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.

diorocaid.	
	ACCIDENT STATEMENT
Date Of Report	03/04/2019 14:31
Date Of Accident	02/04/2019 14:00
Exact Location Of Accident	BLK 265 BUKIT BATOK EAST AVE 4 LOT 70A
Country/State of Loss	SINGAPORE
	DETAILS OF OWN VEHICLE
Vehicle Registration Number	SLN28E
Insured/Policyholder	
Name Of Registered Owner	CHUA TIONG BOON
NRIC No	S0226338F
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-96168989
Alternative Phone No	OTHERS-96168989
Vehicle Particulars	
Manufacturer	BMW
Model	740LI
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	VPA/P2138729
Cover Note Number	
Driver	

Driver

Name of Driver CHUA TIONG BOON

 NRIC No
 S0226338F

 Date Of Birth
 08/05/1950

 Occupation
 INDOOR

 Date Of Driving Pass
 17/03/1971

Driving Experience 48 YEARS AND 0 MONTHS

Gender MALE

Mobile Number (LOCAL) +65-96168989

Fax Number

Contact Number OTHERS-96168989

EMail Address NOEMAIL

Address 87 HAZEL PARK TERRACE

Postcode 678920

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 **COLLIDED INTO PARKED VEHICLE**

Weather Conditions **CLEAR** Road Surface DRY

Other Information

Was any foreign vehicle involved in this accident? NO

Number of vehicles (including own vehicle)

3 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

0 Number of Passengers (Including Driver)

Details of Police Action

YES Was the accident reported to the police?

If Yes, Please state which Police Station

Police Station Name CHOA CHU KANG NPC

ROAD: 20 CHOA CHU KANG ST 52 #01-02, POSTCODE: 689286, Police Station Address

NO

COUNTRY: SINGAPORE

Police Station Contact TEL NO: - FAX NO:

Was notice of intended Prosecution given?

If Yes, against whom?

Circumstances of Accident

REFER TO ATTACH.

Attachment(s)

Are accident photos available for attachment? YES

Was there any video captured by Car Camera? YES

SD CARD TAKEN BY TRAFFIC POLICE Remarks/ Reasons:

Was there any audio recorded?

DETAILS OF OTHER VEHICLE PROPERTY 1

SMG1057P Vehicle Registration Number

Vehicle Make/Model/Colour RED MITSUBISHI

Details Of Properties

Vehicle Category PRIVATE CAR

Name of Driver

NRIC/Passport Number

Contact Number

Address

Postcode

AIG ASIA PACIFIC INSURANCE PTE. LTD. Insurance Company Name

DETAILS OF OTHER VEHICLE PROPERTY 2

SLW7206P Vehicle Registration Number Vehicle Make/Model/Colour **BMW BLACK**

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

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 as possible</u>. Any wilful misrepresentation or withholding of material facts may allow insurance companies to <u>repudiate policy liability</u>.
- 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. 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)

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)
 - (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:

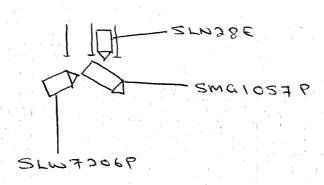
Driver's Signature
(If driver is not the policyholder)
Date & Time:

Reporting Cent & Personnel's Signature Name: NRIC/FIN No:

> Performance Motors Limited 303 Alexandra Road Sime Darby Performance Centra

Intrinan A/L Thurssamy

Singapore 1593/61



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

- refer to	s Bolica report	
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		100000000000000000000000000000000000000
	100	
	100	
AND THE PROPERTY OF THE PROPER		
CLARATION		
	ticulars are true in every respect.	
yholder's Signature	Driver's Signature	Reporting Centre Personnel's Signature
& T/me:	(If driver is not the policyholder) Date & Time:	Name:
J	out withing.	NRIC/FIN No.: Inthiran A/L Thurdsamy
•		Porformance Motors Limited
		303 Alexandra Road Sime Darby Performance Centre
		Singapore 198941



10 Sin Ming Drive Singapore 575701 www.lta.gov.sg

10 Aug 2018

Our ref 1008180203N057020428

CHUA TIONG BOON 87 HAZEL PARK TERRACE SINGAPORE 678920

000730

Dear Sir/Madam

NOTIFICATION ON SUCCESSFUL REPLACEMENT OF VEHICLE REGISTRATION NO. SKK8190T WITH VEHICLE REGISTRATION NO. SLN28E

You may be pleased to know that your application of 10 Aug 2018 for replacement of registration number is approved.

2. The details of the vehicle after the transaction are as follows:

Vehicle Registration No.: SLN28E (Previously SKK8190T)

Vehicle Make : B.M.W.

Vehicle Model : 740LI SR LED NAV HUD Chassis No. : WBA7E22050GD99682 Engine No./ Motor No. : 22649341B58B30A / -

- 3. Please change the number plates on your existing vehicle (ie. Chassis No. : WBA7E22050GD99682, Engine No./ Motor No. : 22649341B58B30A / -) to display the new/ replacement registration number, SLN28E by 13 Aug 2018. It is an offence to keep or use a vehicle without displaying the correct vehicle registration number assigned. The penalty for first offence is a fine not more than \$1,000 or imprisonment of not more than 3 months. For second or subsequent offence, the fine is not more than \$2,000 or imprisonment of not more than 6 months.
- 4. Please contact our customer service officers on tel: 1800-CALL LTA (1800-2255 582) if you have any questions. You can either quote the Business Transaction Reference No. 20180810170606066524 or the vehicle registration number when making your enquiry.







