

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	27/12/2019 15:31
Date Of Accident	19/12/2019 16:10
Exact Location Of Accident	EVERTON PARK OPEN CARPARK BEHIND BLOCK 2
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SKS7515E
Insured/Policyholder	
Name Of Registered Owner	TAN CHEE SHENG
NRIC No	SXXXX829F
Email Address	1STAUTOPRO@GMAIL.COM
Mobile Phone No	(LOCAL) +65-86699988
Alternative Phone No	OTHERS-86699988

Vehicle Particulars

Manufacturer	PORSCHE
Model	MACAN-2.0 PDK (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	P2294026
Cover Note Number	

Driver

Name of Driver	TAN CHEE SHENG
NRIC No	SXXXX829F
Date Of Birth	29/05/1989
Occupation	OUTDOOR
Date Of Driving Pass	11/06/2010
Driving Experience	9 YEARS AND 6 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-86699988
Fax Number	
Contact Number	OTHERS-86699988
Email Address	1STAUTOPRO@GMAIL.COM

Address	BLK 42 BEDOK SOUTH ROAD #08-747
Postcode	460042
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	TAMPINES N.P.C
Police Station Address	ROAD: TAMPINES N.P.C , POSTCODE: 529682 , COUNTRY: SINGAPORE
Police Station Contact	TEL NO: - FAX NO:
Was notice of intended Prosecution given?	NO
If Yes, against whom?	

Circumstances of Accident

REFER TO THE ATTACH STATEMENT RECORDED BY KAREN - PROGRESSIVE CAR CARE PTE LTD TEL 6741 5336

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	SHC629B
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	

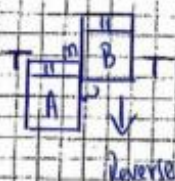
No. Of Passenger (Including Driver)

Sketch Plan

SKETCH PLAN

A: Pk8 7515E
 b: SHC 6286

Location:
 Open space (apart)
 Behind block
 (Creston Road)



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

Refer to Traffic Police Report

7/2019/220 / 2012

DECLARATION

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

x *cheesing*
 Policyholder's Signature
 Date & Time:

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

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

Sketch Plan #2

SKETCH PLAN

IMPORTANT NOTICE

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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.

X Chen Hong
Policyholder's Signature
Date & Time:

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

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

Common Statement

ACCIDENT STATEMENT (Part I) Reporting Centre: Progressive Automotive Pte Ltd

This is NOT an admission of blame / liability, but a summary of identities and facts which will speed up the settlement of claims

1 Date of accident 19 Dec 2018		2 Time 1610		3 Exact location of accident Geylang Park Open Carpark behind Block 2		To be signed by BOTH drivers	
4 Material damage To vehicles other than vehicles A and B No <input checked="" type="checkbox"/> Yes <input type="checkbox"/>		5 To objects other than vehicles No <input checked="" type="checkbox"/> Yes <input type="checkbox"/>		6 Witness' name, address and tel no. (to be underlined if he/she is passenger in vehicle A or vehicle B)		7 Injuries even if slight No <input checked="" type="checkbox"/> Yes <input type="checkbox"/>	

Registration No. (VEHICLE A) 4S7515E

8 Insured / policyholder (see insurance card)

Name Tan Chee Sheng
(capital letters)

Address Block 40 Bedok
Smith Road 401-747 8146042

NRIC / Passport no. S8918829F

Tel no. (from Sep till Sep) 8669 9938

HP

9 Vehicle
Make, type Porsche Macan 2.0

10 Insurance company
AXA ☒ TPFT ☐ TPO

Does the policy cover damage to vehicle A?
No ☐ Yes ☒

Policy No. P2294026

11 Driver ☒ Same as Owner

Name
(capital letters)

NRIC / Passport no.

Class of licence

HP

Gender Male ☐ Female ☐

12 Indicate the point of initial impact with an arrow (→)

13 Visible damage to vehicle A

14 My remarks

12 CIRCUMSTANCES

Put a cross (X) in each of the relevant boxes applicable to your vehicle

1	parked / stopped (at the roadside)
2	leaving a parking space / opening the door (at the roadside)
3	entering a parking space (at the roadside)
4	emerging from a car park, from private grounds, from a minor road
5	entering a car park, private grounds, a minor road
6	entering a roundabout or similar traffic system
7	circulating in a roundabout or similar traffic system
8	striking the rear of the other vehicle while going in the same direction and in the same lane
9	going in the same direction but different lane
10	changing lanes
11	overtaking
12	turning to the right, making a U-turn (official U-turn)
13	turning to the left
14	reversing
15	encroaching in the opposite traffic lane
16	coming from the right (at road junctions)
17	not observing a right-of-way sign (e.g. red traffic light, stop sign, etc.)

State TOTAL number of boxes marked with a cross

Registration No. (VEHICLE B) PHK 6296

8 Insured / policyholder (see insurance card)

Name
(capital letters)

Address

NRIC / Passport no.

Tel no. (from Sep till Sep)

HP

9 Vehicle
Make, type

10 Insurance company
☐ TPFT ☐ TPO

Does the policy cover damage to vehicle B?
No ☐ Yes ☐

Policy No. (if available)

11 Driver (See driving licence) (if different from Insured B above)

Name
(capital letters)

NRIC / Passport no.

Class of licence

HP

Gender Male ☐ Female ☐

12 Indicate the point of initial impact with an arrow (→)

13 Visible damage to vehicle B

14 My remarks

15 Sketch of accident when impact occurred

Please indicate: 1. layout of the road - 2. the direction of vehicles A and B with arrows - 3. their positions at the time of impact - 4. the road signs - 5. names of the streets or roads

REFER TO ATTACHED

Alternatively, please make reference to one of the sketches on page 4:

15 Signatures of drivers

A

15 Signatures of drivers

B

For Insured's Individual Statement (Part II) see overleaf ->

Individual Statement

Reporting Centre, Progressive Automotive Pte Ltd *1stauto@pro@gmail.com*

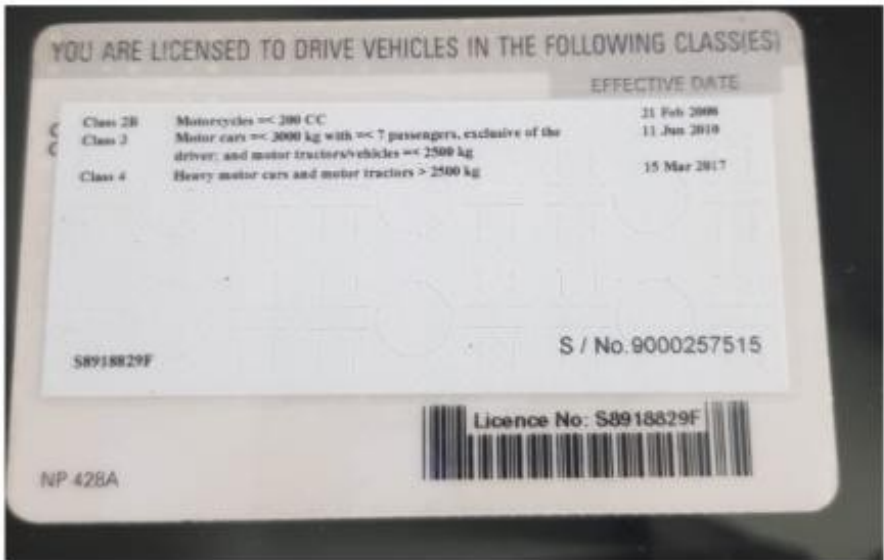
INDIVIDUAL STATEMENT (Part II)

Own Workshop Email / Fax (if any) *1st auto pro@gmail.com*

To be completed and submitted within 24 hours to your insurer or IDAC or appointed workshop (Use a separate sheet of paper where necessary)

Insured Of which vehicle are you the owner? <input checked="" type="checkbox"/> A <input type="checkbox"/> B	1 Occupation (if more than one, state all)		Email:													
	2 Vehicle registration no.	C.C.	If commercial vehicle, state permissible carrying capacity													
	3 Is driver the owner? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> If no, state Relationship of Driver with owner <i>Self</i>		state the vehicle number and name of Insurer of driver's own vehicle (where applicable)													
	4 Exact purpose for which vehicle was being used at time of accident <input checked="" type="checkbox"/> Private use <input type="checkbox"/> Commercial use <input type="checkbox"/> Hire & reward <input type="checkbox"/> Others - please specify _____															
	5 Is the vehicle still in use? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> If no, state where it is at present _____ Tel no. _____															
	6 Are you claiming under your own insurance policy for repair to your vehicle? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> If no, state action to be taken <input type="checkbox"/> Third Party <input type="checkbox"/> Reporting Only <input checked="" type="checkbox"/> Third Party (Own Workshop)															
Driver or person in charge of vehicle at the time of accident (including insured)	7 Date of birth	Occupation	Date of license pass	Was vehicle driven with the insured's permission?	Was driver an employee of the insured's company?											
	<i>27 May 1989</i>	<i>Indoor</i>	<i>Outdoor</i>	<i>11 June 2010</i>	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>										
	8 Give details of any pre-existing impairment of sight or hearing and of any other disability _____															
	9 Full details of all driving convictions including pending prosecutions in the last 36 months															
	<table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th>Date</th> <th>Offence</th> <th>Penalty</th> </tr> </thead> <tbody> <tr><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td></tr> </tbody> </table>					Date	Offence	Penalty								
Date	Offence	Penalty														
Injured persons	10 Name(s), address(es) and approximate age(s)	Injuries sustained	If vehicle occupants, state in which vehicle	Were seat belts being worn?	Was injured conveyed to hospital by ambulance?											
				Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>											
				Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>											
				Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>											
				Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>											
Damage to property & vehicles (other than vehicles A and B)	11 Name(s) and address(es) of owner(s)	Vehicle registration no. or details of property	Nature of damage	Insurer's name and address (if known)												
Police action	12 Was this accident reported to the Police? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> If yes, please state which Police station <i>Tampines NPE</i>															
	13 Was notice of intended prosecution given? Yes <input type="checkbox"/> No <input type="checkbox"/> If yes, against whom? _____															
Accident details	14 Weather conditions		15 Road surface		16 Speed of vehicles											
	Clear <input checked="" type="checkbox"/>		Wet <input type="checkbox"/>		A _____ km/hr											
	Rain <input type="checkbox"/>		Dry <input checked="" type="checkbox"/>		B _____ km/hr											
	Others _____		Others _____													
	17 What warnings were given by driver or other party? _____															
	18 Were street lights illuminated? Yes <input type="checkbox"/> No <input type="checkbox"/>															
	19 What lights were displayed on your vehicle/the other vehicle(s)? _____															
	20 If your vehicle is commercial, state weight of load carried at time of accident _____															
21 State how accident happened, width of roads, speed limits, etc (Refer to attached)																
22 State number of Passengers (including Driver) <i>0</i>																
Declaration I/We declare the foregoing particulars are true in every respect Policyholder's signature <i>Chermy</i> Date _____ Driver's signature (if driver is not the policyholder) <i>Chermy</i> Date _____																

