

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	12/11/2018 13:50
Date Of Accident	09/11/2018 18:30
Exact Location Of Accident	SAMSUNG HUB CARPARK LEVEL 3
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SKC6648X
Insured/Policyholder	
Name Of Registered Owner	SIAW YONG CHAI
NRIC No	S8006457H
Email Address	RICHARDSIAW@GMAIL.COM
Mobile Phone No	(LOCAL) +65-98580358
Alternative Phone No	OTHERS-98580358

Vehicle Particulars

Manufacturer	BMW
Model	730LI-3.0 AT ABS D/AB 2WD 4DR NAV HID SR (A)
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	GA348517
Cover Note Number	29/04/2018 - 28/04/2019

Driver

Name of Driver	SIAW YONG CHAI
NRIC No	S8006457H
Date Of Birth	01/03/1980
Occupation	INDOOR
Date Of Driving Pass	23/10/2000
Driving Experience	18 YEARS AND 0 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-98580358
Fax Number	
Contact Number	OTHERS-98580358
EEmail Address	RICHARDSIAW@GMAIL.COM

Address	BLK 596C ANG MO KIO ST 52 #12-335
Postcode	563596
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	CENTRAL POLICE DIVISIONAL HQ (A DIVISION)
Police Station Address	ROAD: 391 NEW BRIDGE ROAD #03-112 POLICE CANTONMENT COMPLEX BLOCK A , POSTCODE: 088762 , COUNTRY: SINGAPORE
Police Station Contact	TEL NO: 1800-2240000 - FAX NO: 62200877
Was notice of intended Prosecution given?	NO
If Yes, against whom?	

Circumstances of Accident

REFER TO THE POLICE REPORT & SKETCH PLAN BY DRIVER

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	SMC9628K
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

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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:

10/11/18.

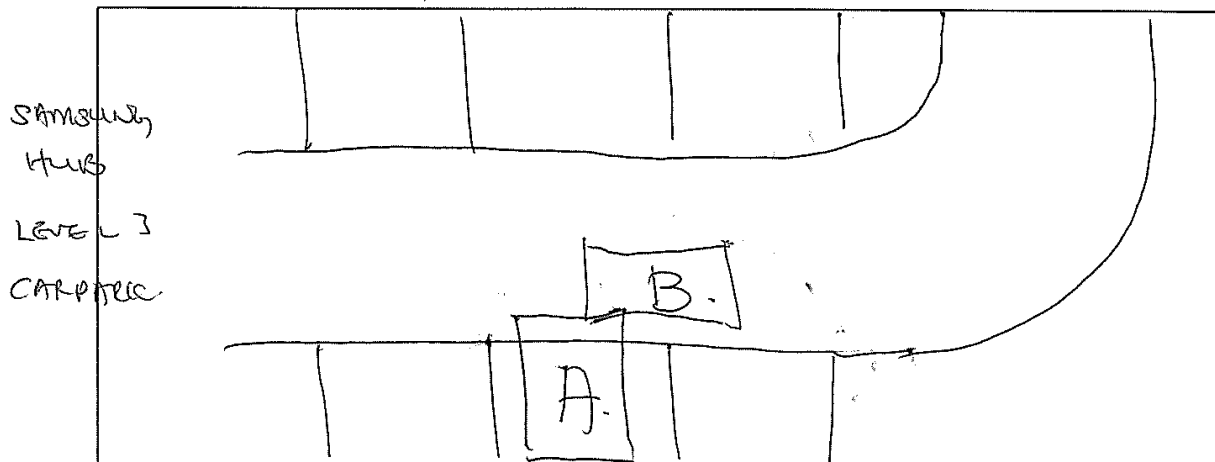
Driver's Signature
(If driver is not the policyholder)
Date & Time:



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

Sketch Plan Pg. 2

Date of accident: 9 Nov 2018 Time: 6:30 - 7:30 pm Location: SAMSUNG HW3 CARPARK LGV-C3
My Vehicle A: ~~SK6~~ Vehicle B: SMC 9628K Vehicle C: _____
SKETCH PLAN SK6 6648X



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT Lot 27.

