

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	23/07/2018 15:00
Date Of Accident	22/07/2018 11:00
Exact Location Of Accident	TAMPINES AVENUE 7 TRAFFIC LIGHT JUNCTION
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SKU7367E
Insured/Policyholder	
Name Of Registered Owner	COMFORT LIMOUSINE SERVICES PTE LTD
Co Reg No	201508380W
Email Address	NOEMAIL
Mobile Phone No	
Alternative Phone No	OFFICE-68628878

Vehicle Particulars

Manufacturer	TOYOTA
Model	ESQUIRE-2.0 (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 HIRE

Insurance Company

Name of Insurance Company	TOKIO MARINE INSURANCE SINGAPORE LTD
Type Of Coverage	COMPREHENSIVE
Fleet Policy	YES
Policy Number	18-MG000530-R03
Cover Note Number	

Driver

Name of Driver	CHANG KIM HWA
NRIC No	S1467225G
Date Of Birth	05/09/1961
Occupation	OUTDOOR
Date Of Driving Pass	03/10/1981
Driving Experience	36 YEARS AND 9 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-94551025
Fax Number	
Contact Number	
Email Address	NOEMAIL

Address	BLK. 741 YISHUN AVENUE 5 #09-532 SINGAPORE
Postcode	760741
Was driver an employee of the Insured's Company	NO
If No, Relationship of the Driver with the Insured	OTHER - HIRER
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	2
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)	1

Details of Police Action

Was the accident reported to the police?	YES
If Yes, Please state which Police Station	
Police Station Name	KIM KEAT NEIGHBOURHOOD POLICE POST
Police Station Address	ROAD: BLK 231 LORONG 8 TOA PAYOH , POSTCODE: 310231 , COUNTRY: SINGAPORE
Police Station Contact	TEL NO: 1800-2529999 - FAX NO: 63554311
Was notice of intended Prosecution given?	NO
If Yes, against whom?	

Circumstances of Accident

REFER TO POLICE REPORT NO. T/20180722/2037

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	FBM2515B
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	MOTORCYCLE
Name of Driver	
NRIC/Passport Number	
Contact Number	
Address	
Postcode	
Insurance Company Name	AXA INSURANCE PTE LTD
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:

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

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



**SINGAPORE
POLICE FORCE**



T/20180722/2037

Police Station Of Origin:
Kim Keat NPP
231 Lorong 8 Toa Payoh #01-186
SINGAPORE 310231
Tel No: 1800-2529999

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Report No. T/20180722/2037

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 22/07/2018 13:46		Vide Report No.:		Station Diary No. 16
Informant's Particulars				
Name of Informant: CHANG KIM HWA		Address: APT BLK 741 YISHUN AVENUE 5 #09-532 SINGAPORE 760741		
ID Type / ID No.: NRIC NO / S1467225G		Contact No.: Home/Office: Mobile: 94551025		
Nationality: SINGAPORE CITIZEN		Email:		
Sex: Male	Age: 56	Date of Birth: 05/09/1961	Type of Informant: Driver	
Race: Chinese		Language: English	Institution / School Name:	
Occupation: GRAB DRIVER		Driving Licence Information: Class: 3,4 Date of Expiry:		

General Information of the Accident				
Type of Accident: Non-Injury Hit and Run	Drink Drive: No	Date/Time of Accident: 22/07/2018 11:00	Type of Location: X-Junction	
Location: Junction of Road 1 and Road 2 TAMPINES AVENUE 7 TAMPINES STREET 45 Along Road 1 traffic light junction of Road 2				
Weather: Clear	Road Surface: Dry	Road Speed Limit:		
Traffic Flow: One Way	Traffic Control: Traffic Light - Working	Traffic Volume: Heavy		
Type of Collision: Between Moving Vehicles - Head To Rear			Anyone conveyed by ambulance: No	

Details of Vehicle Involved						
Vehicle No.	Type	Make	Color	Registration No.	Occupant No.	Passenger
FBM2515B	Motorcycle	HONDA	Red		1	
SKU7367E	Car	TOYOTA	Silver	Slightly Damaged	0	

