11/10/2018 13:05
Exact Location Of Accident	180 ANG MO KIO AVE 8 NANYANG POLY (BLK N) CP
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SJF8837A
Insured/Policyholder	
Name Of Registered Owner	LIM CHEN HIANG
NRIC No	S7336499Z
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-91524343
Alternative Phone No	OFFICE-91524343

Vehicle Particulars

Manufacturer	BMW
Model	325I-2.5 AT HID (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	GA004399
Cover Note Number	

Driver

Name of Driver	LIM CHEN HIANG
NRIC No	S7336499Z
Date Of Birth	15/09/1973
Occupation	INDOOR
Date Of Driving Pass	06/02/1998
Driving Experience	20 YEARS AND 8 MONTHS
Gender	FEMALE
Mobile Number	(LOCAL) +65-91524343
Fax Number	
Contact Number	OFFICE-91524343
EEmail Address	NOEMAIL

Address	BLK 68 MACKENZIE RD #07-03
Postcode	228687
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	ANG MO KIO POLICE DIVISIONAL HQ (F DIVISION)
Police Station Address	ROAD: 51 ANG MO KIO AVENUE 9 , POSTCODE: 569929 , COUNTRY: SINGAPORE
Police Station Contact	TEL NO: 1800-2180000 - FAX NO: 64814246
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	SKE7848T
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)

SKETCH PLAN

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 liability**.
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:

11/10/18 17:30

Driver's Signature

(If driver is not the policyholder)

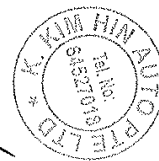
Date & Time:

Reporting Centre Personnel's Signature

Name:

NRIC/FIN No.:

[Signature]



11/10/18 @ 5:20p

SKETCH PLAN


A: STF 8837A
B: SKE 7848T

DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

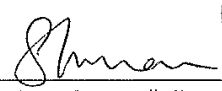
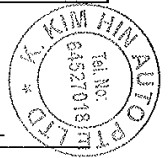
Please refer to police report -

DECLARATION

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


Policyholder's Signature
Date & Time: 11/10/18 17:30
Company Chop (if applicable)

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


Reporting Centre Personnel's Signature
Name: 11/10/18 @ 5:20p
NRIC/FIN No.: 



**SINGAPORE
POLICE FORCE**



F/20181011/7027

1 of 2

POLICE REPORT (NP299)

Report No. F/20181011/7027

Police Station Of Origin
Ang Mo Kio Police Divisional HQ
51 Ang Mo Kio Avenue 9 SINGAPORE
569784
Tel No:1800-2180000

Date/Time Report Made 11/10/2018 15:28	Vide Report No.	Station Diary No.
Name Of Informant LIM CHEN HIANG	Address APT BLK 68 MACKENZIE ROAD #07-03 SINGAPORE 228687	
ID Type / ID No. NRIC NO / S7336499Z	Contact No. Home/Office: Mobile: 91524343	
Nationality SINGAPORE CITIZEN	Email Address zxlim@hotmail.com	
Occupation SAFETY MANAGER	Sex Female	Age 45
Institution/School Name	Date of Birth 15/09/1973	Race Chinese
Date/Time Of Incident 11/10/2018 12:10 - 11/10/2018 13:05	Location Of Incident 180 ANG MO KIO AVENUE 8 NANYANG POLYTECHNIC (BLK N) Car Park SINGAPORE 569830	

Brief details.

Reached 12:05 p.m for lunch parked inside Lot No. 35. At that point no car next to mine in Lot No.34 and Lot No. 36. Went to collect car at 1.05 p.m.. Saw my car front left side with deep Red & White scratches with bumper sunk in and misaligned. A hit and run case with no CCTV footage where I parked. At this time, another car SKE7848T parked next to my car in Lot No. 36 with fresh scratch marks of white and some red observed at the left rear of this car and passenger car door.

Signature Of Officer Recording The Report: Not applicable	Signature Of Informant: The identity of the person making this report has been authenticated by SingPass. No signature is required.
Signature Of Interpreter: Not applicable	Date/Time: 11/10/2018 15:28
Officer In-Charge Of Case:	Classification Of Case:

Authentication Stamp



**SINGAPORE
POLICE FORCE**



F/20181011/7027

2 of 2

POLICE REPORT (NP299)

CONTINUATION OF REPORT

Report No. F/20181011/7027

Subjects Involved			
Victim			
Person Name	LIM CHEN HIANG		
ID Type	NRIC NO	ID No	S7336499Z
Gender	Female	Age	45
Race	Chinese	Language	English
Occupation	SAFETY MANAGER	Address Type	
Address	APT BLK 68 MACKENZIE ROAD #07-03 SINGAPORE 228687		Mobile No 91524343
Is Informant A Victim?	Yes		
Person Name	LIM CHEN HIANG (Informant)		