0130402/2203

Police Station Of Origin: Choa Chu Kang N.P.C 20 Choa Chu Kang Street 52 #01-02 SINGAPORE 689286

SINGAPORE 689286 Tel No: 1800-7659999 Report No. T/20190402/2203

1 of 4

REPORT OF A TRAFFIC ACCIDENT

Date/Time 02/04/2019	•	ade:	Vide Report No.: J/20190402/0098	Station Diary No.: 147		
Informant	's Particu	lars				
Name of Ir	formant:		Address:			
CHUA TIO	NG BOOM	1	87 HAZEL PARK TERRACE SINGAPORE 678920			
ID Type / I	D No.:		Contact No.:			
NRIC NO / S0226338F			Home/Office:	Mobile: 96168989		
Nationality:			Email:			
SINGAPO	RE CITIZE	N				
Sex:	Age:	Date of Birth:	Type of Informant:			
Male	68	08/05/1950	Driver			
Race:			Language:	Institution / School Name:		
Chinese			English			
Occupation	n:		Driving Licence Information:			
Company director			Class: 3	Date of Expiry:		

		T			
Type of Non-Injury		Drink	Date/Time of	Type of Location:	
Accident:	Government Propo	erty Drive: No	Accident: 02/04/2019 14:00	Car Park	
Location: Along Road 1 BUKIT BATO AT THE CAR	K EAST AVENUE 4				
		Road Surface:		Road Speed Limit:	
Clear Dry				•	
	Traffic Flow: Traffic			*****	
Traffic Flow:		Traffic Control:		Traffic Volume:	
Traffic Flow: Two Way		Not Controlled		Traffic Volume: Heavy	
Two Way Type of Collis		Not Controlled			
Two Way Type of Collis	sion: sle Against - Parked Vel	Not Controlled		Heavy	

Details of Vehicle Involved					
Type	Make	Model	Color	Condition	No of Passenger
Car	BMW	740LI SR LED NAV HUD	Grey		0
					0
					0
	Туре	Type Make	Type Make Model Car BMW 740LI SR	Type Make Model Color Car BMW 740LI SR LED NAV	Type Make Model Color Condition Car BMW 740LI SR LED NAV Grey

Details of Vehicle Insurance	
Vehicle No. Insurance Company Insurance No Eff	ective Expiry Date





Police Station Of Origin: Choa Chu Kang N.P.C 20 Choa Chu Kang Street 52 #01-02 SINGAPORE 689286 Tel No: 1800-7659999

2 of 4 Report No. T/20190402/2203

CONTINUATION OF REPORT

Details of Ve	phicle Insurance			
Vehicle No.	Insurance Company	Insurance No	Effective	Expiry Date
SLN28E	AXA INSURANCE SINGAPORE PTE	P2138729	10/08/2018	05/05/2019
	LTD			

Details of Perso	n Involved					
Any Pedestrian Ir	nvolved: No					
			Use of Peo	lestrian	Cross	ing: NA
Driver						
Name	LIM CHOON KHEE			ID No.		S1275751D
Related Vehicle	NIL			Contact No.		NIL
Hospital/Clinic	NIL			Class of Driving Licence & Expiry Date		Class: NIL Date of Expiry: NIL
Date Treatment	NIL		Date Disch		NIL	
	ted Medical Leave	NIL	Degree of		NIL	
Driver			<u> </u>	, ,		
Name	CHUA TIONG BOON		ID No.		S0226338F	
Related Vehicle	NIL		Contact No.		96168989	
Hospital/Clinic	NIL		Class of Driving Licence & Expiry Date		Class: 3 Date of Expiry: NIL	
Date Treatment	NIL		Date Disc		NIL	
No. of Days granted Medical Leave NIL		Degree of				
Driver						
Name	SEE SENG MIN		ID No.		S0338483G	
Related Vehicle	NIL		Contact No.		NIL	
Hospital/Clinic	NIL			g	Class: NIL Date of Expiry: NIL	
Date Treatment	NIL		Date Disc		NIL	
No. of Days gran	ted Medical Leave	NIL	Degree of	Injury	NIL	





3 of 4

Police Station Of Origin: Choa Chu Kang N.P.C 20 Choa Chu Kang Street 52 #01-02 SINGAPORE 689286 Tel No: 1800-7659999

Report No. T/20190402/2203

CONTINUATION OF REPORT

Brief Details.

On 02/04/2019 at about 1345hrs, I parked my vehicle SLN28E at the carpark behind Blk 265 Bukit Batok East Ave 4, Lot 70A and went for lunch. At about 2pm, I heard a very loud bang. I went out of the coffeeshop and saw a vehicle bearing registration number SLW7206P collided at the rear of the coffeeshop. As a result of the collision, it has caused damage to my vehicle SLN28E and another vehicle SMG1057P. Traffic Police Officer came to the scene and advised me to lodge a road accident report as it has caused damage to government property. No one was injured. I have retrieved the footage from my car and passed to the Traffic Investigator officer at the scene.





Police Station Of Origin: Choa Chu Kang N.P.C 20 Choa Chu Kang Street 52 #01-02 SINGAPORE 689286 Tel No: 1800-7659999 4 of 4 Report No. T/20190402/2203

CONTINUATION OF REPORT

Sketch Plan

NP168

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:	Signature Of Informant:
J/	
Sr Sian Sgt ANG MAGDELENE	
Signature:	
Signature	
Signature Of Interpreter:	Date/Time:
Not applicable	02/04/2019 21:50
Singanore Police Force	
Officer In Charge Of Case:	Classification Of Case:
TP / AEIT /	
Sgt 2 SHARIFAH NOR FARIZAN BINTE SYED	
MOHD SAID	
Contact No.: 65476172	;
Authentication Stamp	

