

## 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	26/11/2018 09:47
Date Of Accident	24/11/2018 12:20
Exact Location Of Accident	BLOCK 147 SERANGOON NORTH AVE 1
Country/State of Loss	SINGAPORE

### DETAILS OF OWN VEHICLE

Vehicle Registration Number	SLM3270G
<b>Insured/Policyholder</b>	
Name Of Registered Owner	GRIGNANI TEODORO
Passport No/FIN	F0543151N
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-96604640
Alternative Phone No	OFFICE-96604640

### Vehicle Particulars

Manufacturer	MITSUBISHI
Model	ASX-2.0 (A)
Exact Purpose for which vehicle was being used at time of accident	VISITING DOCTOR
Are you claiming under your own insurance policy for repair to your vehicle?	YES
If No, Please state action to be taken	
Vehicle Category	PRIVATE CAR

### Insurance Company

Name of Insurance Company	AXA INSURANCE PTE LTD
Type Of Coverage	COMPREHENSIVE
Fleet Policy	NO
Policy Number	GA180295/1
Cover Note Number	

### Driver

Name of Driver	GRIGNANI TEODORO
Passport No/FIN	F0543151N
Date Of Birth	24/05/1945
Occupation	INDOOR
Date Of Driving Pass	14/07/1973
Driving Experience	45 YEARS AND 4 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-96604640
Fax Number	
Contact Number	OFFICE-96604640
Email Address	NOEMAIL

Address	40 LLOYD ROAD #07-48 LLOYD COURT SINGAPORE
Postcode	239107
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	COLLISION - HEAD ON COLLISION
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	ORCHARD NEIGHBOURHOOD POLICE CENTRE
Police Station Address	<b>ROAD:</b> 51 KILLINEY ROAD , <b>POSTCODE:</b> 239572 , <b>COUNTRY:</b> SINGAPORE
Police Station Contact	<b>TEL NO:</b> 1800-7359999 - <b>FAX NO:</b> 67331934
Was notice of intended Prosecution given?	NO
If Yes, against whom?	

#### Circumstances of Accident

REFER TO ATTACHMENT

#### 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	SKE1232J
Vehicle Make/Model/Colour	BMW BLACK
Details Of Properties	
Vehicle Category	PRIVATE CAR
Name of Driver	LOH NEE HON (LUO ERHONG)
NRIC/Passport Number	
Contact Number	98193959
Address	
Postcode	
Insurance Company Name	
Nature Of Damage	

No. Of Passenger (Including Driver)

### SKETCH PLAN

1. Please report correctly the details of the accident to speed up the claims process.
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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)**

(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.

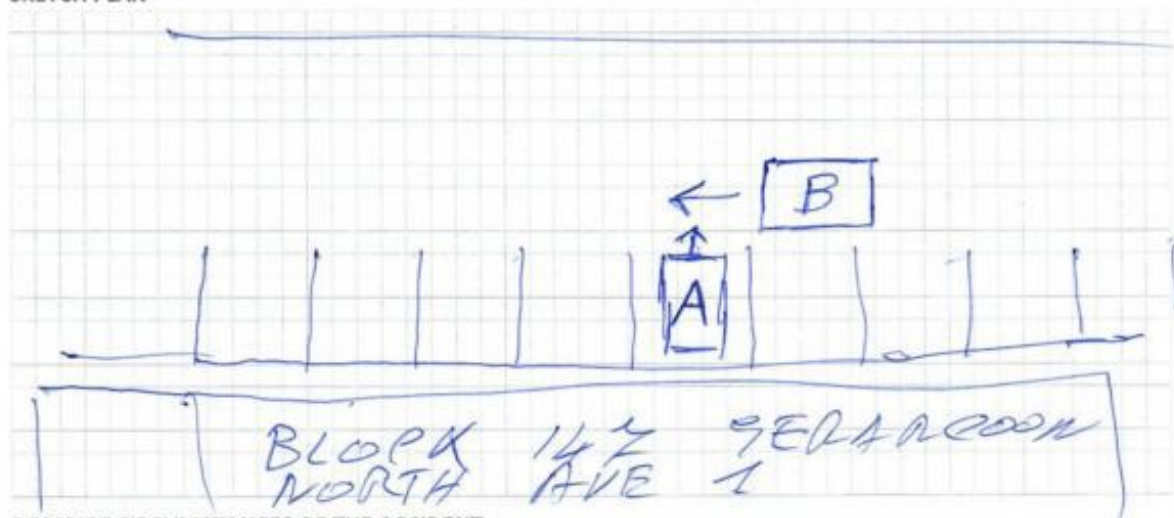
(d) my Personal Information will also be collected and used to compile claims history for the purpose of fraud detection, investigation and management in present and all future claims.

(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.

