

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	09/05/2019 15:11
Date Of Accident	25/04/2019 10:00
Exact Location Of Accident	NEWTON FOOD CENTRE CARPARK
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SJV5926L
Insured/Policyholder	
Name Of Registered Owner	LIM CHEE SENG
NRIC No	S0136358A
Email Address	LIMSJFC@SINGNET.COM.SG
Mobile Phone No	(LOCAL) +65-97300550
Alternative Phone No	OFFICE-NOPHONE

Vehicle Particulars

Manufacturer	HYUNDAI
Model	TUCSON-2.0 (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	GA014608
Cover Note Number	

Driver

Name of Driver	ZHAO MEIQI
NRIC No	S7266041B
Date Of Birth	10/02/1972
Occupation	INDOOR
Date Of Driving Pass	25/06/2018
Driving Experience	0 YEAR AND 10 MONTH
Gender	FEMALE
Mobile Number	(LOCAL) +65-92353959
Fax Number	
Contact Number	
EEmail Address	ZMQ0310@HOTMAIL.COM

Address	35 HOUGANG AVE 7 #10-04
Postcode	538802
Was driver an employee of the Insured's Company	NO
If No, Relationship of the Driver with the Insured	OTHER - EMPLOYER
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	RAINING
Road Surface	WET

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)	2
Passenger 1	NAME: : LIM CHEE SENG GENDER: : MALE

Details of Police Action

Was the accident reported to the police?	YES
If Yes, Please state which Police Station	
Police Station Name	TRAFFIC POLICE DIVISION HQ
Police Station Address	ROAD: 10 UBI AVENUE 3 , POSTCODE: 408865 , COUNTRY: SINGAPORE
Police Station Contact	TEL NO: 65470000 - FAX NO:
Was notice of intended Prosecution given?	NO
If Yes, against whom?	

Circumstances of Accident

REFER TO OWNER

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	SMA4208H
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)

Sketch Plan

SKETCH PLAN

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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:

9/5/19 11:05am

Driver's Signature

(If driver is not the policyholder)

Date & Time:

9/5/19 11:05am



Reporting Centre Personnel's Signature

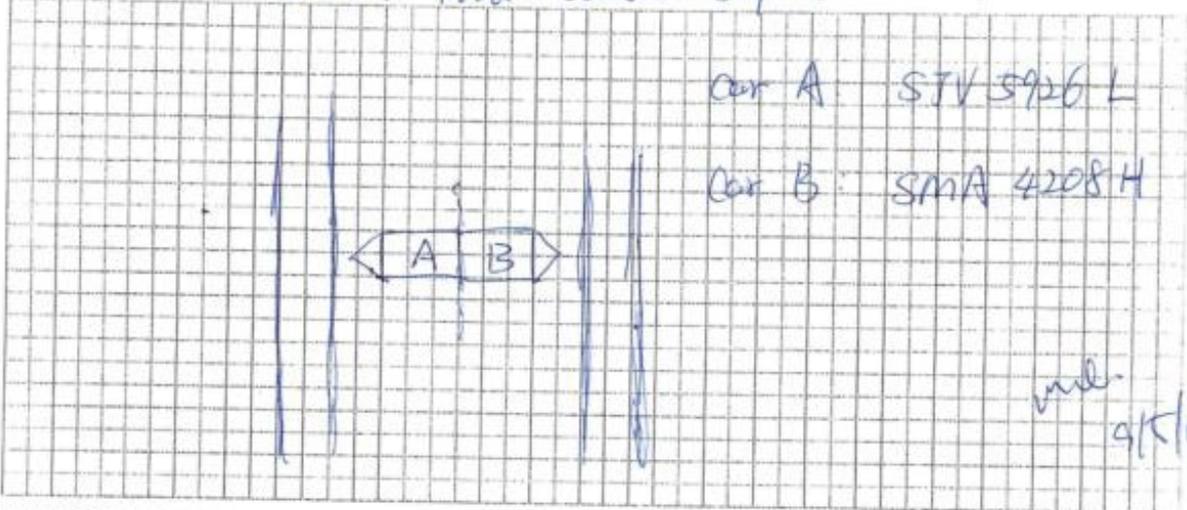
Name: Anna

NRIC/FIN No.:

