

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 05/07/2021 16:10 (SGT)
Date of Accident 04/07/2021 15:29 (SGT)
Exact Location of Accident Near 55 Lengkok Bahru, Singapore 151055
Additional Location Information Outdoor carpark
Country/State of Loss Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number SLM8286D

INSURED/POLICYHOLDER

Is company? No
Name Of Registered Owner Er Jia Xiong
NRIC No SXXXX631F
Email Address aspirationzxc@gmail.com
Mobile Phone No (Phone) +65-90677288
Alternative Phone No +65-90020052

VEHICLE PARTICULARS

Manufacturer Audi
Model A5
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
Transmission Auto
CC 1984

INSURANCE COMPANY

Name of Insurance Company AXA Insurance Pte Ltd
Type of Coverage Comprehensive
Fleet Policy No
Policy Number GA553923/1
Cover Note Number -

DRIVER

Name of Driver Er Jia Xiong
NRIC No SXXXX631F

Date Of Birth	07/06/1990
Occupation	Indoor
Date Of Driving Pass	10/04/2012
Driving experience	9 YEARS AND 3 MONTHS
Gender	Male
Mobile Number	(Phone) +65-90677288
Alt. Phone Number	+65-90020052
Email Address	aspirationzxc@gmail.com
Address	Apt Blk 49 Hoy Fatt Road
Address complement	#12-105
Postcode	150049
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 vehicle or property damaged?	Yes
Number of Passengers (Including Driver)	0
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?	Yes
Police Station Name	Queenstown Neighbourhood Police Centre
Police Station Phone No	(Phone) +65-18004719999
Alt. Police Station Phone No	(Fax) +65-64715299
Police Station Address	No. 3 Queensway #01-03 Singapore 149073
Was notice of intended Prosecution given?	No
If yes, against whom?	-

CIRCUMSTANCES OF ACCIDENT

Refer to sketch plan

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	CB8025E
Vehicle Manufacturer	-
Vehicle Model	-
Vehicle Variant	-
Vehicle Colour	-
Vehicle Category	Commercial vehicle

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)	-

SKETCH PLAN

IMPORTANT NOTICE

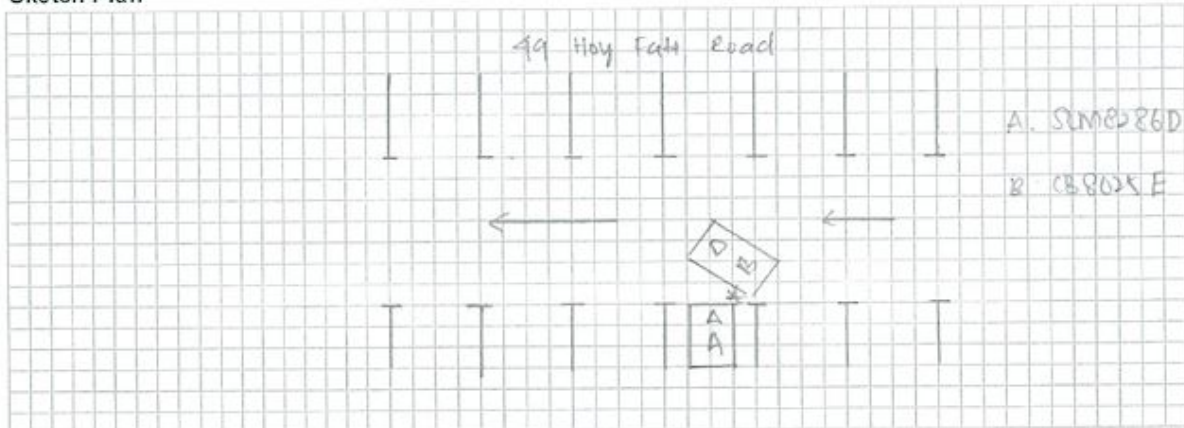
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7. By the lodgement of this report to the insurers, you hereby consent to the archiving of this report at the centre and to copies of the report being made available aforesaid.
8. **Consent under the Personal Data Protection Act (PDPA)**
I understand, 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' law yers/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' law yers/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 law yers/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



Describe Circumstances of the Accident

ON 04/07/2021, 1529 HOURS I PARKED MY CAR SLN8586D AT MY HOUSE'S CARPARK (LOCATED NEAR BLOCK 55 LENGKOR BAHIRU).

AT APPROXIMATE 2000 HOURS WHEN I WAS ABOUT TO LEAVE MY HOUSE, I REALISE MY CAR WAS HIT BY SOMEONE. I RETRIEVED MY CAMERA FOOTAGE IMMEDIATELY AND FOUND THAT I WAS HIT BY A VAN BY THE VEHICLE NUMBER CB8025E. I HAVE A RECORDED VIDEO SHOWING THE VEHICLE HIT MY CAR AND DID NOT ATTEMPT TO STOP TO CHECK, HE REVERSEED INTO THE WROECT DIRECTION AND DROVE OFF.

I WISH TO DO A THIRD PARTY CLAIM ON THE VAN.


Declaration

We declare the foregoing particulars are true in every respect.

Policyholder's Signature / Date & Time

 05/07/2021.

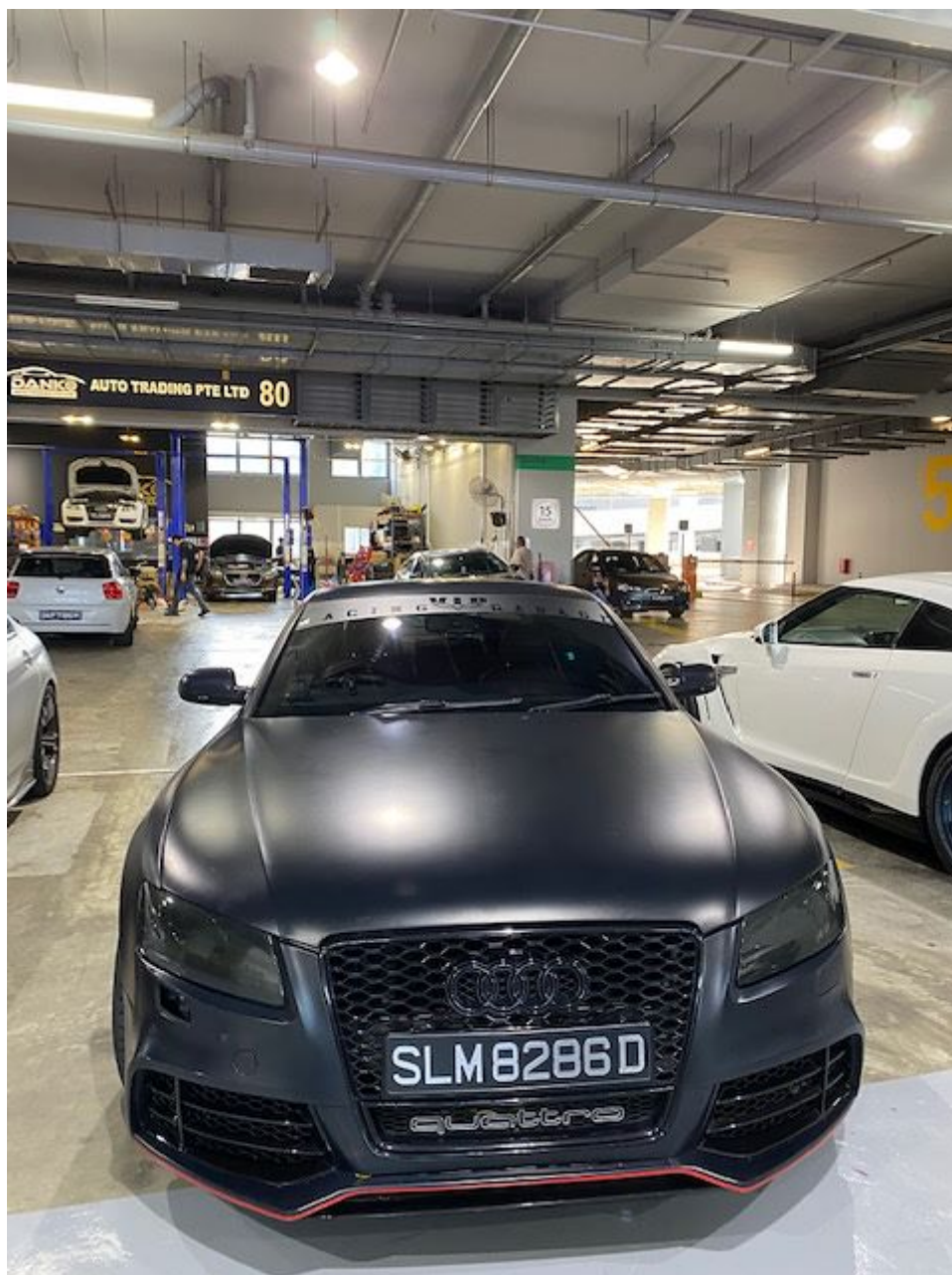
Driver's Signature (If driver is not the policyholder) / Date & Time

 05/07/2021.

Witnessed by Reporting Centre Personnel





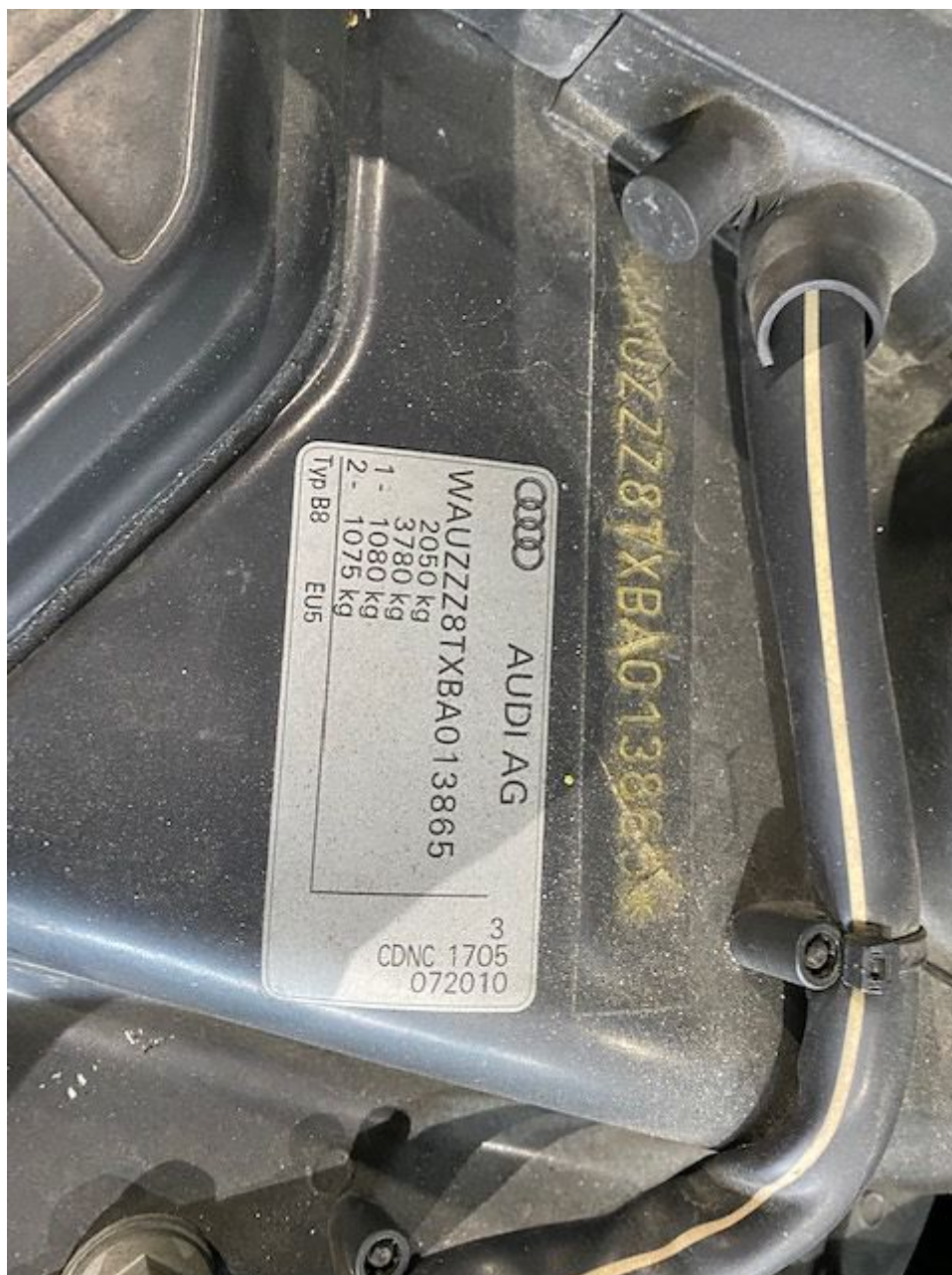












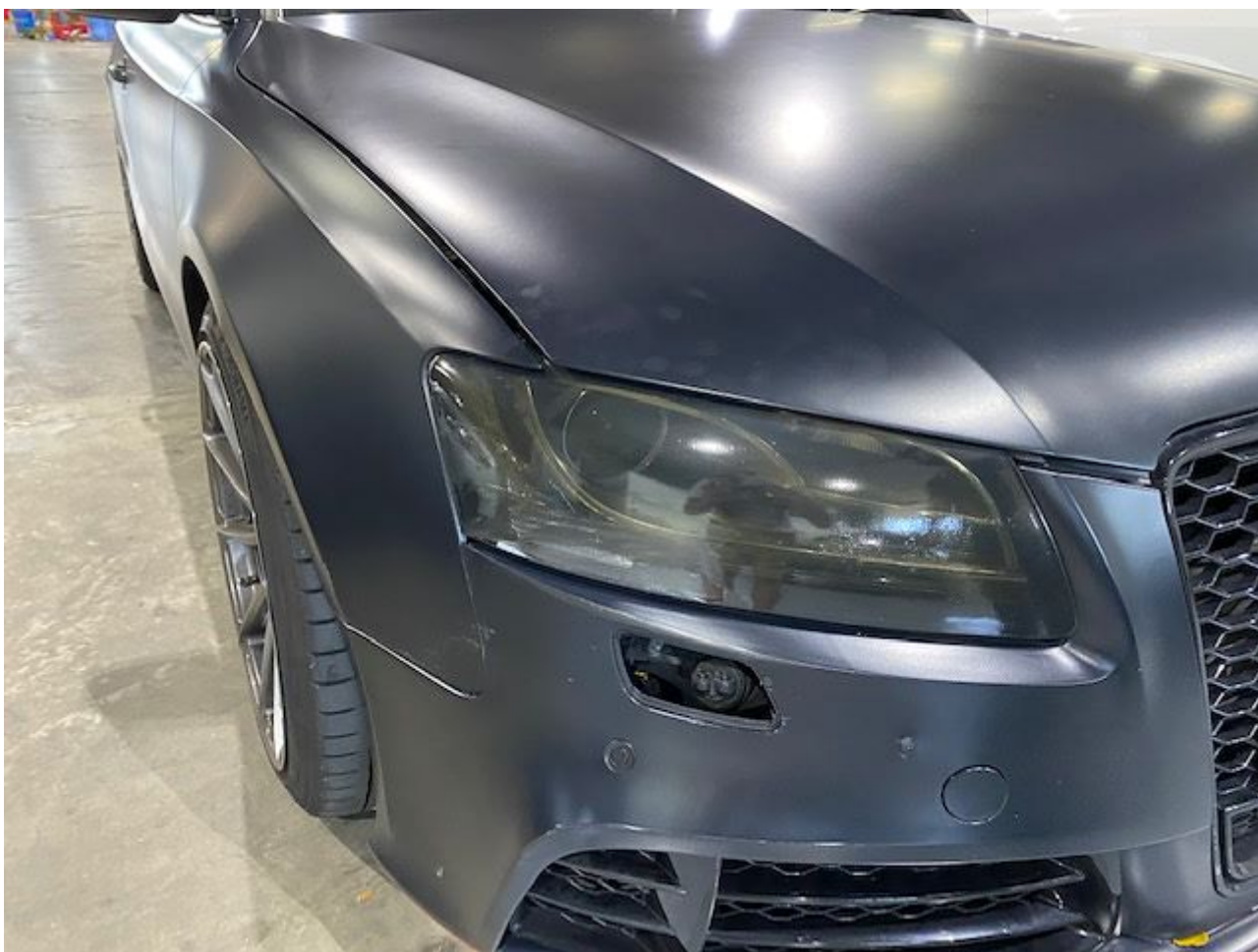




















**SINGAPORE
POLICE FORCE**



T/20210705/2086

Police Station Of Origin:
Queenstown N.P.C
3 Queensway #01-03 SINGAPORE 149073
Tel No: 1800-4719999

1 of 3

Report No: T/20210705/2086

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 05/07/2021 17:29	Vide Report No.:	Station Diary No.: 35
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Informant's Particulars

Name of Informant: ER JIA XIONG			Address: APT BLK 49 HOY FATT ROAD #12-105 SINGAPORE 150049	
ID Type / ID No.: NRIC NO / S9019631F			Contact No.: Home/Office: Mobile: 90677288	
Nationality: SINGAPORE CITIZEN			Email:	
Sex: Male	Age: 31	Date of Birth: 07/06/1990	Type of Informant: Vehicle Owner	
Race: Chinese			Language:	Institution / School Name:
Occupation: Insurance Agent			Driving Licence Information: Class: 3	Date of Expiry:

General Information of the Accident

Type of Accident: Non-Injury Hit and Run	Drink Drive: No	Date/Time of Accident: 04/07/2021 15:30	Type of Location: Car Park
Location: LENGKOK BAHRU			
Weather: Clear	Road Surface: Dry	Road Speed Limit:	
Traffic Flow: One Way	Traffic Control: Not Controlled	Traffic Volume: No Traffic	
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
CB8025E	Bus/Coach/Minibus	TOYOTA		White	Slightly Damaged	0
SLM8286D	Car	AUDI	A5 2.0L TFSI QUATTRO	Black	Seriously Damaged	0

Details of Vehicle Insurance

Vehicle No.	Insurance Company	Insurance No	Effective	Expiry Date
SLM8286D	AXA INSURANCE SINGAPORE PTE LTD			



SINGAPORE POLICE FORCE

Police Station Of Origin:
Queenstown N.P.C
3 Queensway #01-03 SINGAPORE 149073
Tel No: 1800-4719999



T/20210705/2086

2 of 3

Report No. T/20210705/2086

CONTINUATION OF REPORT

Details of Person Involved			
Any Pedestrian Involved: No			
No. of Pedestrians Injured: NIL		Use of Pedestrian Crossing: NA	
Vehicle Owner			
Name	ER JIA XIONG	ID No.	S9019631F
Related Vehicle	SLM8286D (Car)	Contact No.	90677288
Hospital/Clinic	NIL	Class of Driving Licence & Expiry Date	Class 3 Date of Expiry: NIL
Date Treatment	NIL	Date Discharge	NIL
No. of Days granted Medical Leave	NIL	Degree of Injury	NIL

Brief Details.

On the 04/07/2021 at about 2000hrs, I was on the way back to my car number bearing 'SLM8286D' which was last park at the open space carpark beside Block 55 Lengkok Bahru at about 0200hrs, when I realized my right front bumper was on the ground. I believed that someone had collided onto my vehicle. I then retrieved my in car camera footage and found that my vehicle was collided by a white van number bearing CB8025E. The white van was initially parked on the right side of my vehicle and at about 1529hrs, the van was moving out of the parking lot turning left towards my vehicle which then his van left rear side collided onto my right front bumper. I believed that his vehicle was too near to my vehicle therefore he was unable to make a proper complete turn to the left. The van then subsequently drove off without stopping to check.

I am lodging this report as advised by my insurance company and I would like to add on that my vehicle was parked at Lot 162 at that point of incident.

**SINGAPORE
POLICE FORCE**

T/20210705/2086

3 of 3

Police Station Of Origin:
Queenstown N.P.C
3 Queensway #01-03 SINGAPORE 149073
Tel No: 1800-4719999

Report No. T/20210705/2086

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:

D /

Sgt 1 TERRY ONG JU QUAN

Signature Of Informant:

Signature Of Interpreter:

Not applicable

Date/Time:

05/07/2021 17:29

Officer In Charge Of Case:

TP / HR

SI KALE

Contact No:

**SINGAPORE
POLICE FORCE**

SN 49

Classification Of Case:

Authentication Stamp

NP168

SIGNATURE



GENERAL INSURANCE ASSOCIATION OF SINGAPORE RECORDS MANAGEMENT CENTRE
6 Raffles Quay #18-00 Singapore 048580
Tel (65) 6224 0010 Fax (65) 6224 0030
Operating Hours : Monday to Friday, 09:00 – 17:00
UEN: S66550020G / GST Reg. No.: M400017735

IMPORTANT NOTE: Please submit the completed Addendum form to the same Authorised Reporting Centre with whom you submitted the Original Report.

ADDENDUM

(A) PARTICULARS OF PERSON MAKING THE AMENDMENTS:

Original Report No : SV0721750001 Vehicle Registration No: SLM8286D
Name (as shown in NRIC) : ER JIA XIONG. NRIC/FIN/Passport No : S9019631F
(*Vehicle Driver / Vehicle Owner) (*) Please delete as appropriate
Address : APT BLK 49 HOY FATI ROAD # 12-105 Singapore(50049)
Contact (Tel) : 9067 7288 Mobile No. : 9002 0052
Email Address : aspiration2xc@gmail.com
Date of Accident : 04/07/2021 Time of Accident : 15:29
Place of Accident : 49 HOY FATI ROAD # 12-105 (BLOCK 55)
Insurance Company : AXA.

(B) ADDITIONAL INFORMATION / AMENDMENTS:

I have made a report on the above mentioned accident and would like to include additional information or make the following amendments:

The accident was reported to the police.



Policyholder / Driver's Signature
Date: 05/07/2021


Reporting Centre Personnel's Signature
Name: Lee Lanhee Dwayne
NRIC/FIN No.:
Date:



15:41 4G

← Vehicle & Driving Licence



Vehicle Number
SLM8286D

Vehicle Type
MOTOR CAR

Vehicle Make
AUDI

Vehicle Model
A5 2.0L TFSI QUATTRO

IU Label Number
1123886145

Road Tax Expiry Date
27 SEP 2021

Effective Date of Ownership
09 OCT 2020

Original Registration Date
28 SEP 2010

First Registration Date
28 SEP 2010

Year of Manufacture
2010

COE Category
**B - CAR ABOVE 1600CC OR 97KW
(130BHP)**

COE Expiry Date
31 AUG 2030

Quota Premium/Prevailing Quota Premium
\$.....

15:42

4G

←

Vehicle & Driving Licence

NOx Emission

PM Emission

-

-


[Show less ^](#)

i

[View explanatory notes](#)

Driving Licence

Qualified Driving Licence



Class/Issue Date
3 / 10 APR 2012

Status

Certificate of Merit Status

VALID

ELIGIBLE

Total Demerit Points

Photocard Serial Number

0

002058249K

Provisional Driving Licence

NOT HOLDING

15:42

4G

←

Vehicle & Driving Licence

CDN143242	1984 CC
Power Rating	Propellent
—	PETROL
Max Unladen Weight	Max Laden Weight
1,550.00 KG	2,050.00 KG
Primary Colour	Secondary Colour
BLACK	—
Attachment 1	Attachment 2
NO ATTACHMENT	—
Attachment 3	CO2 Emission
—	—
THC Emission	CO Emission
—	—
NOx Emission	PM Emission
—	—

[Show less ^](#)

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View explanatory notes

Driving Licence