### Sketch Plan #2

### SKETCH PLAN



**DESCRIBE CIRCUMSTANCES OF THE ACCIDENT**

SEE POLICE REPORT

## DECLARATION

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

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.:

Accident Photo





Accident Photo



Accident Photo





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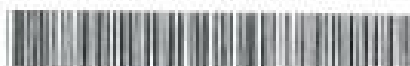




# Police Report



**SINGAPORE  
POLICE FORCE**



T/20181125/2022

Police Station Of Origin:  
Orchard N.P.C  
51 Killiney Road SINGAPORE 239572  
Tel No: 1800-7359999

1 of 3

Report No: T/20181125/2022

## REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 25/11/2018 11:16		Video Report No.:		Station Diary No.: 20	
<b>Informant's Particulars</b>					
Name of Informant: GRIGNANI TEODORO			Address: APT BLK 40 LLOYD ROAD #07-48 LLOYD COURT SINGAPORE 239107		
ID Type / ID No.: FIN NO / F0543151N			Contact No.: Home/Office: Mobile: 96604640		
Nationality: ITALIAN			Email:		
Sex: Male	Age: 73	Date of Birth: 24/05/1945	Type of Informant: Driver		
Race: Caucasian			Language:		Institution / School Name:
Occupation: Company director			Driving Licence Information: Class: 3 Date of Expiry: 17/10/2023		

## General information of the Accident

Type of Accident:	Non-Injury Others	Drink Drive: No	Date/Time of Accident: 24/11/2018 12:20	Type of Location: Car Park
Location: Along Road 1 SERANGOON NORTH AVENUE 1  BLK 147 SERANGOON NORTH AVE 1 OPEN SPACE CARPARK				
Weather: Clear		Road Surface: Dry		Road Speed Limit:
Traffic Flow:		Traffic Control: Not Controlled		Traffic Volume: No Traffic
Type of Collision: Between Moving Vehicles - Head To Side				Anyone conveyed by ambulance: No

## Details of Vehicle Involved

Vehicle No.	Type	Make	Model	Color	Condition	No of Passenger
SKE1232J	Car	BMW		Black	Slightly Damaged	0
SLM3270G	Car	MITSUBISHI	ASX 2.0 CVT	Red	Seriously Damaged	0

## Details of Vehicle Insurance

Vehicle No.	Insurance Company	Insurance No.	Effective	Expiry Date
SLM3270G	AXA INSURANCE SINGAPORE PTE LTD	GA180295	28/03/2018	27/03/2019

# Police Report



**SINGAPORE  
POLICE FORCE**



T/20181125/2022

Police Station Of Origin:  
Orchard N.P.C  
51 Killiney Road SINGAPORE 238572  
Tel No: 1800-7359999

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Report No. T/20181125/2022

## CONTINUATION OF REPORT

Details of Person Involved			
Any Pedestrian Involved: No			
No. of Pedestrians Injured: NIL		Use of Pedestrian Crossing: NA	
Name	LOH NEE HON	ID No.	S7808114I
Related Vehicle	SKE1232J (Car)	Contact No.	98193949
Hospital/Clinic	NIL	Class of Driving Licence & Expiry Date	Class: NIL Date of Expiry: NIL
Date Treatment	NIL	Date Discharge	NIL
No. of Days granted Medical Leave	NIL	Degree of Injury	NIL
Driver			
Name	GRIGNANI TEODORO	ID No.	F0543151N
Related Vehicle	SLM3270G (Car)	Contact No.	98604840
Hospital/Clinic	NIL	Class of Driving Licence & Expiry Date	Class: 3 Date of Expiry: 17/10/2023
Date Treatment	NIL	Date Discharge	NIL
No. of Days granted Medical Leave	NIL	Degree of Injury	NIL

### Brief Details.

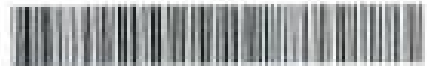
On 24/11/2018 at about 12.20pm, I was driving my vehicle(SLM3270G) out from the parking lot that I parked at, when a vehicle(SKE1232J), was driving a fast speed and collided with me via the right side of my vehicle. I then made a check to my vehicle and discovered that the right side front bumper was damaged. The driver of the other vehicle then met up with me and we managed to exchange particulars. No one was injured. The damage his vehicle sustained was some dents and scratches on the left side of his vehicle.

Particulars of driver: Loh Nee Hon, S7808114I, Contact no.: 98193949

Police Report



SINGAPORE  
POLICE FORCE



T.0018132501022

3 of 3

Report No.: T.0018132501022

Police Station Of Origin:

Orchard N.P.C

51 Killiney Road SINGAPORE: 239572

Tel No: 1800-7359999

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 S SURIN ADAM MAX JUNIOR

Signature Of Informant:

Signature Of Interpreter:

Not applicable

Date/Time:

25/11/2018 11:18

Officer In Charge Of Case:

TP / GIA /

Staff Sgt WONG SIEU LUI

Contact No.: 65476151

Classification Of Case:

Authentication Stamp

NP/88