Refer to 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 : RICHARDSIAW@GMAIL.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

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


Policyholder's Signature

Policyholder's Signature _____
Date & Time: _____

10/11/18

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

Date & Time:

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

NRIC/FIN No.:

ALLIUM MOTOR COMPANY



**SINGAPORE
POLICE FORCE**



A/20181109/7031

1 of 2

POLICE REPORT (NP299)

Report No. A/20181109/7031

Police Station Of Origin
Central Division HQ
A 391 New Bridge Road #03-112 Police
Cantonment Complex SINGAPORE 088762
Tel No:1800-2240000

Date/Time Report Made 09/11/2018 23:08	Vide Report No.	Station Diary No.
Name Of Informant SIAW YONG CHAI	Address APT BLK 596C ANG MO KIO STREET 52 #12-335 SINGAPORE 563596	
ID Type / ID No. NRIC NO / S8006457H	Contact No. Home/Office: Mobile: 98580358	
Nationality SINGAPORE CITIZEN	Email Address richardsiaw@gmail.com	
Occupation Manager	Sex Male	Age 38
Institution/School Name	Date of Birth 01/03/1980	Race Chinese
Date/Time Of Incident 09/11/2018 18:30 - 09/11/2018 19:45	Location Of Incident 3 CHURCH STREET SAMSUNG HUB SINGAPORE 049483	

Brief details.

My stationary car was parked at the building multi storey carpark. Suspected a black bmw 5 series (SMC9628K) hit and run. Front of my car was badly damaged.

A neighbouring car driver said he parked beside me at 6pm and there was no sign of damage on my car when he parked and left. We suspected accident could have happened between 6-7.30pm.

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: 09/11/2018 23:08
Officer In-Charge Of Case:	Classification Of Case:

Authentication Stamp



**SINGAPORE
POLICE FORCE**



A/20181109/7031

2 of 2

POLICE REPORT (NP299)

CONTINUATION OF REPORT

Report No. A/20181109/7031

My in-car camera footage showed a black BMW 5 series stopped and driver came out to assessed the damages before driving off.

Subjects Involved			
Suspect			
Person Name	LOW HON-YU		
Gender	Male	Race	Chinese
Habits & Oddities	Car plate SMC9628K Black BMW 5 series		
Victim			
Person Name	SIAW YONG CHAI		
ID Type	NRIC NO	ID No	S8006457H
Gender	Male	Age	38
Race	Chinese	Language	English
Occupation	Manager	Address Type	
Address	APT BLK 596C ANG MO KIO STREET 52 #12-335 SINGAPORE 563596	Mobile No	98580358
Is Informant A Victim?	Yes		
Person Name	SIAW YONG CHAI (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: 09/11/2018 23:08
Officer In-Charge Of Case:	Classification Of Case:

Authentication Stamp



redefining / insurance

AXA Insurance Pte Ltd
 1800 880 4888 (Within Singapore)
 (65) 6880 4888 (International)
 (65) 6880 4740
 customer.care@axa.com.sg
 www.axa.com.sg

SIAW YONG CHAI
 596C ANG MO KIO STREET 52
 #12-335
 SINGAPORE 563596

New business

date
 29/04/2018

your servicing distributor
 ASSURE (SINGAPORE) PTE LTD / 15423

your servicing distributor contact
 81188746

Policy Schedule

Your SmartDrive Comprehensive Essential

Your policy snapshot

Policyholder name	SIAW YONG CHAI	Policy number	VA1 / GA348517
Cover	Comprehensive	FIN / NRIC	S8006457H
Period of Insurance	from 29/04/2018 to 28/04/2019 (both dates inclusive)		

Premium breakdown

Gross Premium after 30% NCD	SGD 1,304.23
Total Discounts	- SGD 138.59
7% GST	SGD 81.59
Final Premium	SGD 1,247.23

Your benefits highlights

(refer to Policy Wording for full terms and conditions)

SmartDrive Comprehensive Essential Benefits

- 24/7 Towing & Transportation in Singapore or Overseas
- Windscreen Replacement with Excess OR Repair your windscreen at your preferred location and get \$50 cash reward with no excess
- Guaranteed Repairs for twelve (12) Months
- Loss or Damage
- Legal Liability

