

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 19/08/2021 15:43 (SGT)
Date of Accident 18/08/2021 10:45 (SGT)
Exact Location of Accident Near 134 Verde View, Singapore 688724
Additional Location Information right bent
Country/State of Loss Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number SNB6588E

INSURED/POLICYHOLDER

Is company? No
Name Of Registered Owner XU XINXING
NRIC No S9632001I
Email Address xinxing.dalee@gmail.com
Mobile Phone No (Phone) +65-83991702
Alternative Phone No +65-83991702

VEHICLE PARTICULARS

Manufacturer Mercedes
Model S400
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? Yes
Vehicle Category Private car
Transmission Auto
CC 2996

INSURANCE COMPANY

Name of Insurance Company AXA Insurance Pte Ltd
Type of Coverage Comprehensive
Fleet Policy No
Policy Number GA571124
Cover Note Number -

DRIVER

Name of Driver XU XINFA
NRIC No S9440235B

Date Of Birth	26/10/1994
Occupation	Indoor
Date Of Driving Pass	02/08/2013
Driving experience	8 YEARS
Gender	Male
Mobile Number	(Phone) +65-98314897
Alt. Phone Number	-
Email Address	goodgut@hotmail.com
Address	208 VERDE VIEW
Address complement	-
Postcode	688761
Is the driver the policyholder?	No
If No, Relationship of the Driver with the Insured	Sibling
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	Collided into Parked Vehicle
Weather Conditions	Clear
Road Surface	Dry

OTHER INFORMATION

Was any foreign vehicle involved in the accident?	No
Number of vehicles involved in the accident	3
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)	2
Has the driver been approached by unknown person(s) soliciting/offering accident claims assistance?	No

PASSENGER 1

Name	XU MING LING
Gender	Male

DETAILS OF POLICE ACTION

Was the accident reported to the police?	Yes
Police Station Name	Choa Chu Kang Neighbourhood Police Centre
Police Station Phone No	(Phone) +65-18007659999
Alt. Police Station Phone No	(Fax) +65-67644104
Police Station Address	No 20 Choa Chu Kang Street 52 #01-02 Singapore 689286
Was notice of intended Prosecution given?	No
If yes, against whom?	-

CIRCUMSTANCES OF ACCIDENT

REFER TO SKETCH AND POLICE REPORT

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	SLR2747D
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)	-

DETAILS OF OTHER VEHICLE PROPERTY 2

Vehicle Registration Number	SMS9573A
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)	-

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 w ith 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 w ith applicable law in administering, processing, handling and/or dealing w ith 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.

