

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 | 16/04/2019 11:08 |
| Date Of Accident | 21/02/2019 14:30 |
| Exact Location Of Accident | ORCHARD RENDEZVOUS HOTEL LVL 4 CARPARK |
| Country/State of Loss | SINGAPORE |

DETAILS OF OWN VEHICLE

| | |
|-----------------------------|--------------------------|
| Vehicle Registration Number | SLX9490R |
| Insured/Policyholder | |
| Name Of Registered Owner | TAN WEILIANG RONALD |
| NRIC No | S8733865G |
| Email Address | RONALDTAN.WORK@GMAIL.COM |
| Mobile Phone No | (LOCAL) +65-91722800 |
| Alternative Phone No | OFFICE-NOPHONE |

Vehicle Particulars

| | |
|--|-----------------------------------|
| Manufacturer | MERCEDES-BENZ |
| Model | C180-1.6 AVANTGARDE (R17 LED) (A) |
| Exact Purpose for which vehicle was being used at time of accident | |
| 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 | GA344195 |
| Cover Note Number | |

Driver

| | |
|----------------------|--------------------------|
| Name of Driver | TAN WEILIANG RONALD |
| NRIC No | S8733865G |
| Date Of Birth | 24/10/1987 |
| Occupation | OUTDOOR |
| Date Of Driving Pass | 25/04/2007 |
| Driving Experience | 11 YEARS AND 9 MONTHS |
| Gender | MALE |
| Mobile Number | (LOCAL) +65-91722800 |
| Fax Number | |
| Contact Number | OFFICE-NOPHONE |
| Email Address | RONALDTAN.WORK@GMAIL.COM |

| | |
|---|----------------------------|
| Address | BLK 6 HOLLAND CLOSE #12-20 |
| Postcode | 271006 |
| 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) | 0 |

Details of Police Action

| | |
|---|--|
| Was the accident reported to the police? | YES |
| If Yes, Please state which Police Station | |
| Police Station Name | BUKIT TIMAH NEIGHBOURHOOD POLICE CENTRE |
| Police Station Address | ROAD: 1 DUKE ROAD , POSTCODE: 268914 , COUNTRY: SINGAPORE |
| Police Station Contact | TEL NO: 1800-4629999 - FAX NO: 64628933 |
| Was notice of intended Prosecution given? | NO |
| If Yes, against whom? | |

Circumstances of Accident

AS PER POLICE REPORT NO: T/20190221/2090

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 | SMH9369G |
| 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)

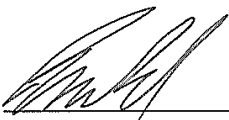
SKETCH PLAN

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)**

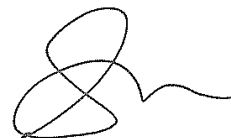
I understand, acknowledge, agree and consent that:

- (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:



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

I AM AWARE THAT MY INSURER MAY HAVE A 14 DAYS TIMEFRAME FOR ME TO SUBMIT AN OWN DAMAGE CLAIM UNDER MY OWN POLICY. I WILL CHECK MY POLICY FOR MORE DETAILS.

SKETCH PLAN

Handwritten notes in the sketch plan area:

- Top right: (A) SLX9490R.
- Below it: (B) SMH93694
- Center: A small diagram of a vehicle with the letter 'A' inside a box.

DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

As per police report No. 22190221 / 2090.

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:

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

☐ Claim own policy
☒ Claim third party
☐ Claim OD / TP at other works hop
 For record purpose:

Policy No. GA36095
 Insurer AXA Veh.No. SLX9490R

POLICE REPORT Pg. 1



**SINGAPORE
POLICE FORCE**



T/20190221/2090

Police Station Of Origin:
Bukit Timah N.P.C
1 Duke's Road SINGAPORE 268914
Tel No: 1800-4629999

1 of 3

Report No. T/20190221/2090

REPORT OF A TRAFFIC ACCIDENT

| | | |
|--|------------------|--------------------------|
| Date/Time Report Made: 21/02/2019 15:24 | Vide Report No.: | Station Diary No.: 34 |
|--|------------------|--------------------------|