Vehicle details

Make & Model of Vehicle	BMW 730 i	Year of manufacture	2010
Vehicle registration number	SKC6648X	Type of Use	Private use
Body type	SALOON	Engine capacity (c.c.)	2996
Seating capacity (excl driver)	4	Engine number	12117666N52B30AF
Off-Peak car	No	Chassis number	WBAKB22020CN74784

Insured's Estimated Market Value	Market Value at the time of Loss (including accessories and spare parts)
Limitation to use	As per Certificate of Insurance
Finance Loan Company	DBS BANK LTD

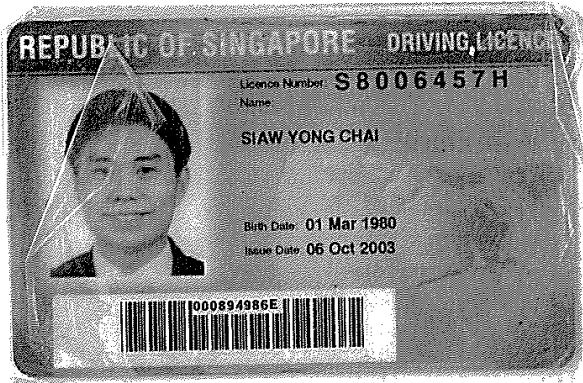
Excess applicable (refer to Policy Wording for other applicable Excesses)

Basic Own Damage Excess	SGD 700.00
Windscreen Excess	SGD 100.00

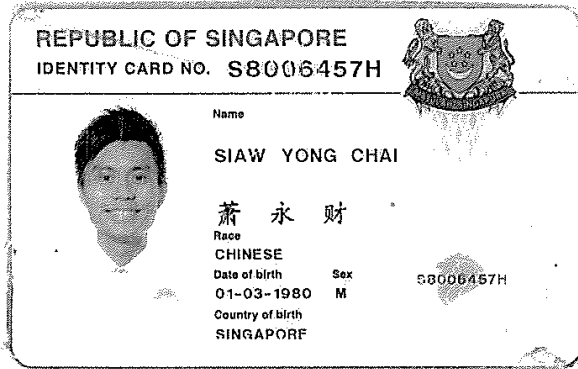
Drivers details

AXA Insurance Pte Ltd (199903512M)
 8 Shenton Way, #24-01, AXA Tower,
 Singapore 068811
 Customer Centre, #B1-01

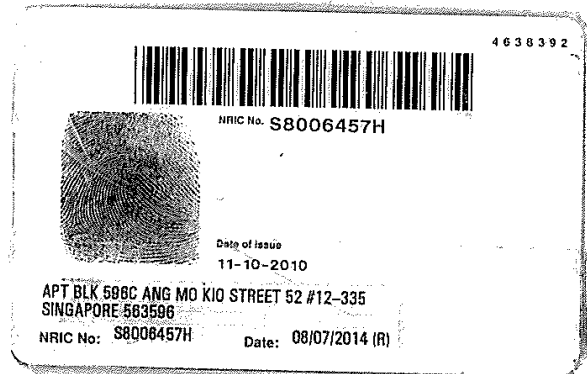
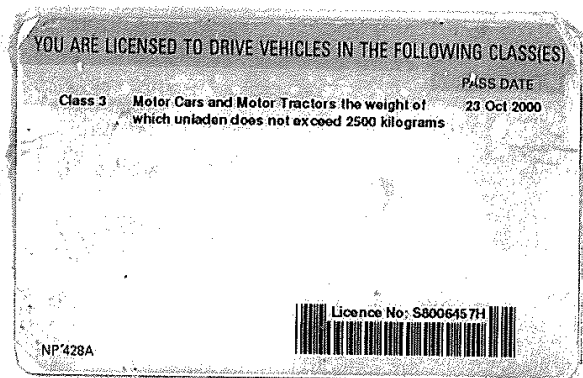
Sketch Plan Pg. 6



Opax
video yes
no injury
clear & dry



98580358



Sketch Plan Pg. 7



redefining / insurance

Date: 12/11/18

To: Owner of Vehicle Number: SKC 6648 X

The following has been advised to you via your workshop, Ah Lim Motor Company through their staff, Zila / Eileen / Mui Hong.

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 30 days to revert to OD claim if TP claim is submitted at authorised workshop

Signed and acknowledge by:

Name and signature of policyholder/authorised driver

Name and signature of workshop personnel including company stamp



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



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