

# 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 ..... 10/08/2021 19:02 (SGT)  
Date of Accident ..... 09/08/2021 10:00 (SGT)  
Exact Location of Accident ..... 275A Bishan Street 24, Natura Loft Block 275A, Singapore 571275  
Additional Location Information ..... 275A BISHAN ST 24 SINGAPORE CARPARK  
Country/State of Loss ..... Singapore

## DETAILS OF OWN VEHICLE

Vehicle Registration Number ..... SFL1199U

### INSURED/POLICYHOLDER

Is company? ..... No  
Name Of Registered Owner ..... CHEW LAI CHENG SHARON  
NRIC No ..... S1342591D  
Email Address ..... SHRNCHW@YAHOO.COM.SG  
Mobile Phone No ..... (Phone) +65-96465614  
Alternative Phone No ..... (Home) +65-96465614

### VEHICLE PARTICULARS

Manufacturer ..... Hyundai  
Model ..... Avante  
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 ..... 0

### INSURANCE COMPANY

Name of Insurance Company ..... AXA Insurance Pte Ltd  
Type of Coverage ..... Comprehensive  
Fleet Policy ..... No  
Policy Number ..... VPA/P2419693  
Cover Note Number ..... -

### DRIVER

Name of Driver ..... CHEW LAI CHENG SHARON  
NRIC No ..... S1342591D

Date Of Birth .....	02/02/1959
Occupation .....	Indoor
Date Of Driving Pass .....	05/07/1978
Driving experience .....	43 YEARS AND 1 MONTH
Gender .....	Female
Mobile Number .....	(Phone) +65-96465614
Alt. Phone Number .....	(Home) +65-96465614
Email Address .....	SHRNCHW@YAHOO.COM.SG
Address .....	APT BLK 275A BISHAN ST 24 #22-122
Address complement .....	-
Postcode .....	571275
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? .....	No
Was notice of intended Prosecution given? .....	No
If yes, against whom? .....	-

#### CIRCUMSTANCES OF ACCIDENT

REFER TO ATTACHED

#### 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 .....	SH7777D
Vehicle Manufacturer .....	-
Vehicle Model .....	-
Vehicle Variant .....	-
Vehicle Colour .....	-
Vehicle Category .....	Taxi
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) ..... -

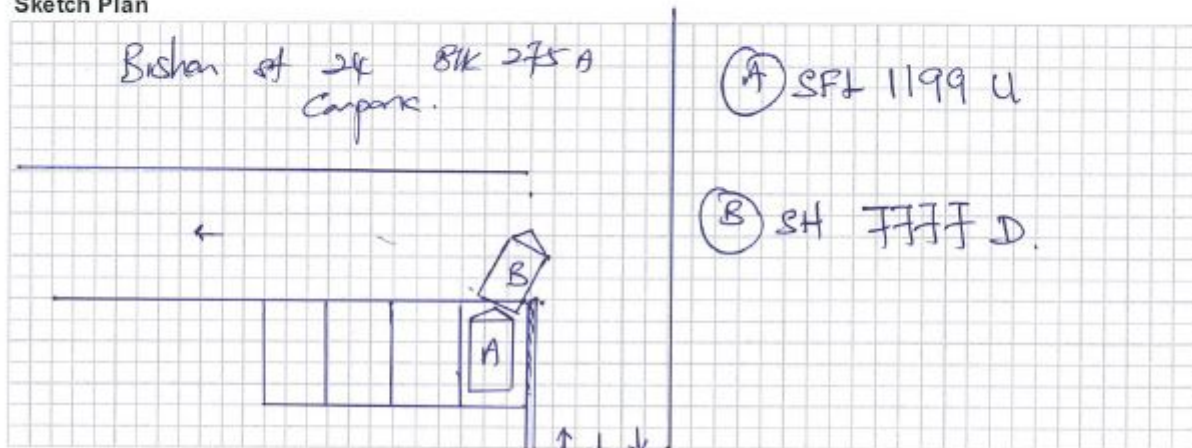
# SKETCH PLAN

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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.

 <hr/> Policyholder's Signature / Date & Time	 <hr/> Driver's Signature (If driver is not the policyholder) / Date & Time	 <hr/> Witnessed by Reporting Centre Personnel
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## Sketch Plan



## Describe Circumstances of the Accident

On 9/8/2021 @ 5pm, I was walking to my park car at the multi-story carpark at Surban 87 24/ 815 2754. My veh was park there since 8/8/2021. I then realised that my veh front portion was damaged. There was also a written note on my front windscreen. I then call the number 97472717 (Mr Yeo), and he admitted that he had hit onto my veh and ask me to proceed with insurance claim as he had reported to his insurance.

## Declaration

We declare the foregoing particulars are true in every respect.

