SINGAPORE ACCIDENT STATEMENT

IMPORTANT NOTICE

Fax Number Contact Number

EMail Address

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

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.

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	ACCIDENT STATEMENT
Date Of Report	27/05/2019 11:26
Date Of Accident	25/05/2019 12:50
Exact Location Of Accident	BLK. 738 WOODLANDS RISE LOADING/ UNLOADING BAY
Country/State of Loss	SINGAPORE
	DETAILS OF OWN VEHICLE
Vehicle Registration Number	SFF8866M
Insured/Policyholder	
Name Of Registered Owner	TEOW MEI YING
NRIC No	S8476003Z
Email Address	SANDY@TSPSONGHE.COM.SG
Mobile Phone No	(LOCAL) +65-81334682
Alternative Phone No	OTHERS-81334682
Vehicle Particulars	
Manufacturer	MITSUBISHI
Model	ECLIPSE CROSS-1.5 CVT (A)
Exact Purpose for which vehicle was being used at time of accident	TO COLOMBIA POLITICA DE MARIE EMPERATO COLOMBIA EL ACOLOMBIA.
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	GA468726/1
Cover Note Number	
Driver	
Name of Driver	TAN SIA CHIN
NRIC No	S8360799H
Date Of Birth	21/09/1983
Occupation	INDOOR
Date Of Driving Pass	19/12/2011
Driving Experience	7 YEARS AND 5 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-93881826
MINISTER A DESCRIPTION OF	

D.ARKINTERIORSG@GMAIL.COM

Address

BLK. 783B WOODLANDS RISE

#11-29

Postcode

732783

SPOUSE

Was driver an employee of the Insured's Company

was unveir an employee of the insured's Company

If No, Relationship of the Driver with the Insured

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) involved in the accident

2

Was any body injured in the Accident?

NO

Was any injured conveyed to hospital by

ambulance?

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)

0

Details of Police Action

Was the accident reported to the police?

YES

If Yes, Please state which Police Station

Police Station Name

WOODLANDS WEST N.P.C

Police Station Address

ROAD: 1 WOODLANDS STREET 12, POSTCODE: 738622, COUNTRY:

SINGAPORE

Police Station Contact

TEL NO: - FAX NO:

Was notice of intended Prosecution given?

NO

If Yes, against whom?

Circumstances of Accident

REFER POLICE REPORT NO: T20190525/2175

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

SHC1826S

Vehicle Make/Model/Colour

Details Of Properties

Vehicle Category

TAXI

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

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- 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.
- 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.
- 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:
 - 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:
 - 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.

3

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

Name: #07-17/Admiraty Industrial Park
NRIC/FIN No.: Singapore 75/7200 a.
Tel: 6219 2098 (3lines) Fax: 6219 2096

DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

R.L.	balze	Report no	TI 2019047	X 213		
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			911 200			
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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:

older)

進友成汽車服務私人有限公司 CYS Automobile Personners Rater to Report Report Reserved Report Reast 1 Name 7-17 Admiraty Industrial Park NRIC/FIN Rangagone 757700 マネン Tel: 6219 2098 (3iines) Pax: 6219 2096





1 of 3

Report No. T/20190525/2175

Police Station Of Origin: Woodlands West N.P.C.

1 Woodlands Street 12 SINGAPORE 738622

Tel No: 1800-363 9999

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 25/05/2019 23:05		/lade:	Vide Report No.:	Station Diary No.: 325
Informa	nt's Partici	ulars		
Name of TAN SIA	Informant: CHIN	*	Address: APT BLK 783B WOODLAND 732783	S RISE #11-29 SINGAPORE
ID Type / ID No.: NRIC NO / S8360799H		99H	Contact No.: Home/Office:	Mobile: 93881826
National MALAYS	/ O. * / / C		Email:	
Sex: Male	Age: 35	Date of Birth: 21/09/1983	Type of Informant: Driver	
Race: Chinese			Language: English	Institution / School Name:
Occupation: DIRECTOR			Driving Licence Information: Class: 2B.3 Date of Expiry:	

Seneral Inform	mation of the Accide	nt			
Type of Accident:	Non-Injury Hit and Run	Drink Drive: No	Date/Time of Accident: 25/05/2019 12:50	Type of Location: Unloading/Loading g bay	
	S CRESCENT	lands rise unloading ba	ay/loading		
Weather: Clear		Road Surface: Dry	E.	Road Speed Limit:	
		Traffic Control: Not Controlled		Traffic Volume: No Traffic	
Type of Collision: Moving Vehicle Against - Parked Vehicle				Anyone conveyed by ambulance: No	

Details of Vehicle Involved						
Vehicle No.	Туре	Make	Model	Color	Condition	No of Passenger
SFF8866M	Car	MITSUBISHI	ECLIPSE CROSS 1.5 CVT	Grey	Slightly Damaged	1
SHC1826S	Car	HYUNDAI	I40 1.7 CRDI F/L AT ABS AIRBAG 4DR	Blue		0





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Report No. T/20190525/2175

Police Station Of Origin:
Woodlands West N.P.C.

1 Woodlands Street 12 SINGAPORE 738622

Tel No: 1800-363 9999

CONTINUATION OF REPORT

Brief Details.

On 25/05/2019 at 1245hrs, I parked my car (SFF8866M) at Blk 783 Woodlands Rise unloading/loading bay. Everything was intact, nobody was in the car.

On 25/05/2019 at around 1400hrs, I went back to my car. I discovered some scratch marks near my right rear tyre. I checked the in-car camera footage and realised that on 25/05/2019 at around 1253hrs, a blue taxi(SHC1826S) actually collided with my car and drove away.

I wish to state that there was no government property involved and nobody was injured. I have the footage and sd card for my in-car camera as well.





Police Station Of Origin: Woodlands West N.P.C.

1 Woodlands Street 12 SINGAPORE 738622

Tel No: 1800-363 9999

CONTINUATION OF REPORT

3 of 3

Report No. T/20190525/2175

Sketch Plan

Informant is not able to provide sketch plan

Signature:

Singapore Police Force

NP168

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: L / Sgt 2 CHONG HUI LUN	Signature Of Informant:
Signature Of Interpreter: Not applicable	Date/Time: 25/05/2019 23:05
Officer In Charge Of Case: TP / HRT / SI ABDUL KAREEM BIN ABDUL HAGUE Contact No.: 65476079	Classification Of Case: