### SINGAPORE ACCIDENT STATEMENT

# IMPORTANT NOTICE

**EMail Address** 

- 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 <u>truthful and accurate</u> 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.
- 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.

aforesaid.	
	ACCIDENT STATEMENT
Date Of Report	26/08/2019 11:53
Date Of Accident	25/08/2019 17:00
Exact Location Of Accident	ALONG JOHOR BAHRU CUSTOM TWDS WOODLAND CHECKPOINT
Country/State of Loss	SINGAPORE
	DETAILS OF OWN VEHICLE
Vehicle Registration Number	SLE6611D
Insured/Policyholder	
Name Of Registered Owner	OH HENG YI
NRIC No	S9019989G
Email Address	HENGYI12@LIVE.COM
Mobile Phone No	(LOCAL) +65-90498978
Alternative Phone No	OFFICE-90498978
Vehicle Particulars	
Manufacturer	VOLKSWAGEN
Model	GOLF-2.0 GTI (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	GA420851 / 1
Cover Note Number	02/12/2018 - 01/12/2019
Driver	
Name of Driver	OH HENG YI
NRIC No	S9019989G
Date Of Birth	12/06/1990
Occupation	INDOOR
Date Of Driving Pass	11/11/2013
Driving Experience	5 YEARS AND 9 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-90498978
Fax Number	
Contact Number	OFFICE-90498978

HENGYI12@LIVE.COM

BLK 285 CHOA CHU KANG AVENUE 3 Address

09-298 680285

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** 

HIT AND RUN / VANDALISM / DAMAGED WHILST PARKED Type Of Accident

2

NO

2

NAME:

Weather Conditions **CLEAR** Road Surface DRY

Other Information

Postcode

Was any foreign vehicle involved in this accident? NO

Number of vehicles (including own vehicle)

involved in the accident

Was any body injured in the Accident? NO

Was any injured conveyed to hospital by

ambulance?

YES Was any other material or property damaged?

I have been approached by unknown person(s) soliciting/offering accident claims assistance.

Number of Passengers (Including Driver)

Passenger 1

: IVY WOO SIEW THENG

**GENDER:** : FEMALE

**Details of Police Action** 

Was the accident reported to the police?

If Yes.Please state which Police Station

Police Station Name KOLAM AYER NEIGHBOURHOOD POLICE POST

NO

YES

ROAD: BLK 72 GEYLANG BAHRU #01-3038, POSTCODE: 330072, Police Station Address

**COUNTRY: SINGAPORE** 

TEL NO: 1800-2969999 - FAX NO: 62937659 Police Station Contact

Was notice of intended Prosecution given?

If Yes, against whom?

# **Circumstances of Accident**

REFER TO THE POLICE REPORT

Attachment(s)

YES Are accident photos available for attachment? Was there any video captured by Car Camera? YES Was there any audio recorded? NO

**DETAILS OF OTHER VEHICLE PROPERTY 1** 

Vehicle Registration Number ER9944M

Vehicle Make/Model/Colour

**Details Of Properties** 

PRIVATE CAR Vehicle Category

Name of Driver

NRIC/Passport Number

Contact Number

Address Postcode

Insurance Company Name

Nature Of Damage

No. Of Passenger (Including Driver)

SRETCH PLAN			,,,,,,,,,,,,	······································
DESCRIBE CIRCUMSTANCES OF Refer to police Repor	**	A D		JOHOK CUSTONA
claim against your own policy (OD (	shop that in the event that you wish to CLAIM), There is a FOURTEEN (14) MADE within the stipulated time frame		- Reporting - Claim OD - Claim TP	Only
from the day of the occurrence.  DECLARATION	war. within the supurated time frame			TP at other workshop
I/WE declare the foregoing parti	culars are true in every respect.			1 -{
sh/i	2tMj		1	
Policyholder's signature Date & Time ১৮/৩৪/ ২০১৭	Driver's Signature (if driver not the policyholder) Date & Time 26/08/2019		Reporting Centre Po Name: Ngic/Fin No.	ersonnel's Signature
1022 hrs	lozzhas			

# SKETCH PLAN

#### **IMPORTANT NOTICE**

- 1. Please report correctly the details of the accident to speed up the claims process.
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- 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
- 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.
- Consent under the Personal Data Protection Act (PDPA)

I understand, acknowledge, agree and consent that.

