

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	14/01/2019 12:27
Date Of Accident	12/01/2019 13:00
Exact Location Of Accident	KOVEN MARKET CARPARK
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SLZ3012S
Insured/Policyholder	
Name Of Registered Owner	ANG MING KOON
NRIC No	S7135261G
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-96907176
Alternative Phone No	OFFICE-96907176

Vehicle Particulars

Manufacturer	HONDA
Model	SHUTTLE 1.5G CVT
Exact Purpose for which vehicle was being used at time of accident	PRIVATE USED
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	GA346177
Cover Note Number	

Driver

Name of Driver	ANG MING KOON
NRIC No	S7135261G
Date Of Birth	06/10/1971
Occupation	INDOOR
Date Of Driving Pass	13/03/1999
Driving Experience	19 YEARS AND 9 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-96907176
Fax Number	
Contact Number	OFFICE-96907176
E-Mail Address	NOEMAIL

Address	NIL
Postcode	
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 (including own vehicle) 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	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 STATEMENT

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	SJA6669H
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)

Accident Sketch Plan

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.:

Common Statement

Owner
 Driver

ACCIDENT STATEMENT

Date of Accident: 12-01-2019 Time: 13:00 pm Location of Accident: KOVAN MARKET PARK CARPARK

INSURED/ POLICY HOLDER (VEHICLE A)

Vehicle Registration Number: SL230125
 Name of Policyholder: ANG MINH KOON (HONG MINJUN)
 NRIC/ FIN/ Passport/ ROC (if Policyholder is company): S7135261G
 Address: BLK 88 EDGEDALE PLAINS #07-19 (S828654)
 Contact Number: Tel: Hp 96907176
 Occupation: INDOOR

VEHICLE PARTICULARS (VEHICLE A)

Vehicle Make / Model: HONDA SHUTTLE 1.5
 Type of Vehicle: Sedan MPV CRV Van Lorry Bus M/cycle Others
 Exact Purpose for which vehicle was being used at the time of accident: PRIVATE
 Are you claiming under your own insurance policy? Yes No Remarks: THIRD PARTY
 Vehicle category: Private Commercial Motorcycle

INSURANCE COMPANY (VEHICLE A)

Name of Insurance Company: AXIA
 Type of Policy: Comprehensive TP Fire & Theft Third party
 Fleet Policy: Yes No
 Policy Number: VA116A346177

DRIVER

Name of Driver: =
 NRIC/ FIN/ Passport: =
 Date of Birth: 06-10-1971
 Occupation: INDOOR
 Driving Pass Date: 13-03-1999
 Gender: Male Female
 Contact Number: Tel: Hp 96907176
 Address:
 Email Address:
 Was driver an employee of the insured's Company? Yes No
 If No, relationship of Driver with the Insured: OWNER
 Vehicle Number of Driver's Own Vehicle (if applicable):
 Insurance of Driver's Own Vehicle (if applicable):

GENERAL INFORMATION OF THE ACCIDENT

Type of Collision (E.g. Chain Collision/ Head-On, etc): HIT N RUN
 Weather Conditions: Clear Raining Others
 Road Surface: Wet Dry Others
 Damage Area:

OTHER INFORMATION

Was there any foreign vehicle(s) involved? No Yes
 Was anybody injured in the accident? (including Witness) No Yes
 Was any other vehicle(s) or property damaged? No Yes
 Was there any camera video footage (in car)? No Yes

DETAILS OF POLICE ACTION

Was the accident reported to the Police? No Yes
 If Yes, please state which police station & Report No: Angmo kio BIK 51
 Was notice of intended Prosecution given? No Yes
 If Yes, against whom?