Sketch Plan #2

SKETCH PLAN

Newton Food centre carpark



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

Refer to police Report NO. T/20190425/2164

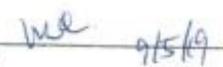
me
9/5/19

DECLARATION

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

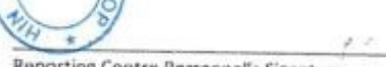

Policyholder's Signature

Date & Time: 9-5-19 11:05am


Driver's Signature

(If driver is not the policyholder)
Date & Time: 11-05AM




Reporting Centre Personnel's Signature

Name: Anna
NRIC/FIN No.:

Sketch Plan #4



**SINGAPORE
POLICE FORCE**



T/20190425/2164

Police Station Of Origin:
Traffic Police
10 Ubi Avenue 3 SINGAPORE 408865
Tel No: 65470000

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Report No. T/20190425/2164

CONTINUATION OF REPORT

Driver			
Name	ZHAO MEIQI	ID No.	S7266041B
Related Vehicle	SJV5926L (Car)	Contact No.	92353959
Hospital/Clinic	NIL	Class of Driving Licence & Expiry Date	Class: 3A Date of Expiry: NIL
Date Treatment	NIL	Date Discharge	NIL
No. of Days granted Medical Leave	NIL	Degree of Injury	NIL
Vehicle Owner			
Name	LIM CHEE SENG	ID No.	S0136358A
Related Vehicle	SJV5926L (Car)	Contact No.	97300550
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

Brief Details.

ON THE ABOVE MENTIONED DATE AND TIME,

I WAS DRIVING THE VEHICLE SJV5926L, WHICH BELONGS TO MY EMPLOYEE(LIM CHEE SENG, S0136358A) AT NEWTON FOOD CENTRE TO HELP ONE OF MY LIONS CLUB MEMBER WHO LOST HER PASSPORT. I HAD FOUND A PARKING LOT AT THE FOOD CENTRE CARPARK AND WAS REVERSING IN, WHEN I HEARD A BANG. I THEN SENT MY EMPLOYEE, WHICH IS ALSO THE CAR OWNER, DOWN TO INSPECT OUR VEHICLE. MY EMPLOYEE DID NOT SEE ANY DAMAGES ON OUR VEHICLES AT THAT TIME SO WE JUST REVERSED INTO THE LOT AND RUSHED OVER IN THE FOOD CENTRE TO PICK UP MY LIONS CLUB MEMBER.

AFTER 2 HOURS WHEN WE REACHED BACK TO MY OFFICE, WE SAW A SLIGHT DENT ON THE REAR OF MY EMPLOYEE'S VEHICLE SJV5926L. IT WAS ONLY WHEN THE POLICE CALLED MY EMPLOYEE, WHEN WE FIGURED THAT WE MIGHT HAVE DAMAGED ANOTHER PERSON'S VEHICLE.

Sketch Plan #5



SINGAPORE
POLICE FORCE



T/20190425/2164

Police Station Of Origin:
Traffic Police
10 Ubi Avenue 3 SINGAPORE 408865
Tel No: 65470000

3 of 3

Report No. T/20190425/2164

CONTINUATION OF REPORT

Sketch Plan

Informant is not able to provide sketch plan

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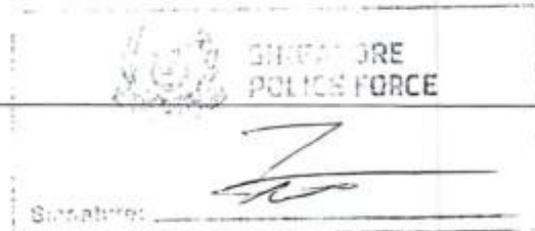
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IMPORTANT: Please attach a copy of your vehicle's Insurance Certificate to this report. If you don't have the certificate with you now, please fax a copy to 65474885 stating the report number as reference.

Signature Of Officer Recording The Report: TP / ZENG ZI CONG	
Signature Of Interpreter: Not applicable	
Officer In Charge Of Case: TP / HRT / SI ABDUL KAREEM BIN ABDUL HAGUE Contact No.: 65476079	

Signature Of Informant:	
Date/Time: 25/04/2019 19:27	
Classification Of Case:	

Authentication Stamp
NP1



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo

