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 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

atoresaid.	
	ACCIDENT STATEMENT
Date Of Report	12/11/2018 14:12
Date Of Accident	08/11/2018 07:30
Exact Location Of Accident	OUTISDE 10E ROSEY CRESCENT
Country/State of Loss	SINGAPORE
	DETAILS OF OWN VEHICLE
Vehicle Registration Number	SCG6622T
Insured/Policyholder	
Name Of Registered Owner	LIM GOY PHENG
NRIC No	S1245518F
Email Address	GPLIM@TECPARTS.COM.SG
Mobile Phone No	(LOCAL) +65-96745321
Alternative Phone No	OFFICE-96745321
Vehicle Particulars	
Manufacturer	ТОУОТА
Model	HARRIER-2.0 (A)
Exact Purpose for which vehicle was being used at time of accident	NORMAL USAGE
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	P2113601
Cover Note Number	
Driver	
Name of Driver	LIM GOY PHENG
NIDIO Na	040455405

NRIC No S1245518F

Date Of Birth 18/02/1957

Occupation INDOOR

Date Of Driving Pass 27/10/1979

Driving Experience 39 YEARS AND 0 MONTHS

Gender MALE

Mobile Number (LOCAL) +65-96745321

Fax Number

Contact Number OFFICE-96745321

EMail Address GPLIM@TECPARTS.COM.SG

10E ROBEY CRESCENT Address

Postcode 1954

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 1

Number of Passengers (Including Driver)

Details of Police Action

Was the accident reported to the police?

If Yes, Please state which Police Station

Police Station Name TRAFFIC POLICE DIVISION HQ - SINGAPORE CITY

YES

ROAD: 10 UBI AVENUE 3, POSTCODE: 408865, COUNTRY: Police Station Address

SINGAPORE

Police Station Contact **TEL NO**: 65470000 - **FAX NO**:

Was notice of intended Prosecution given?

If Yes, against whom?

NO

Circumstances of Accident

PLEASE REFER AS ATTACHED

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 SHA2172Z

Vehicle Make/Model/Colour

Details Of Properties

Vehicle Category **TAXI**

Name of Driver

NRIC/Passport Number

Contact Number

Address

Postcode

Insurance Company Name

Nature Of Damage

No. Of Passenger (Including Driver)

Accident Sketch Plan

SKETCH PLAN

IMPORTANT NOTICE

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- 2. This Formmust be completed by the Policyholder and/or the Authorised Driver.
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- 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.
- The report will be forwarded by the insurers of the GIA Records Management Centre established by the General Insurence 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.
- 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' law yers/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 making 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")

reversed

- (b) all insurer(s) who have insured vehicle(s) involved in this accident and the insurers' law yers/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 law yers/law firms), which may be sited outside of Singapore, for one or more of the above Purposes.

Policyholder's Signature / Date &

SHA 217026

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

LOE Robey Crescent

Witnessed by Reporting Centre Personnel

) SCG 66227.

Sketch Plan

1 -1

Page 4 of 16

Accident Sketch Plan

Describe Circumstances of the Accident

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Police Report





Police Station Of Origin: Traffic Police 10 Ubi Avenue 3 SINGAPORE 408865 Tel No: 65470000

1 of 3 Report No. T/20181109/2142

Date/Time Report Made: 09/11/2018 19:06		Made:	Vide Report No.:	Station Diary No.	
Informa	nt's Partic	ulars	CONTROL BUILDING CO.		
	f Informant: Y PHENG		Address: APT BLK 10E ROBEY CRES	CENT SINGAPORE 546970	
ID Type / ID No.; NRIC NO / S1245518F Nationality: SINGAPORE CITIZEN		18F	Contact No.: Home/Office:	Mobile: 96745321	
		EN	Email:		
Sex: Male	Age: 61	Date of Birth: 18/02/1957	Type of Informant: Vehicle Owner		
Race: Chinese			Language:	Institution / School Name:	
Occupation: SELF-EMPLOYED			Driving Licence Information: Class: 3	Date of Expiry:	

Type of Accident:	Non-Injury Hit and Run	Drink Drive: No	Date/Time of Accident: 08/11/2018 07:30	Type of Location OUTSIDE OF PROPERTY	
Location: Along Road 1 ROBEY CRE VEHICLE WA Weather: Clear		Road Surface;	ISES	Road Speed Limit:	
Traffic Flow: Tr		Traffic Control:		Traffic Volume: No Traffic	
Type of Collis		Not Controlled			

Vehicle No.	Туре	Make	Model	Color	Condition	No of D
SCG6622T	Car	TOYOTA	HARRIER G GRADE	Commence of the Party of the Pa	Slightly	No of Passenger

Police Report



T/201B1109/2142

Police Station Of Origin: Traffic Police 10 Ubi Avenue 3 SINGAPORE 408865 Tel No: 65470000

Report No. T/20181109/2142

2 of 3

CONTINUATION OF REPORT

Brief Details.

ON THE ABOVE MENTIONED DATE TIME AND LOCATION
I PARKED MY VEHICLE OUTSIDE OUR HOUSE. AT FIRST WE DID NOT NOTICED THAT OUR
VEHICLE HAD BEEN DAMAGE. IT WAS ONLY UNTIL OUR OFFICE NEIGHBOUR INFORMED US
THAT THE REAR PORTION OF OUR VEHICLE WAS DAMAGE DUE TO A HIT AND RUN. WE WENT
TO CHECK THE CCTV'S THAT WERE INSTALLED IN OUR HOUSE AND FOUND OUT THAT THE
CULPRIT BELONG TO A TAXI DRIVER WITH THE PLATE NUMBER (SHA 2172Z). WE EXTRACTED
THE VEHICLE NUMBER FROM THE CAMERA FOOTAGE SHOWN. THE FOOTAGE SHOWED THAT
THE TAXI DRIVER DID NOT STOP AFTER COLLIDING ONTO THE REAR PORTION OF OUR
VEHICLE.

Police Report





Police Station Of Origin: Traffic Police 10 Ubi Avenue 3 SINGAPORE 408865 Tel No: 65470000

3 of 3 Report No. T/20181109/2142

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: TP / NG JIN SHENG	Signature Of Informant:
Signature Of Interpreter: Not applicable	Date/Time: 09/11/2018 19:06
Officer In Charge Of Case: TP / HRT /	Classification Of Case;
Sr Staff Sgt TAN JEOK LENG Contact No.: 65476144	SIRBARDRE FOLICE FORCE
Authentication Stamp NP168	
Signature	

AXA INSURANCE PTE LTD
8 Sheriton 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/P2113601
Source	: (01) 14885 BMS-AXA TOYOTA NB
Insured	: LIM GOY PHENG
Address	: 10E ROBEY CRESCENT SINGAPORE 546279
Business/Profession	: OTHER OCCUPATION Carrying on or engaged in the business or profession last declared and no other for the purpose of this insurance.
Period of Insurance	: From 30/04/2018 To 29/04/2020 (Both Dates Inclusive)
Any subsequent perio	od for which the Insured shall pay and the Company shal newal premium.
PREMIUM	
Premium After 50.00	: SGD 1,280.56
GST 7.00%	: SGD 89.65
Annual Premium	: SGD 1,370.21
Total Payable	: SGD 2,740.39
RISK DETAILS THE MO	TOR VEHICLE
Type Of Cover	: Comprehensive
Regn No.	: SCG6622T
Type Of Use	: Private Car
Make/Model	: TOYOTA HARRIER 2.0
Year of Manufacture	: 2018 Seating Capacity (excl. Driver) : 04
Body Type	: SPORTS UTILITY VEHICLE Engine C.C. : 1986
Engine No.	: 8ARZ117965
Chassis No.	: JTEKB3GH10J001891
Insured's Estimated Market Value	: Market Value At The Time Of Loss (including Accessories and Spare Parts)
Limitations as to Us	e : As specified in Certificate of Insurance
Hire Purchase	: UNITED OVERSEAS BANK LIMITED
Extra Coverage (Premi NCD Protector Basic Own Damage Exc Named Drivers	
1 LIM GOY PHENG	
MEMORANDA, CLAUSES,	WARRANTIES & ENDORSEMENTS
Subject to the Memor Sales Agent ID : BST	anda, Clauses, Warranties & Endorsements attached hereto:

Page 1





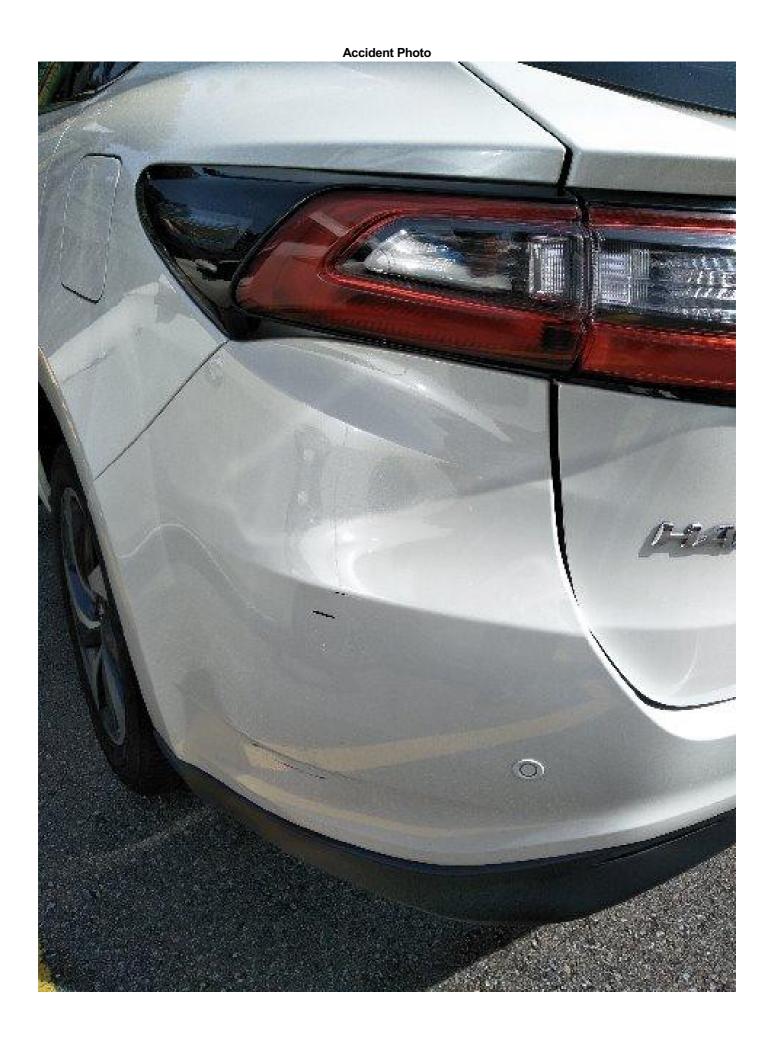




Accident Photo







Accident Photo