*Suben*

Policyholder's Signature / Date & Time

*Suben*

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

*MACF*

Witnessed by Reporting Centre Personnel

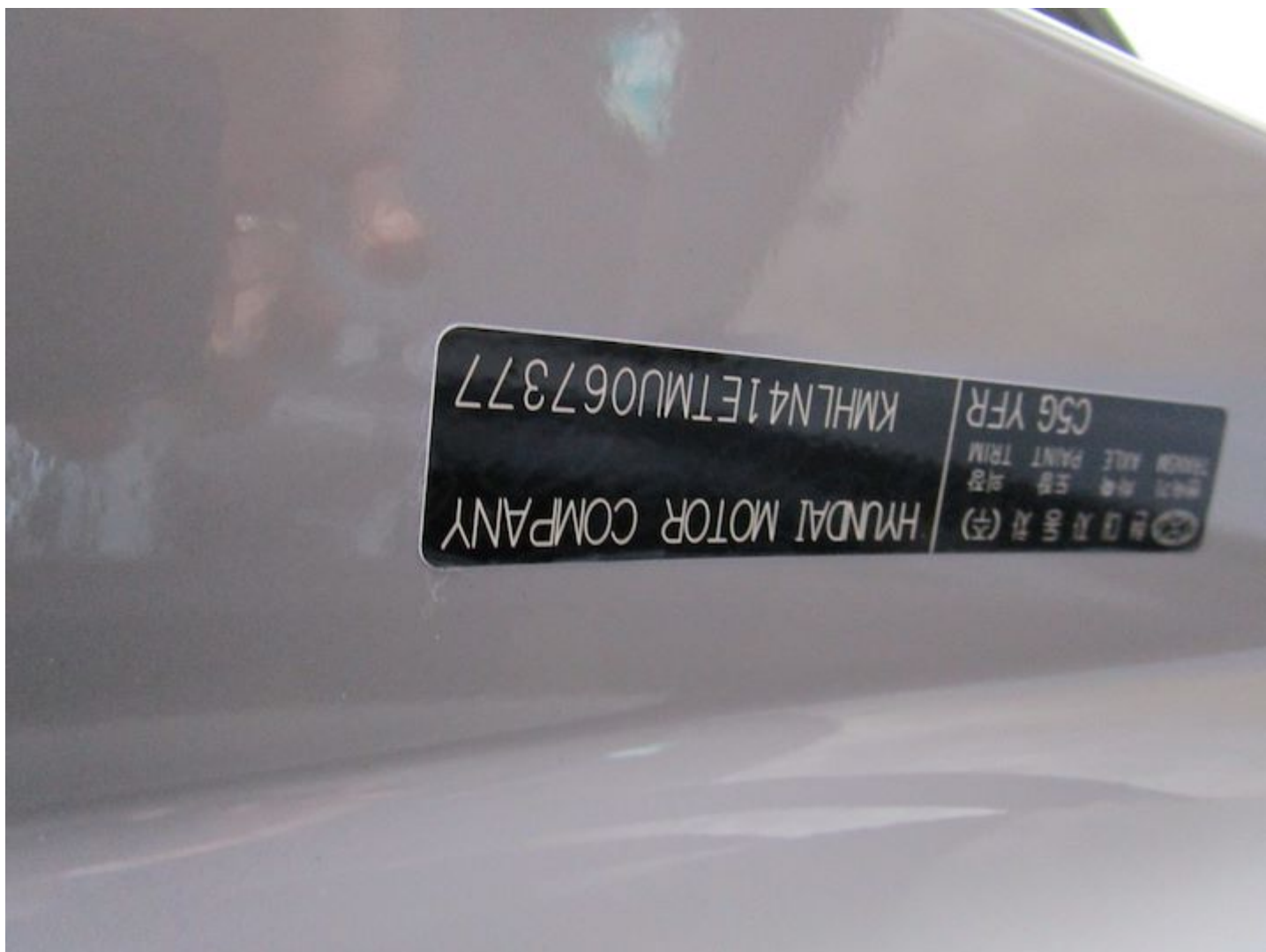
























**GENERAL INSURANCE ASSOCIATION OF SINGAPORE RECORDS MANAGEMENT CENTRE**  
6 Raffles Quay #18-00 Singapore 048580  
Tel (65) 6224 0010 Fax (65) 6224 0030  
Operating Hours : Monday to Friday, 09:00 – 17:00  
UEN: S66550020G / GST Reg. No.: M400017735

**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 : SYOA218A0004 Vehicle Registration No: SFL 1199U  
Name (as shown in NRIC) : CHEW LAI CHENG SHARON NRIC/FIN/Passport No : S1342591D  
(\*Vehicle Driver / Vehicle Owner) (\*) Please delete as appropriate  
Address : 275A BISHAN STREET 24 #22-122 Singapore (571275)  
Contact (Tel) : \_\_\_\_\_ Mobile No. : 9646 5614  
Email Address : shrnchw@yahoo.com.sg  
Date of Accident : 09.08.2021 Time of Accident : 1000hrs  
Place of Accident : 275A BISHAN STREET CARPARK  
Insurance Company: AXA INSURANCE PTE LTD

**(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:

TO AMEND OWNER & DRIVER NAME: CHEW LAI CHENG SHARON

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Policyholder / Driver's Signature  
Date: 11.08.2021

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