Informant's Particulars

| | | | | | |
|---|------------|------------------------------|---|----------------------------|--|
| Name of Informant: TAN WEILIANG RONALD | | | Address: APT BLK 6 HOLLAND CLOSE #12-20 SINGAPORE 271006 | | |
| ID Type / ID No.: NRIC NO / S8733865G | | | Contact No.: Home/Office: Mobile: 91722800 | | |
| Nationality: SINGAPORE CITIZEN | | | Email: | | |
| Sex: Male | Age: 31 | Date of Birth: 24/10/1987 | Type of Informant: Driver | | |
| Race: Chinese | | | Language: | Institution / School Name: | |
| Occupation: SALES EXECUTIVE | | | Driving Licence Information: Class: 3 Date of Expiry: | | |

General Information of the Accident

| | | | | |
|--|---------------------------|------------------------------------|--|-------------------------------|
| Type of Accident: | Non-Injury Hit and Run | Drink Drive: No | Date/Time of Accident: 21/02/2019 14:30 | Type of Location: Car Park |
| Location: Along Road 1 TANGLIN ROAD | | | | |
| 1 Tanglin Rd (Orchard Rendezvous Hotel) level 4 carpark (Unknown Lot number) | | | | |
| Weather: | | Road Surface: | Road Speed Limit: | |
| Traffic Flow: | | 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. | Type | Make | Model | Color | Condition | No of Passenger |
|-------------|------|------------------|-------------------------------------|-------|---------------------|-----------------|
| SLX9490R | Car | MERCEDES BENZ | C180 AVANTGAR DE (R17 LED) | Blue | Slightly Damaged | 0 |

Details of Vehicle Insurance

| Vehicle No. | Insurance Company | Insurance No | Effective | Expiry Date |
|-------------|------------------------------------|--------------|------------|-------------|
| SLX9490R | AXA INSURANCE SINGAPORE PTE LTD | GA344195 | 19/04/2018 | 18/04/2019 |



**SINGAPORE
POLICE FORCE**



T/20190221/2090

Police Station Of Origin:
Bukit Timah N.P.C
1 Duke's Road SINGAPORE 268914
Tel No: 1800-4629999

2 of 3

Report No. T/20190221/2090

CONTINUATION OF REPORT

| | | | |
|-----------------------------------|---------------------|--|---------------------------------|
| Details of Person Involved | | | |
| Any Pedestrian Involved: No | | | |
| No. of Pedestrians Injured: NIL | | Use of Pedestrian Crossing: NA | |
| Driver: | | | |
| Name | TAN WEILIANG RONALD | ID No. | S8733865G |
| Related Vehicle | SLX9490R (Car) | Contact No. | 91722800 |
| Hospital/Clinic | NIL | Class of Driving Licence & Expiry Date | Class: 3 Date of Expiry: NIL |
| Date Treatment | NIL | Date Discharge | NIL |
| No. of Days granted Medical Leave | NIL | Degree of Injury | NIL |

Brief Details.

On 21/02/2019 at about 1230hrs, I parked my car (SLX9490R/ Blue/ Mercedes) at 1 Tanglin Rd (Orchard Rendezvous Hotel) level 4 carpark (Unknown Lot number).

Subsequently, at about 1430hrs, I returned to my car and discovered that the front left bumper was scratched. There was an unknown female passerby who approached me and claimed that she saw my car got hit by another car (Unknown Registration number /Unknown colour/ BMW). However I forgot to obtain her particulars.

As such, I proceeded to lodge a Traffic Accident report. I believe there are CCTVs at the said carpark, however not sure if it focusing at where I parked my car.



**SINGAPORE
POLICE FORCE**



T/20190221/2090

Police Station Of Origin:
Bukit Timah N.P.C
1 Duke's Road SINGAPORE 268914
Tel No: 1800-4629999

3 of 3

Report No. T/20190221/2090

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: E / Sr Staff Sgt JAMES GABRIEL RAYSON HUTCHISON | Signature Of Informant: |
| Signature Of Interpreter: Not applicable | Date/Time: 21/02/2019 15:24 |
| Officer In Charge Of Case: TP / HRT / Sr Staff Sgt TAN JEOK LENG Contact No.: 65476144 | Classification Of Case: |
| Authentication Stamp NP168 SIGNATURE | SN 170 |

Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo

