

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	25/08/2020 15:38
Date Of Accident	07/08/2020 18:00
Exact Location Of Accident	354 JOO CHIAT ROAD S(427600) CAR PARK J0017
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SMK3505D
Insured/Policyholder	
Name Of Registered Owner	PHUA KIA CHOON
NRIC No	SXXXX330A
Email Address	KIACHOON.PHUA@CITYNEONGROUP.COM
Mobile Phone No	(LOCAL) +65-91889042
Alternative Phone No	OTHERS-91889042

Vehicle Particulars

Manufacturer	HYUNDAI
Model	AD AVANTE 1.6 GLS (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	P2273205
Cover Note Number	

Driver

Name of Driver	PHUA KIA CHOON
NRIC No	SXXXX330A
Date Of Birth	06/07/1980
Occupation	INDOOR
Date Of Driving Pass	18/02/2016
Driving Experience	4 YEARS AND 5 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-91889042
Fax Number	
Contact Number	OTHERS-91889042
Email Address	KIACHOON.PHUA@CITYNEONGROUP.COM

Address	BLK 350 BUKIT BATOK ST 32 #09-134
Postcode	650350
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	BEDOK DIVISION HQ
Police Station Address	ROAD: 30 BEDOK NORTH ROAD , POSTCODE: 469676 , COUNTRY: SINGAPORE
Police Station Contact	TEL NO: - FAX NO:
Was notice of intended Prosecution given?	NO
If Yes, against whom?	

Circumstances of Accident

KINDLY REFER TO ATTACH POLICE REPORT NO.G20200807/7065.

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 Witness 1

Name	EVANGELINE
Phone Number	
Email Address	82880569

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	SDK6968M
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

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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: 25/8/20

Driver's Signature

(If driver is not the policyholder)

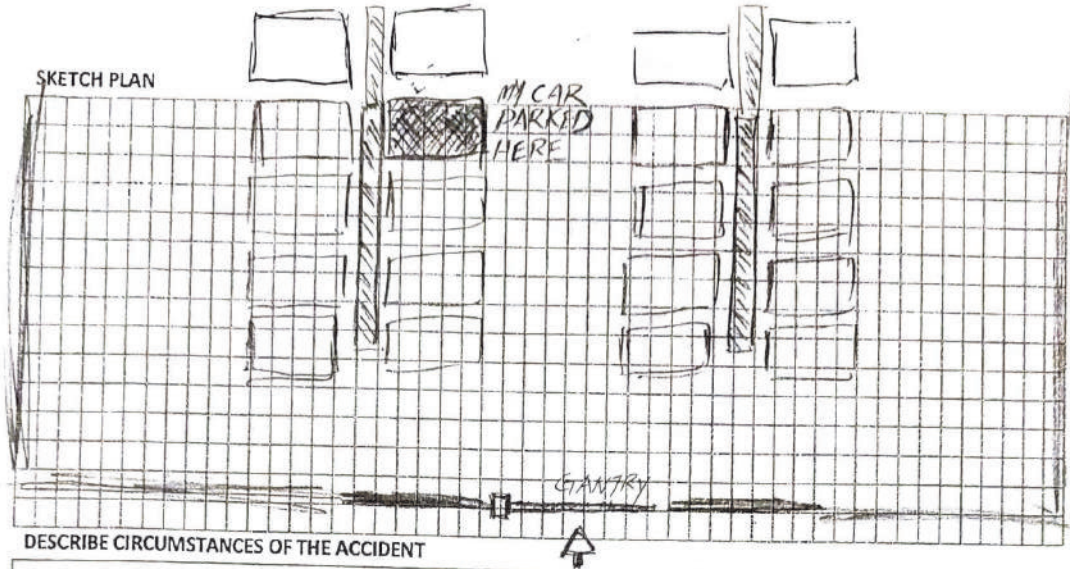
Date & Time: 25/8/20

Reporting Centre Personnel's Signature

Name:

NRIC/FIN No.:

Sketch Plan Pg. 2



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

— ATTACHED POLICE REPORT —


Important:

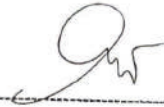
You have been advised by the workshop that in the event that you wish to claim against your own policy (OD CLAIM), There is a **FOURTEEN (14) DAYS CLAUSE WHEREBY MUST BE MADE** within the stipulated time frame from the day of the occurrence.

