

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	06/08/2019 10:14
Date Of Accident	03/08/2019 15:00
Exact Location Of Accident	PARALLEL PARKING ALONG JOO CHIAT RD & CEYLON LANE
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SMK8941U
Insured/Policyholder	
Name Of Registered Owner	KOH CHIOU YEN
NRIC No	S7905587E
Email Address	NAUTILUS79@MSN.COM
Mobile Phone No	(LOCAL) +65-94777618
Alternative Phone No	OFFICE-NOPHONE

Vehicle Particulars

Manufacturer	PORSCHE
Model	MACAN
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	GA463538/1
Cover Note Number	

Driver

Name of Driver	LAXTON YEO WEI KEONG
NRIC No	S7934061H
Date Of Birth	24/10/1979
Occupation	INDOOR
Date Of Driving Pass	20/04/2000
Driving Experience	19 YEARS AND 3 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-94777618
Fax Number	
Contact Number	
Email Address	NAUTILUS79@MSN.COM

Address 58 SERAYA ROAD SINGAPORE 437238

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 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 JOO CHIAT NEIGHBOURHOOD POLICE POST

Police Station Address ROAD: 267 ONAN ROAD , POSTCODE: 424773 , COUNTRY: SINGAPORE

Police Station Contact TEL NO: 1800-3459999 - FAX NO: 64474181

Was notice of intended Prosecution given? NO

If Yes, against whom?

Circumstances of Accident

REFER TO POLICE REPORT

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 SHC7113B

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

SKETCH PLAN

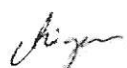
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8. Consent under the Personal Data Protection Act (PDPA)

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:


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


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



SKETCH PLAN

x6 sketch plan

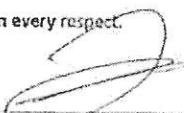
DESCRIBE CIRCUMSTANCES OF THE ACCIDENT


As per police report.

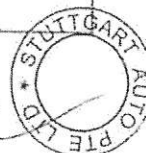
DECLARATION

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.:





**SINGAPORE
POLICE FORCE**



T/20190803/2129

Police Station Of Origin:
Joo Chiat NPP
267 Onan Road SINGAPORE 424773
Tel No: 1800-3459999

1 of 3

Report No. T/20190803/2129

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 03/08/2019 16:57		Vide Report No.:		Station Diary No.: 30	
Informant's Particulars					
Name of Informant: LAXTON YEO WEI KEONG			Address: 5B SERAYA ROAD SINGAPORE 437238		
ID Type / ID No.: NRIC NO / S7934061H			Contact No.: Home/Office: Mobile: 94777618		
Nationality: SINGAPORE CITIZEN			Email:		
Sex: Male	Age: 39	Date of Birth: 24/10/1979	Type of Informant: Driver		
Race: Chinese			Language:		Institution / School Name:
Occupation: SENIOR TECHNICAL MANAGER			Driving Licence Information: Class: Date of Expiry:		

General Information of the Accident				
Type of Accident:	Non-Injury Hit and Run	Drink Drive: No	Date/Time of Accident: 03/08/2019 15:00	Type of Location: Car Park
Location: Along Road 1 JOO CHIAT ROAD				
A PARALLEL PARKING LOT 62 ALONG JOO CHIAT ROAD X CEYLON LANE				
Weather: Clear		Road Surface: Dry	Road Speed Limit:	
Traffic Flow:		Traffic Control:	Traffic Volume:	
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
SHC7113B	Car				Slightly Damaged	0
SMK8941U	Car				Slightly Damaged	0

Details of Person Involved	
Any Pedestrian Involved: No	
No. of Pedestrians Injured: NIL	Use of Pedestrian Crossing: NA



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Report No. T/20190803/2129

CONTINUATION OF REPORT

Driver				
Name	LAXTON YEO WEI KEONG		ID No.	S7934061H
Related Vehicle	SMK8941U (Car)		Contact No.	94777618
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 03/08/2019 at about 1450hrs, I parked my vehicle (SMK8941U) at the parallel lot number 63 along Joo Chiat Road x Ceylon Lane. I wish to state that behind my parked vehicle, there was a silver vehicle parked at parking lot 62.

At about 1510hrs, I came back to retrieve my vehicle and left the location subsequently. I wish to state that the parking lot 62 was occupied by a yellow Citicab taxi (SHC7113B) then. When I arrived home at about 1520hrs, I discovered that there were scratches on the left rear of my vehicle and there were yellow color paint marks on my vehicle's exhaust pipe. I then drove back to the previous parking lot location and noticed that the yellow Citicab taxi was still there. I parked my vehicle and went over to assess the damages on the yellow Citicab taxi and discovered that there were scratch marks on the front right of the vehicle. Subsequently, I used a measuring tape to measure the height of the point of contact between our cars and it matches.

I wish to state that the driver of the yellow Citicab taxi did not leave any notes or tried to make any form of contact to inform me about this incident.



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267 Onan Road SINGAPORE 424773
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Report No. T/20190803/2129

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:
G /
Sgt 3 CHANG WEI LIANG, GLEN

Signature Of Informant:

Signature Of Interpreter:
Not applicable

Date/Time:
03/08/2019 16:57

Officer In Charge Of Case:
TP / HRT /
SI KALESWARI PALANI
Contact No.: 65476902

Classification Of Case:

Authentication Stamp
NP168



SIGNATURE