Driving License



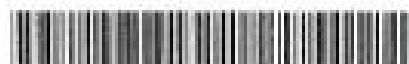
Identification Card



Police Report



**SINGAPORE
POLICE FORCE**



T/20191220/2012

Police Station Of Origin:
Tampines N.P.C
6 Tampines Avenue 4 SINGAPORE 529582
Tel No: 1900-5671999

1 of 3

Report No: T/20191220/2012

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 20/12/2019 02:48	Video Report No.:	Station Diary No.: 32
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Informant's Particulars

Name of Informant: TAN CHEE SHENG			Address: APT BLK 42 BEDOK SOUTH ROAD #08-747 SINGAPORE 460042		
ID Type / ID No.: NRIC NO / S8918829F			Contact No.: Home/Office: Mobile: 86899968		
Nationality: SINGAPORE CITIZEN			Email:		
Sex: Male	Age: 30	Date of Birth: 29/05/1969	Type of Informant: Driver		
Race: Chinese			Language: English		Institution / School Name:
Occupation: F&B MANAGER			Driving Licence Information: Class: 2B,3,4 Date of Expiry:		

General Information of the Accident

Type of Accident:	Non-Injury Hit and Run	Drink Drive: No	Date/Time of Accident: 19/12/2019 18:10	Type of Location: Car Park
Location: Along Road 1 EVERTON PARK				
Open Carpark behind Block 2.				
Weather: Clear	Road Surface: Dry		Road Speed Limit:	
Traffic Flow:	Traffic Control: Not Controlled		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
SHC829B	TAXI	TOYOTA	PRIUS 5DR HATCHBACK (AUTO)	Yellow	No Damage	0
SKS7515E	Car	PORSCHE	MACAN 2.0 A/T ABS D/AIRBAG AWD	Gold	Slightly Damaged	0

Police Report



**SINGAPORE
POLICE FORCE**



T/20191220/2012

Police Station Of Origin:
Tampines N.P.C
6 Tampines Avenue 4 SINGAPORE 529682
Tel No: 1800-5871999

2 of 3

Report No. T/20191220/2012

CONTINUATION OF REPORT

Details of Vehicle Insurance				
Vehicle No.	Insurance Company	Insurance No	Effective	Expiry Date
SKS7515E	AXA INSURANCE SINGAPORE PTE LTD	P2294026	06/05/2019	05/05/2020

Brief Details.

On 19/12/2019 at about 1710hrs, I proceeded to the opened carpark behind Block 2 to retrieve my vehicle (Registration No: SKS7515E) when I discovered a dent and black scratch mark on the right side bumper of my vehicle.

I last seen my vehicle intact was at 1500hrs before leaving the carpark.

I had dash board camera installed in my vehicle and reviewed the footage. I discovered at about 1610hrs, a yellow taxi had reverse into the carpark lot and hit onto the right side bumper of my vehicle. The said driver did not leave a note to inform of the incident.

Police Report



SINGAPORE
POLICE FORCE



1/20191220/2012

Police Station Of Origin:
Tampines N.P.C
6 Tampines Avenue 4 SINGAPORE 529582
Tel No: 1800-5871999

3 of 3

Report No: T/20191220/2012

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 /
Staff Sgt MUHAMMAD FIRDAUS BIN MISWAN

Signature Of Informant:

Signature Of Interpreter:
Not applicable

Date/Time:
20/12/2019 02:48

Officer In Charge Of Case:
TP / HRT /
Sr Staff Sgt IRMAN BIN MOHAMAD SAID
Contact No.: 65475145

Classification Of Case:

Authentication Stamp
NP158

SINGAPORE

Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo