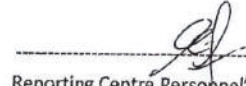
- | | |
|-------------------------------------|----------------------------------|
| <input type="checkbox"/> | - Reporting Only |
| <input type="checkbox"/> | - Claim OD |
| <input type="checkbox"/> | - Claim TP |
| <input checked="" type="checkbox"/> | - Claim OD/ TP at other workshop |

DECLARATION

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


 Policyholder's signature
 Date & Time 25/8/20


 Driver's Signature
 (if driver not the policyholder)
 Date & Time 25/8/20


 Reporting Centre Personnel's Signature
 Name:
 Nric/Fin No.



**SINGAPORE
POLICE FORCE**



G/20200807/7065

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POLICE REPORT (NP299)

Report No. G/20200807/7065

Police Station Of Origin
Bedok Division HQ
30 Bedok North Road SINGAPORE 469676
Tel No: 1800-2440000

Date/Time Report Made 07/08/2020 22:23		Vide Report No.		Station Diary No.	
Name Of Informant PHUA KIA CHOON		Address			
ID Type / ID No. NRIC NO / S8087330A		Contact No. Home/Office:		Mobile: 91889042	
Nationality MALAYSIAN		Email Address phua.kc@live.com			
Occupation Exhibition/Conference/Event planner		Sex Male	Age 40	Date of Birth 06/07/1980	Race Chinese
Institution/School Name		Language English			
Date/Time Of Incident 07/08/2020 18:00 - 07/08/2020 19:00		Location Of Incident 354 JOO CHIAT ROAD SINGAPORE 427600			

Brief details.

On 7 August 2020, I parked my Car at Joo Chiat Road Gantry Carpark J0017 for the Dinner at about 610pm.

When I was back to my Car at about 710pm plus.

My Car Details: SMK 3505 D, Hyundai Avante, Silver

One of the Witness of the Incident told me My car Front right Bumper was hit by some one and left me

Signature Of Officer Recording The Report: Not applicable	Signature Of Informant: The identity of the person making this report has been authenticated by SingPass. No signature is required.
Signature Of Interpreter: Not applicable	Date/Time: 07/08/2020 22:23
Officer In-Charge Of Case:	Classification Of Case:

Authentication Stamp



**SINGAPORE
POLICE FORCE**



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POLICE REPORT (NP299)

CONTINUATION OF REPORT

Report No. G/20200807/7065

unknown.

Witness saw the whole incident and the "Hit and Left Me Unknown" Car Registered Plate Number - SDK 6968 M. Black Mercedes.

She Took the Car Photo and sent me.

As The Car was still parking in the same car park.

I went to the Car and Took some photo of the Car Back Bumper, with Scratches.

The Car owner is not there, So, I left with the Photos evidence and witness contact and Lodge the Online Police Report.

I have Front Car Camera for supporting evidence which i ll be going through. if you able to check the CCTV at the J0017 car Park will be helpful.

Please advice.

Phua Kia Choon

S8087330A

91889042

Subjects Involved	
Suspect	
Person Name	Unknown
Signature Of Officer Recording The Report:	
Not applicable	
Signature Of Interpreter:	
Not applicable	
Officer In-Charge Of Case:	
Authentication Stamp	
Signature Of Informant:	
The identity of the person making this report has been authenticated by SingPass. No signature is required.	
Date/Time:	
07/08/2020 22:23	
Classification Of Case:	



**SINGAPORE
POLICE FORCE**



G/20200807/7065

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POLICE REPORT (NP299)

CONTINUATION OF REPORT

Report No. G/20200807/7065

Gender	Unknown		
Victim			
Person Name	PHUA KIA CHOON		
ID Type	NRIC NO	ID No	S8087330A
Gender	Male	Age	40
Race	Chinese	Language	English
Occupation	Exhibition/Conference/Event planner	Mobile No	91889042
Is Informant A Victim?	Yes		
Person Name PHUA KIA CHOON (Informant)			

Signature Of Officer Recording The Report: Not applicable	Signature Of Informant: The identity of the person making this report has been authenticated by SingPass. No signature is required.
Signature Of Interpreter: Not applicable	Date/Time: 07/08/2020 22:23
Officer In-Charge Of Case:	Classification Of Case:
Authentication Stamp	