

VEHICLE NO: SLT7782H VEHICLE MODEL: BMW 520i 2.0LAT

DATE OF ACCIDENT	07 / 04 / 21	(AM/PM)
TIME OF ACCIDENT	06.40	
LOCATION OF ACCIDENT	Bedok North Street 3	
Contact Purpose use during accident		
NAME OF OWNER	Tan Chye Lam (Zhuo ZAINAN) chyelamtoh@gmail.com	
TEL NO	97520015	
NRIC	S7413454H	
CLAIM TYPE	OD/THIRD PARTY / REPORTING ONLY	
INSURANCE CO	AXA	
TYPE OF COVERAGE	(Comprehensive) / Third party / third Party Fire & Theft	
POLICY NO	GA308127/1	
NAME OF DRIVER	(As above) / if no:	
NRIC	S7413454H	
DATE OF BIRTH	30 / 04 / 1974	
OCCUPATION	Outdoor / (Indoor)	
DATE OF DRIVING PASS	07 / 11 / 1994	
GENDER	(Male) / Female	
CONTACT NO	Office:	Home:
ADDRESS	97520015 Simei Street 1 #05-38 S520138	
DRIVER HAVE ANY OWN Vehicle	(No) / if yes: Reg No:	
RELATIONSHIP	Employee / if No: Owner	
WEATHER CONDITION	(Clear) / Raining / Other:	
ROAD SURFACE	(Dry) / Wet / Others:	
ANY INJURIES	No / (if yes) Who?	
CONTACT NO	97520015	
POLICE REPORT	No / (if yes) Where?	
VEHICLE B NO	SKN 5187H	
NAME	Nil	
CONTACT NO	Nil	
VEHICLE C NO	Any passengers:	
VEHICLE D NO	Any passengers:	
VEHICLE E NO	Any passengers:	
VEHICLE F NO	Any passengers:	
ANY WITNESS		
WITNESS CONTACT NO		
PARTICULAR WORKSHOP	IMPERIUM AUTOMOTIVE	
TEL NO	26 KAKI BUKIT ROAD 4	
CONTACT PERSON	#01-49 SYNERGY @ KB	
FAX NO	SINGAPORE 417800	
	TEL: 9748 9940 FAX: 63467213	
	Reg. No. 53293624L	

SKETCH PLAN

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 willful 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. 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 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.

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

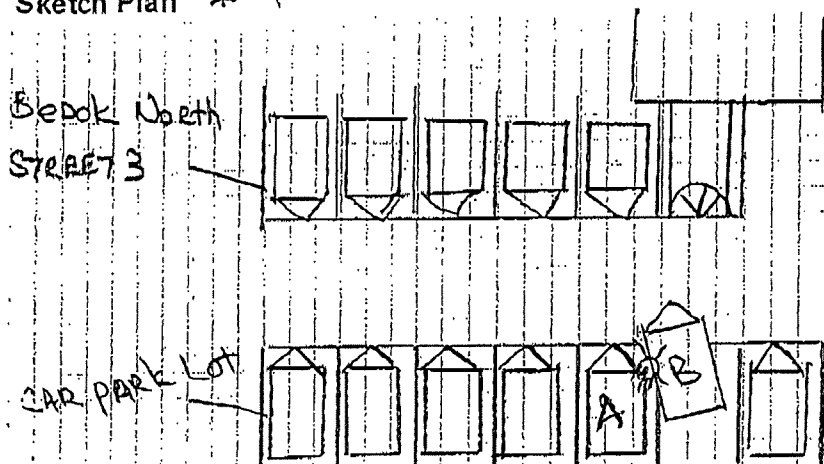
(c) my Personal Information may/can be disclosed by any of the Insurers and/or GIA to their third party service providers or agents (including their lawyers/law firms), which may be sited outside of Singapore, for one or more of the above Purposes.

