

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	11/12/2018 12:01
Date Of Accident	22/11/2018 16:40
Exact Location Of Accident	ALONG LORONG MAMBONG
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SL1111T
Insured/Policyholder	
Name Of Registered Owner	CHUA THIAN POH
NRIC No	S0594774Z
Email Address	DORISCHUA@HOBEE.COM
Mobile Phone No	(LOCAL) +65-92345347
Alternative Phone No	OFFICE-67040808

Vehicle Particulars

Manufacturer	LEXUS
Model	LS500-3.4 LUXURY MR (A)
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	REPORTING ONLY
Vehicle Category	PRIVATE CAR

Insurance Company

Name of Insurance Company	AXA INSURANCE PTE LTD
Type Of Coverage	COMPREHENSIVE
Fleet Policy	NO
Policy Number	GA341487
Cover Note Number	

Driver

Name of Driver	NG NOI HINOY
NRIC No	S0109721J
Date Of Birth	17/07/1950
Occupation	INDOOR
Date Of Driving Pass	11/07/1969
Driving Experience	49 YEARS AND 4 MONTHS
Gender	FEMALE
Mobile Number	(LOCAL) +65-97338289
Fax Number	
Contact Number	
Email Address	DORISCHUA@HOBEE.COM

Address	17 BUKIT TUNGGAL ROAD SINGAPORE 309701
Postcode	
Was driver an employee of the Insured's Company	NO
If No, Relationship of the Driver with the Insured	SPOUSE
Vehicle Registration Number of Driver's Own Vehicle	-
	-
	-
Insurance Company of Driver's Own Vehicle	-
	-
	-

General Information of the Accident

Type Of Accident	NO 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	1
Was any body injured in the Accident?	NO
Was any injured conveyed to hospital by ambulance?	NO
Was any other material or property damaged?	NO
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	DOVER NEIGHBOURHOOD POLICE POST
Police Station Address	ROAD: BLK 3 DOVER ROAD , POSTCODE: 130003 , COUNTRY: SINGAPORE
Police Station Contact	TEL NO: 1800-7788999 - FAX NO: 67762859
Was notice of intended Prosecution given?	NO
If Yes, against whom?	

Circumstances of Accident

REFER TO ATTACHED

Attachment(s)

Are accident photos available for attachment?	NOT AVAILABLE DUE TO CIRCUMSTANCES OF ACCIDENT
Was there any video captured by Car Camera?	NO
Was there any audio recorded?	NO

Sketch Plan

25/03/2013 07:25 64760075

HIN LUNG WORKSHOP

PAGE 03/05


SKETCH PLAN

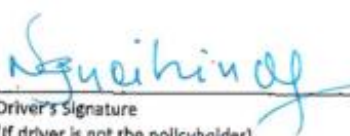
IMPORTANT NOTICE

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 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. 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) 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: 10/10/15 4:30pm.



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

Sketch Plan #2

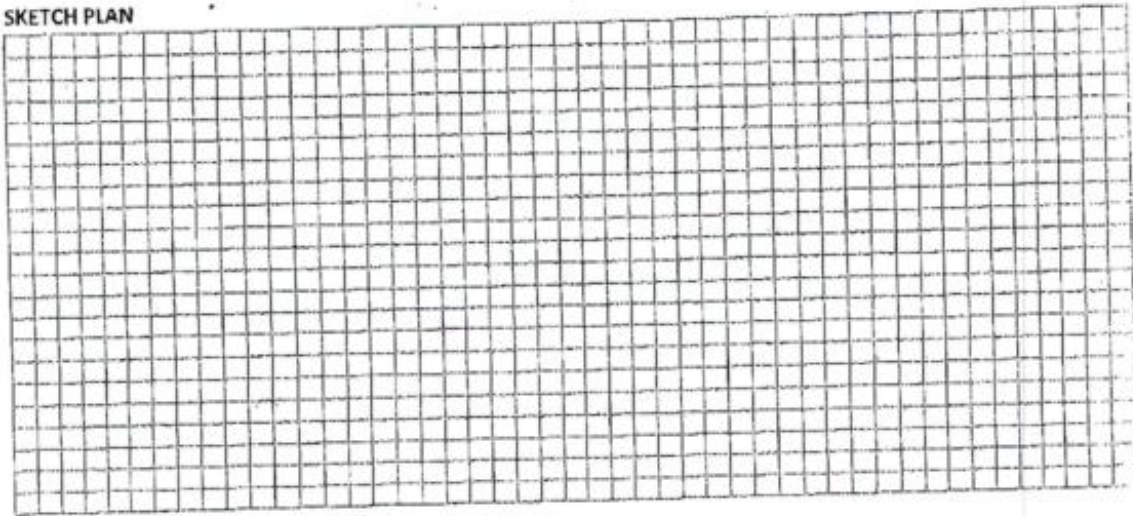
25/03/2018 07:38

64760075

HIN LUNG WORKSHOP

PAGE 01/01

SKETCH PLAN



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

Please refer to Police Report No. T/20181210/2075.