Common Statement

OWN VEHICLE REGISTRATION NUMBER _____

DETAILS OF OTHER VEHICLES OR PROPERTY DAMAGED

Other Vehicle or Property 1 (VEHICLE B)

Vehicle Registration Number
Vehicle Make/ Model/ Colour
Details of Properties (if Other Party is not a Vehicle)
Damage Area
Name of Driver
NRIC/ FIN/ Passport
Contact Number / Email Address
Address
Name of Insurance Company

SJA 66694

Other Vehicle or Property 2

Vehicle Registration Number
Vehicle Make/ Model/ Colour
Details of Properties (if Other Party is not a Vehicle)
Damage Area
Name of Driver
NRIC/ FIN/ Passport
Contact Number / Email Address
Address
Name of Insurance Company

DETAILS OF WITNESS

Name
Phone / Email Address
Address
NRIC/ FIN/ Passport

DETAILS OF INJURED PERSON 1

Name
NRIC/ FIN/ Passport
Address
Approximate Age
Injuries Sustained
If Vehicle Occupants, state in which vehicle?
Were Seat Belts Worn?
Was Injured conveyed to hospital by ambulance?

Yes No
 Yes No

DETAILS OF INJURED PERSON 2

Name
NRIC/ FIN/ Passport
Address
Approximate Age
Injuries Sustained
If Vehicle Occupants, state in which vehicle?
Were Seat Belts Worn?
Was Injured conveyed to Hospital by Ambulance?

Yes No
 Yes No

Declaration

I/We declare that the above particulars & information provided above are true in every aspect.

Date & Time

Signature of Policy Holder
(Company Chop if applicable)

Date & Time

Signature of Driver / Date & Time
(if Driver is not the Policy Holder)

 **AXA** *insurances*

Date: 14/01/19

To: Owner of Vehicle Number SLZ 3012S

The following has been advised to you by your workshop, BH Auto Workshop through their staff, Sandhya.

Please tick the applicable box if you had been advised 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 import 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.

Given 3rd party claims @ BH Auto Workshop

Signed and acknowledged by



Name and signature of policyholder/authorised driver



Name and signature of workshop personnel including company stamp



redefining / Insurance

ANG MING KOON (HONG MINGJUN)
BLK 111 EDGEDALE PLAINS
#07-18 THE TERRACE
SINGAPORE 828684

Policy Schedule

Your **SmartDrive Comprehensive Essential**

Your Policy Schedule has been updated effective 23/05/2018.

AAA Insurance Pte Ltd

1888 888 8888 (Within Singapore)
(65) 6888 4888 (International)

(65) 6881 4340

customer@aaa.com.sg

www.aaa.com.sg

Endorsement

date

24/05/2018

your servicing distributor

VIRTUAL INSURANCE AGENCIES PTE
LTD / 03936

your servicing distributor contact

63310083

Your policy snapshot

Policyholder name	ANG MING KOON (HONG MINGJUN)	Policy number	WA1 / 64246177
Cover	Comprehensive	IRV / NRIC	S71352610
Period of insurance	expiring 26/04/2019		

Your benefits highlights

(refer to Policy Wording for full terms and conditions)

SmartDrive Comprehensive Essential Benefits

- 24/7 Towing & Transportation in Singapore & 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

Additional Benefits

- No Claim Discount Protector

Vehicle details

Make & Model of Vehicle	HONDA SHUTTLE L5	Year of manufacture	2017
Vehicle registration number	S1230125	Type of Use	Private Use
Body type	MPV	Engine capacity (cc)	1450
Seating capacity (incl driver)	4	Engine number	L15P0461325
Off-Road car	No	Chassis number	G481201120

Insured's Estimated Market Value	Market Value at time of Loss (including accessories and spare parts)
Limitation to Use	As per Certificate of Insurance
Finance/Loss Company	MALAYSI BANKING BERHAD

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

Basic Own Damage Excess	SGD 500.00
Windscreen Excess	SGD 100.00

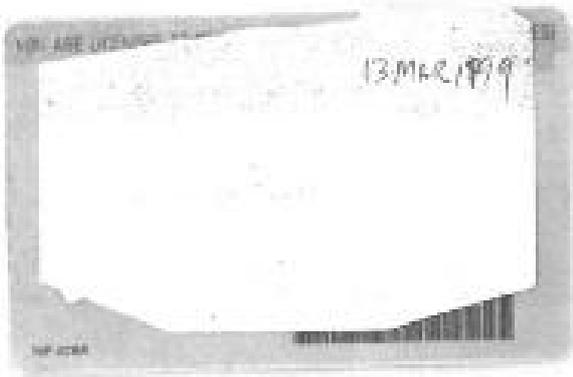
Drivers details

Driver type	Driver name	Date of Birth	Driving experience
Main Driver	ANG MING KOON (HONG MINGJUN)	06/10/1971	19 years(s)
Additional Driver	SEOW HUI CHOO (ROAD RIVER)	16/04/1973	14 years(s)