Policyholder's Signature / Date & Time

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

Witnessed by Reporting Centre Personnel

Sketch Plan 7.4.21



(A) SLT77824


(B) SKN5874


Describe Circumstances of the Accident

Report

Declaration

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

Witnessed by Reporting Centre Personnel



SINGAPORE POLICE FORCE



T/20210407/2060

1 of 3

Police Station Of Origin:
River Valley NPP
4 Delta Avenue #01-02 SINGAPORE 161004
Tel No: 1800-2789999

Report No. T/20210407/2060

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 07/04/2021 13:02	Vide Report No.:	Station Diary No.: 9
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Informant's Particulars			
Name of Informant: TOH CHYE LAM		Address: APT BLK 138 SIMEI STREET 1 #05-38 SINGAPORE 520138	
ID Type / ID No.: NRIC NO / S7413454H		Contact No.: Home/Office:	Mobile: 97520015
Nationality: SINGAPORE CITIZEN		Email:	
Sex: Male	Age: 46	Date of Birth: 30/04/1974	Type of Informant: Driver
Race: Chinese		Language:	Institution / School Name:
Occupation: Other services managers nec		Driving Licence Information: Class: 3,4,5 Date of Expiry:	

General Information of the Accident				
Type of Accident:	Non-Injury Hit and Run	Drink Drive: No	Date/Time of Accident: 07/04/2021 06:40	Type of Location: Car Park
Location: BEDOK NORTH STREET 3				
Weather: Clear		Road Surface: Dry	Road Speed Limit:	
Traffic Flow:		Traffic Control: Not Controlled	Traffic Volume: No Traffic	
Type of Collision: Between Moving Vehicles - Side Swipe - Same Direction			Anyone conveyed by ambulance: No	

Details of Vehicle Involved						
Vehicle No	Type	Make	Model	Color	Condition	No of Passenger
SKN5187H	Car				Slightly Damaged	0
SLT7782H	Car	BMW	520I 2.0L AT D/AB 2WD 4DR GAS/D NAV	Silver	Slightly Damaged	0

Details of Vehicle Insurance				
Vehicle No	Insurance Company	Insurance No	Effective	Expiry Date



**SINGAPORE
POLICE FORCE**



T/20210407/2060

2 of 3

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Report No. T/20210407/2060

CONTINUATION OF REPORT

Details of Vehicle Insurance				
Vehicle No	Insurance Company	Insurance No	Effective	Expiry Date
SLT7782H	AXA INSURANCE SINGAPORE PTE LTD	GA308127	10/12/2020	09/12/2021

Details of Person Involved			
Any Pedestrian Involved: No			
No. of Pedestrians Injured: NIL		Use of Pedestrian Crossing: NA	
Driver			
Name	TOH CHYE LAM	ID No.	S7413454H
Related Vehicle	SLT7782H (Car)	Contact No.	97520015
Hospital/Clinic	NIL	Class of Driving Licence & Expiry Date	Class: 3,4,5 Date of Expiry: NIL
Date Treatment	NIL	Date Discharge	NIL
No. of Days granted Medical Leave	NIL	Degree of Injury	NIL

Brief Details.

On 047/04/2021 at about 6.30am, I parked my car at the open space car park behind Blk 532 Bedok North Street 3 and left for home. At about 7am, my wife went down to my car and discovered there were damages to the front right of my car. The car bumper on the right was dislodged as well. A check on my car's dashboard CCTV revealed at 6.45am that the car SKN5187H which was parked on my car's right side had came out from the lot and side swiped my car. The driver did not stop to leave a note on my car and continued to drive away.

I am lodging this report to claim insurance against the driver.



**SINGAPORE
POLICE FORCE**



T/20210407/2060

3 of 3

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Report No. T/20210407/2060

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: E / SI CHUA KIM HUAT	Signature Of Informant:
Signature Of Interpreter: Not applicable	Date/Time: 07/04/2021 13:02
Officer In Charge Of Case: TP / HRT / Sr Staff Sgt IRMAN BIN MOHAMAD SAID Contact No.: 65476145	Classification Of Case:
Authentication Stamp NP168	
SIGNATURE	