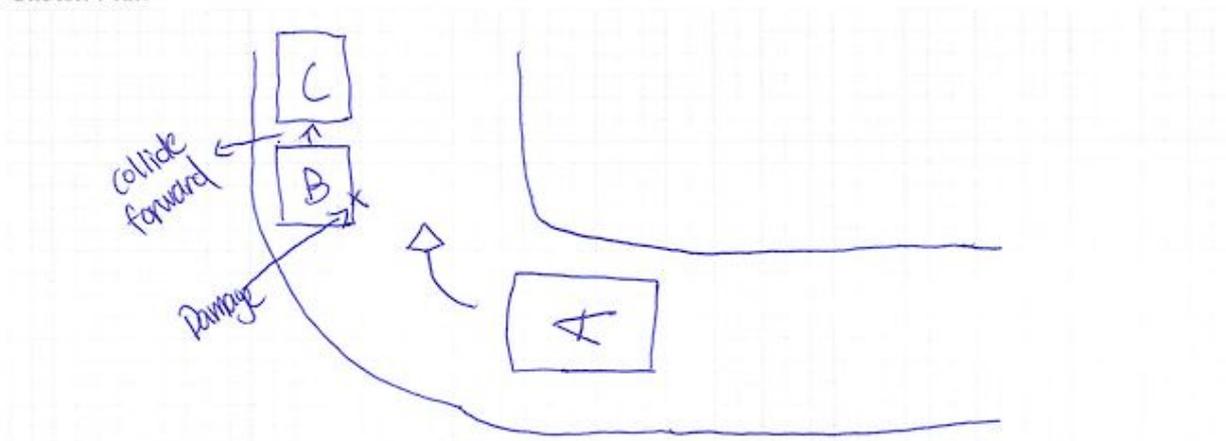

 Policyholder's Signature / Date & Time
 19/8/21


 Driver's Signature (if driver is not the policyholder) / Date & Time
 19/8/2021


 Witnessed by Reporting Centre Personnel



Sketch Plan

























**SINGAPORE
POLICE FORCE**



T/20210819/2018

Police Station Of Origin:
Choa Chu Kang N.P.C
20 Choa Chu Kang Street 52 #01-02
SINGAPORE 689286
Tel No: 1800-7659999

1 of 3
Report No. T/20210819/2018

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 19/08/2021 10:30	Vide Report No.:	Station Diary No.: 54
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Informant's Particulars

Name of Informant: XU XINFA		Address: 208 VERDE VIEW SINGAPORE 688761	
ID Type / ID No.: NRIC NO / S9440235B		Contact No.: Home/Office: Mobile: 98314897	
Nationality: SINGAPORE CITIZEN		Email:	
Sex: Male	Age: 26	Date of Birth: 26/10/1994	Type of Informant: Driver
Race: Chinese		Language:	Institution / School Name:
Occupation: CONSTRUCTION WORKER		Driving Licence Information: Class: 3	Date of Expiry:

General Information of the Accident

Type of Accident: Non-Injury Attended by Police	Drink Drive: No	Date/Time of Accident: 18/08/2021 22:45	Type of Location: Bend
Location: VERDE VIEW			
Weather: Clear	Road Surface: Dry	Road Speed Limit:	
Traffic Flow: Two 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
SLR2747D	Car				Slightly Damaged	0
SMS9573A	Car				Slightly Damaged	0
SNB6588E	Car				No Damage	1

Details of Person Involved

Any Pedestrian Involved: No	
No. of Pedestrians Injured: NIL	Use of Pedestrian Crossing: NA



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T/20210819/2018

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Report No. T/20210819/2018

CONTINUATION OF REPORT

Driver			
Name	XU XINFA	ID No.	S9440235B
Related Vehicle	SNB6588E (Car)	Contact No.	98314897
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 18/08/2021 at 2215hrs, I received a call from my Father namely Xu Ming Ling (HP: 91715184) called me and told me to fetch him back home using his vehicle bearing SNB6588E as he drank alcohol at his office at 46 Sungei Kadut Street 1, Sit Ley Timber PTE. LTD. Thus, he was unable to drive back home.

At about 2230hrs, I arrived at 46 Sungei Kadut Street 1, Sit Ley Timber PTE LTD and fetch my father.

At about 2245hrs to 2250hrs, I was driving along 134/136 Verde View and there was a lot of parked vehicle alongside the road. As the in-car music was loud, I did not know that I hit onto another vehicle bearing SLR2747D and continued to drove off as I didn't felt anything due to the music bass. When I hit onto SLR2747D, SLR2747D then hit onto the back of SMS9573A.. I wished to state that the light was dim around the road as well. Thus, I could not see if I hit onto any vehicle.

At about 2300hrs, I was approached by Police Office to make a check on my vehicle and I was not aware that I was involved in a hit and run accident. I was given a case card and the report number is J/20210818/0109. I wished to state that there was no damages to my vehicle. This is the first time such incident happened.



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T/20210819/2018

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20 Choa Chu Kang Street 52 #01-02
SINGAPORE 689286
Tel No: 1800-7659999

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Report No. T/20210819/2018

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:
J /
Sgt 1 Lim Jing Yi

Signature Of Informant:

Signature Of Interpreter:
Not applicable

Date/Time:
19/08/2021 10:30

Officer In Charge Of Case:
TP / GIT /
Sr Staff Sgt LIM ENG KUAN, CLARENCE

Classification Of Case:

Contact No.: 65476256

POLICE FORCE
Authentication Stamp
NP168

SIGNATURE