Additional clauses & endorsements to your policy

AAA Insurance Pte Ltd (009600521M)
8 Shenton Way, #24-01, AAA Tower,
Singapore 068811
Customer Centre, #B1411

Driving License



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Police Report



**SINGAPORE
POLICE FORCE**



F/20190112/7025

2 of 2

POLICE REPORT (NP299)

CONTINUATION OF REPORT

Report No. F/20190112/7025

willing to send to the officer by other means.

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: 12/01/2019 17:58
Officer In-Charge Of Case:	Classification Of Case:
Authentication Stamp	

Police Report



**SINGAPORE
POLICE FORCE**



F/20190112/7025

1 of 2

POLICE REPORT (NP299)

Report No. F/20190112/7025

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

Date/Time Report Made 12/01/2019 17:58	Video Report No.	Station Diary No.
Name Of Informant ANG MING KOON	Address APT BLK 68 EDGE DALE PLAINS #07-19 SINGAPORE 828684	
ID Type / ID No. NRIC NO / S7135261G	Contact No. Home/Office:	Moble: 96907176
Nationality SINGAPORE CITIZEN	Email Address victor.amk@gmail.com	
Occupation Manufacturing engineer (general)	Sex Male	Age 47
Institution/School Name	Date of Birth 06/10/1971	Race Chinese
Date/Time Of Incident 12/01/2019 13:00 - 12/01/2019 14:05	Language English	
	Location Of Incident 209 HOUGANG STREET 21 KOVAN HOUGANG MARKET AND FOOD CENTRE SINGAPORE 530209	

Brief details.

On 12Jan2019(Sat) 1pm, I parked my car vehicle no SLZ3012S everything intact at Kovan Market open carpark in front of the food center on the right side (view frm driver side with head facing front) right side beside lot no 68.

On the same day at abt 2pm upon my returned to my vehicle and observed scratch at front left portion at the above bumper side.

I have in-car 24/7 CCTV that captured the vehicle. I able not able to upload the mp4 file.will be most

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: 12/01/2019 17:58
Officer In-Charge Of Case:	Classification Of Case:

Authentication Stamp

Addendum Sheet



GENERAL INSURANCE ASSOCIATION OF SINGAPORE RECORDS MANAGEMENT CENTRE
6 Raffles Quay #18-00 Singapore 048580
Tel (65) 6224 0010 Fax (65) 6224 0030
Operating Hours : Monday to Friday, 09:00 – 17:00
UEN: S66550020G / GST Reg. No.: M400017735

IMPORTANT NOTE: Please submit the completed Addendum form to the same Authorised Reporting Centre with whom you submitted the Original Report.

ADDENDUM

(A) PARTICULARS OF PERSON MAKING THE AMENDMENTS:

Original Report No : MBHA19005796-01 Vehicle Registration No: SLZ3012S
Name(as shown in NRIC) : ANG MING KOON NRIC/FIN/Passport No : S7135261G
(*Vehicle Driver / Vehicle Owner) (*) Please delete as appropriate
Address : NIL Singapore()
Contact (Tel) : NIL Mobile No.: 96907176
Email Address : NIL
Date of Accident : 12/01/2019 Time of Accident : 13:00HRS
Place of Accident : KOVEN MARKET CARPARK
Insurance Company: AXA Insurance Pte Ltd

(B) ADDITIONAL INFORMATION / AMENDMENTS:

I have made a report on the above mentioned accident and would like to include additional information or make the following amendments:

ATTCHED POLICE REPORT

Policyholder / Driver's Signature
Date:

JACELYN LOH CAILING

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