

## 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 Submission ..... 29/12/2020 08:27 (SGT)  
Date of Accident ..... 28/12/2020 13:30 (SGT)  
Exact Location of Accident ..... Changi Prison, Singapore  
Additional Location Information ..... -  
Country/State of Loss ..... Singapore

### DETAILS OF OWN VEHICLE

Vehicle Registration Number ..... SLP2395X

#### INSURED/POLICYHOLDER

Is company? ..... No  
Name Of Registered Owner ..... LEW SHAUN MARC  
NRIC No ..... SXXXX302E  
Email Address ..... SHAUNLEW86@GMAIL.COM  
Mobile Phone No ..... (Phone) +65-9788445  
Alternative Phone No ..... (Home) +65-64682123

#### VEHICLE PARTICULARS

Manufacturer ..... Honda  
Model ..... Jazz  
Variant ..... -  
Exact purpose for which vehicle was being used at time of accident ..... Private use  
Are you claiming under your own insurance policy for repair to your vehicle? ..... No - Claiming third party  
Vehicle Category ..... Private car

#### INSURANCE COMPANY

Name of Insurance Company ..... Axa  
Type of Coverage ..... Comprehensive  
Fleet Policy ..... No  
Policy Number ..... GA356204  
Cover Note Number ..... -

#### DRIVER

Name of Driver ..... LEW SHAUN MARC  
NRIC No ..... SXXXX302E  
Date Of Birth ..... 13/04/1986  
Occupation ..... Indoor

Date Of Driving Pass .....	16/05/2006
Driving experience .....	14 YEARS AND 7 MONTHS
Gender .....	Male
Mobile Number .....	(Phone) +65-9788445
Alt. Phone Number .....	(Home) +65-64682123
Email Address .....	SHAUNLEW86@GMAIL.COM
Address .....	61 HUME AVE #01-02
Address complement .....	-
Postcode .....	-
Is the driver the policyholder? .....	Yes
If No, Relationship of the Driver with the Insured .....	-
Does Driver Own Other Vehicles? .....	No
Vehicle Registration Number of Other Vehicle Owned by Driver .....	-
Insurance Company of Other Vehicle Owned by Driver .....	-

#### 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 the accident? .....	No
Number of vehicles involved in the accident .....	2
Was anybody injured in the Accident? .....	No
Was any injured conveyed to hospital by ambulance? .....	-
Was any other material or property damaged? .....	Yes
Number of Passengers (Including Driver) .....	1
Has the driver been approached by unknown person(s) soliciting/offering accident claims assistance? .....	No

#### DETAILS OF POLICE ACTION

Was the accident reported to the police? .....	No
Was notice of intended Prosecution given? .....	No
If yes, against whom? .....	-

#### CIRCUMSTANCES OF ACCIDENT

#### REFER TO ATTACMENT

#### ATTACHMENT(S)

Are accident photos available for attachment? .....	Yes
Was there any video captured by Car Camera? .....	No
Was there any audio recorded? .....	No

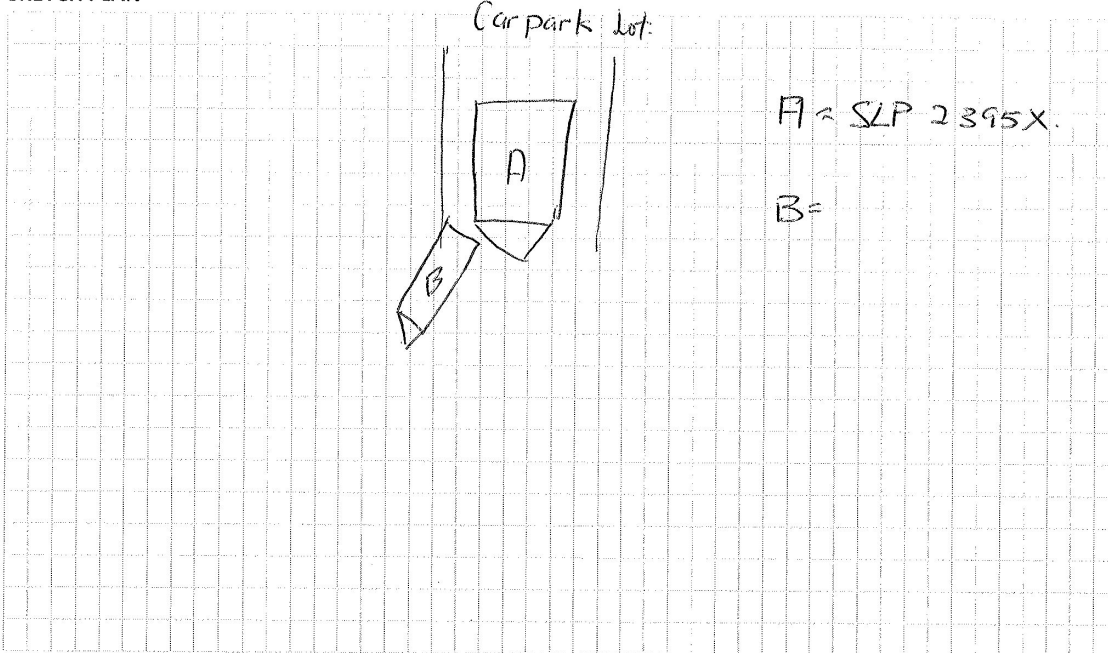
#### DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number .....	QX998T
Vehicle Manufacturer .....	-
Vehicle Model .....	-
Vehicle Variant .....	-
Vehicle Colour .....	-
Vehicle Category .....	Private car
Name of Driver .....	-
Contact Number .....	-
Address .....	-
Address complement .....	-
Postcode .....	-
Insurance Company Name .....	-

Nature Of Damage ..... -  
Details of property damaged in accident ..... -  
No. Of Passenger (Including Driver) ..... -

Vehicle Number: \_\_\_\_\_

**SKETCH PLAN**



**DESCRIBE CIRCUMSTANCES OF THE ACCIDENT**

On 28 December 2020, I parked my car at Changi Prison carpark between 1.30pm and 3.00pm. When I returned to my vehicle, I saw that the front right side was damaged and there was a note on my windscreen.

In the note, Anthony apologized for damaging my car while reversing and left his number 9815 2065, telling me to call him. He did not leave his car plate no.

**DECLARATION**

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

Policyholder's Signature  
Date & Time: 28.12.2020  
4pm

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

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

Hi,

Very sorry to accidentally hit your  
vehicle while reversing -

Please contact me at 98152065  
for your damages.

Thank you & apologies for the inconvenience  
again.

Sincerely,  
Anthony















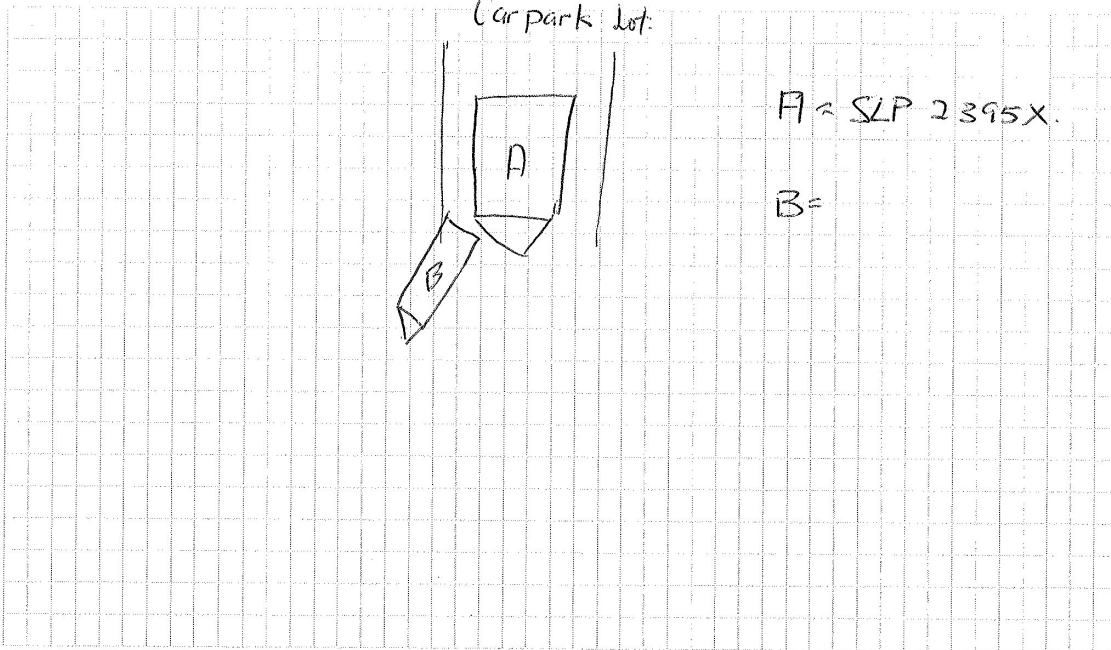






Vehicle Number: \_\_\_\_\_

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



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