Details of Vehicle Insurance				
Vehicle No.	Insurance Company	Insurance No.	Effective Date	Expiry Date
SKU7367E	TOKIO MARINE INSURANCE SINGAPORE LTD.	18-MG000530-R03	10/06/2018	14/10/2018



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T/20180722/2037

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231 Lorong 8 Toa Payoh #01-186
SINGAPORE 310231
Tel No: 1800-2529999

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Report No. T/20180722/2037

CONTINUATION OF REPORT

Any Pedestrian Involved: No			
No. of Pedestrians Injured: NIL		Use of Pedestrian Crossing: NA	
Name	CHANG KIM HWA	ID No	S1467225G
Related Vehicle	SKU7367E (Car)	Contact No.	94551025
Hospital/Clinic	NIL	Class of Driving Licence & Expiry Date	Class: 3,4 Date of Expiry: NIL
Date Treatment	NIL	Date Discharge	NIL
No. of Days granted Medical Leave	NIL	Degree of Injury	NIL

Brief Details.

On 22/07/2018 at about 1104hrs, I was driving my Grabcar SKU7367E along Tampines Avenue 7, turning right to Tampines Street 45. At the traffic light junction, I was at the turning (right) stop line while waiting for oncoming traffic to clear and waiting for the right green light to appear. When the right green light appeared, I move forward but spotted oncoming vehicle travelling at a fast speed as such I applied my brakes. While doing so, I heard an impact coming from the rear and observed from my rear mirror that a motorcycle had hit my car. The motorcyclist then came to my passenger window and scolded me. I told the driver to stop at the front along Tampines Street 45 but when he move off, I sense that he was not going to stop. As such I followed the motorcycle from the back. The motorcycle then turn to a HDB estate carpark near Blk 485B and kept going around the area trying to make a run from the accident. I followed him and also managed to take a photo of the motorcycle. The motorcycle vehicle number is FBM2515B (red motorcycle) with a male rider and a female passenger. At a carpark gantry exit, the motorcycle was caught up at the gantry where I managed to come out from my car and called to the motorcyclist 'you trying to hit and run or settle' however the rider replied vulgarities and ignored. I managed to get a glance on my rear side and discovered some damages to the vehicle. The motorcyclist then past the gantry and try to make a run again. After I followed him, I lost sight of him and stop looking for the motorcycle anymore. I later made a check on my vehicle and discovered damage to my left rear bumper, my side mudguard and the side bumper.



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T/20180722/2037

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231 Lorong 8 Toa Payoh #01-186
SINGAPORE 310231
Tel No: 1800-2529999

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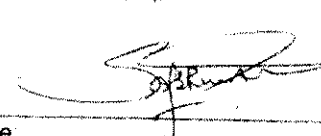
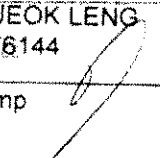
Report No. T/20180722/2037

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: E / Sgt 3 MUHAMMAD ZULHAFFIZ BIN MOHD ZIN	Signature Of Informant: 
Signature Of Interpreter: Not applicable	Date/Time: 22/07/2018 13:46
Officer In Charge Of Case: TP / HRT / Sr Staff Sgt TAN JEOK LENG Contact No.: 65476144	Classification Of Case:
Authentication Stamp NP168  SIGNATURE	



RECORDS MANAGEMENT CENTRE

**GENERAL INSURANCE ASSOCIATION OF SINGAPORE
RECORDS MANAGEMENT CENTRE**

6 Raffles Quay #18-00, Singapore 048580

Phone: +65 6224 0010 Fax: +65 6224 0030

Operating Hours: Monday to Friday 9am to 5pm

GST Registration No: M400017735

Third Party Insurer Enquiry

Our Ref No: GR-18-112364

Date of Request: 23/07/2018

Your Ref No:

Online Purchase

Prime Auto Claims Service Pte Ltd
6 Benoi Place
Singapore 629927

Dear Sir/Madam,

Enquiry Date 23/07/2018

Enquiry By Chrissy Teo Ye En

Vehicle No. FBM2515B

Accident Date 22/07/2018

Enquiry Result

TP Vehicle No.	Insurer	Period of Insurance	Insurer Tel. No.
FBM2515B	AXA Insurance Pte Ltd	30/08/2017-29/08/2018	6338 7288

Thank You.

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