Signature Of Officer Recording The Report: Not applicable	Signature Of Informant: The identity of the person making this report has been authenticated by SingPass. No signature is required.
Signature Of Interpreter: Not applicable	Date/Time: 11/10/2018 15:28
Officer In-Charge Of Case:	Classification Of Case:
Authentication Stamp	

Police Report Pg. 3

Hit and Run on 11-10-18 between 12.05 p.m. to 1.05 p.m. at Nanyang Polytechnic Blk N Carpark Lot No. 35

Damages to SJF8837A



Fresh scratches stained marks on SKE7848T
Park inside Lot No. 36



Accident Photo



Accident Photo



Accident Photo



Accident Photo

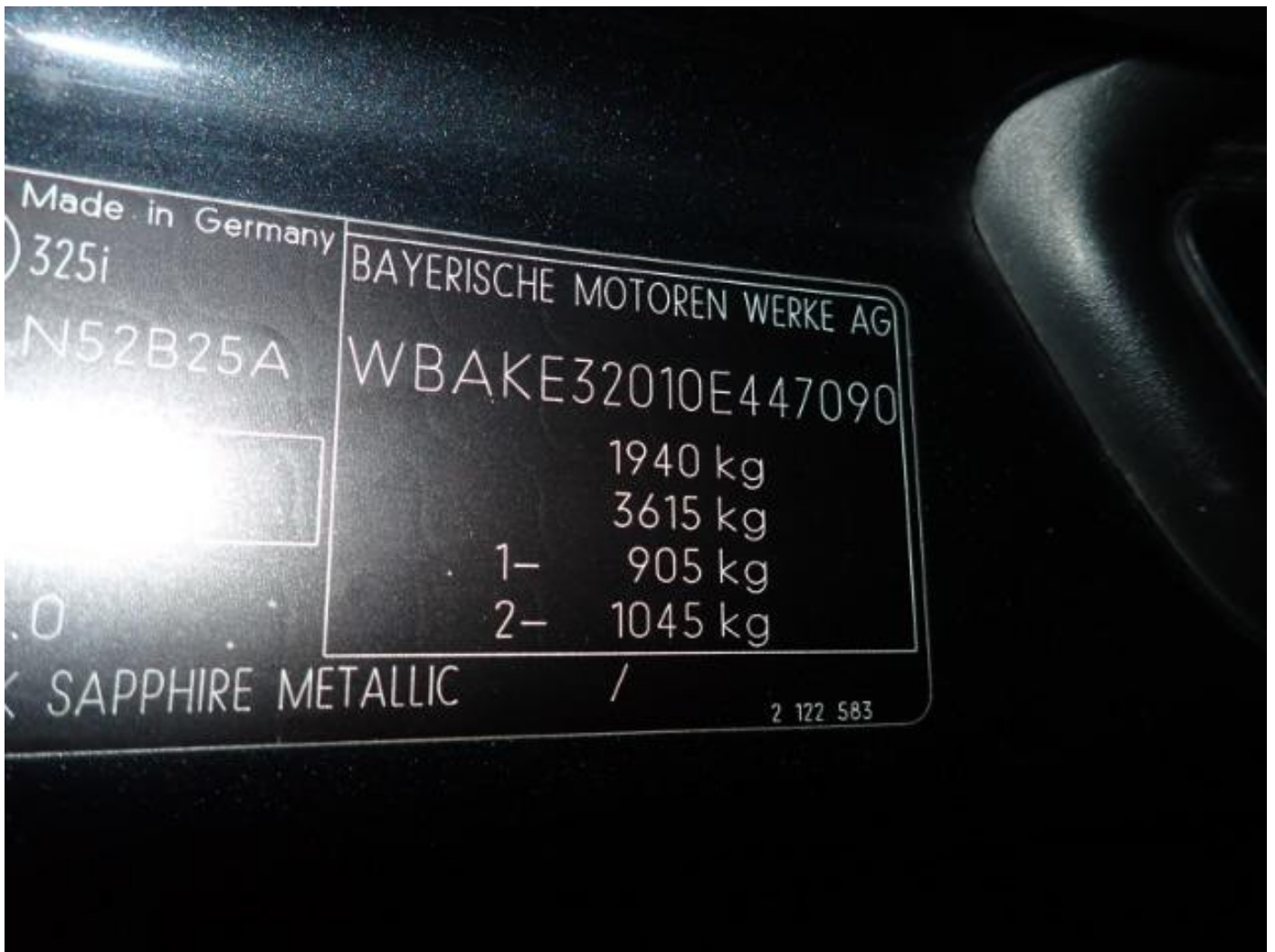


Accident Photo



Accident Photo





Accident Photo



Accident Photo



Accident Photo