DECLARATION

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

Policyholder's Signature
Date & Time:

GIARMC SketchPlanForm_V3

[Signature]
Driver's Signature
(If driver is not the policyholder)
Date & Time: 10/12/18



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

2

Sketch Plan #3



**SINGAPORE
POLICE FORCE**



T/20181210/2075

1 of 3

Police Station Of Origin:
Dover NPP
3 Dover Road #01-368 SINGAPORE 130003
Tel No: 1800-7788999

Report No. T/20181210/2075

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 10/12/2018 14:26			Vide Report No.:		Station Diary No.: 8
Informant's Particulars					
Name of Informant: NG NOI HINOY			Address: 17 BUKIT TUNGGAL ROAD SINGAPORE 309701		
ID Type / ID No.: NRIC NO / S0109721J			Contact No.: Home/Office: Mobile: 97338289		
Nationality: SINGAPORE CITIZEN			Email:		
Sex: Female	Age: 68	Date of Birth: 17/07/1950	Type of Informant: Driver		
Race: Chinese			Language: English		Institution / School Name:
Occupation: OFFICE MANAGER			Driving Licence Information: Class: 3 Date of Expiry:		

General Information of the Accident				
Type of Accident:	Non-Injury	Drink Drive: No	Date/Time of Accident: 22/11/2018 16:40	Type of Location: Straight Road
Location: Along Road 1 LORONG MAMBONG				
Weather: Clear		Road Surface: Dry	Road Speed Limit: 20 Km/h	
Traffic Flow: One Way		Traffic Control: Not Controlled	Traffic Volume: Moderate	
Type of Collision: Unknown			Anyone conveyed by ambulance: No	

Details of Vehicle Involved						
Vehicle No.	Type	Make	Model	Color	Condition	No of Passenger
SL1111T	Car	LEXUS	L500	Grey	No Damage	0

Sketch Plan #4



**SINGAPORE
POLICE FORCE**



T/20181210/2075

Police Station Of Origin:
Dover NPP
3 Dover Road #01-368 SINGAPORE 130003
Tel No: 1800-7788999

2 of 3

Report No. T/20181210/2075

CONTINUATION OF REPORT

Brief Details.

On 22 November 2018, I was the driver of the vehicle number SL 1111T, from 1115 hrs, to 1900 hrs. On the same date @ 1640 hrs, I remembered that I was driving along Holland Road towards North Buona Vista and subsequently towards North Buona Vista Drive where my office is located. I did remember, I pass by Lorong Mambong but I did not go into the road. At that point of time, I did not sense any accident that I encounter nor I hit anything. I was surprised to receive a letter from the Traffic Police saying that my husband vehicle SL 1111T was involved with an accident. The purpose of me lodging this report is to inform the traffic Police that I was the driver on that day and I could not recall I was involve with any accident on that day. There are no scratches or damage to our car that I note of. The letter to my husband from Traffic Police reference number is TP/IP/66791/2018 under (DSP) Puteh Bte Shariff.

Sketch Plan #5



SINGAPORE
POLICE FORCE



T/20181210/2075

Police Station Of Origin:
Dover NPP
3 Dover Road #01-368 SINGAPORE 130003
Tel No: 1800-7788999

3 of 3


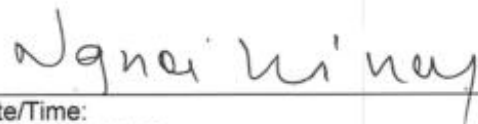
Report No. T/20181210/2075

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: D / Sr Staff Sgt LIM KIM HUAT 	Signature Of Informant: 
Signature Of Interpreter: Not applicable	Date/Time: 10/12/2018 14:26
Officer In Charge Of Case: TP / GIA / Staff Sgt WONG SIEU LUI Contact No: 65476151	Classification Of Case:
Authentication Stamp NP168 