- 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)
  - (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 enquities 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")
- all insurer(s) who have insured vehicle(s) involved in this accident and the insurers' lawyers/law firms, may/are permitted (b) to collect, use, disclose and/or process my Personal Information for one or more of the above Purposes; and
- my Personal Information may/can be disclosed by any of the Insurers and/or GtA to their third party service providers or (c) agents(including their lawyers/law firms), which may be sited outside of Singapore, for one or more of the above Purposes.
- my Personal Information will also be collected and used to compile claims history for the purpose of fraud detection. (d) 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

(ii) for complying with requirements under any regulations, laws or court orders.

Policyholder's Signature

1022 HRS

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Date & Time:

26/08/2019

Oriver's Signature

(if driver is not the policyholder)

Date & Time: 26/08/2019

1022 HRS

Reporting Centre Personnel's Signature

NRIC/FIN No.:





1002

Report No. A/20190825/2077

# POLICE REPORT (NP299)

Police Station Of Origin Kolam Ayer NPP 72 Geylang Bahru #01-3038 SINGAPORE 330072

Tel No: 1800-2969999

Date/Time Report Made 25/08/2019 19:26	Vide Re	port No.		Station Diary No.
Name Of Informant OH HENG YI	Address APT BLK 285 CHOA CHU KANG AVENUE 3 #09-298 SINGAPORE 680285			
ID Type / ID No. NRIC NO / S9019989G	Contact No. Home/Office		Mobile 90498978	
Nationality SINGAPORE CITIZEN	Email Address			
Occupation ENGINEER	Sex Marie	Age 29	Date of Birth 12/06/1990	Race Chinese
Institution/School Name	Language English			
Date/Time Of Incident 25/08/2019 17:00	Location Of Incident JB CUSTOMS MALAYSIA			

Brief details.

On 25/05/2019 at about 1700hrs while I was at JB Customs driving my car(SLE6611D) back to Singapore, the right rear wheels of one red Hyundai Tucson(ER9944M), side swipe with the left front bumper of my car. My car was stationery and that car tried to squeeze through. We both did not stop our vehicle as it would cause a jam. I stopped at the side afterwards and tried calling him however he saw me but did not stop and continue towards the immigration counter. The damages on my vehicle is at the left front bumper where there are scratches, fog light dislodged and paint cracks. My wife and I wasn't injured.

Signature Of Officer Recording The Report:	Signature Of Informant
A / Sgt 2 MUHAMMAD RUSYDI BIN MOHD YUSOFF	₹4,"
Signature Of Interpreter: Not applicable	Date/Time 25/08/2019 19:26
Officer In-Charge Of Case: A / Central Police Divisional Investigation Branch / Insp BRANDON LOW KAI HAO Contact No.: 65575076	Classification Of Case
Authentication Stamp	
Carrie Acestrolit	





2662

POLICE REPORT (NP299)

CONTINUATION OF REPORT

Report No. A/20190825/2077

during the hit and run. I am lodging this report for record purposes for claims with my insurance company.

Signature Of Officer Recording The Report

A / Sgt 2 MUHAMMAD RUSYDI BIN MOHD YUSOFF

Signature Of Interpreter: Not applicable

Officer In-Charge Of Case A / Central Police Divisional Investigation Branch / Insp BRANDON LOW KAI HAO Contact No.: 65575076

Authentication Stamp

Signature Of Informant

36/

Date/Time: 25/08/2019 19:26

Classification Of Case:

