

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 18:08 (SGT)
Date of Accident 18/08/2021 22:30 (SGT)
Exact Location of Accident 136 Verde View, Singapore 688725
Additional Location Information -
Country/State of Loss Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number SLR2747D

INSURED/POLICYHOLDER

Is company? No
Name Of Registered Owner CHUA CHER KIAK
NRIC No S0163943I
Email Address VINMCD@HOTMAIL.COM
Mobile Phone No (Phone) +65-98736981
Alternative Phone No (Home) +65-98736981

VEHICLE PARTICULARS

Manufacturer Hyundai
Model Elantra
Variant -
Exact purpose for which vehicle was being used at time of accident -
Are you claiming under your own insurance policy for repair to your vehicle? Yes
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 P1991543
Cover Note Number -

DRIVER

Name of Driver CHUA CHER KIAK
NRIC No S0163943I

Date Of Birth	11/09/1950
Occupation	Indoor
Date Of Driving Pass	25/05/1972
Driving experience	49 YEARS AND 3 MONTHS
Gender	Male
Mobile Number	(Phone) +65-98736981
Alt. Phone Number	(Home) +65-98736981
Email Address	VINMCD@HOTMAIL.COM
Address	136 VERDE VIEW
Address complement	-
Postcode	688725
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	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)	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	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 SKETCH PLAN 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	SNB6588E
Vehicle Manufacturer	Mercedes
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 CHU XUE JUN
 Contact Number (Phone) +65-91892318
 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' 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.

19/8 @
1050AM
[Signature]

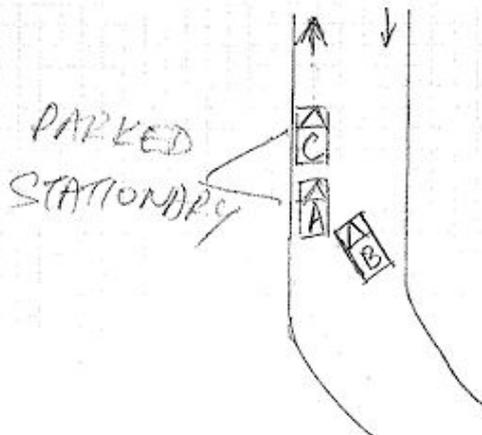
Policyholder's Signature / Date & Time

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



Witnessed by Reporting Centre Personnel

Sketch Plan



A: SLR 2747 D
B: SNB 6588 E
C: SMS 9573A

















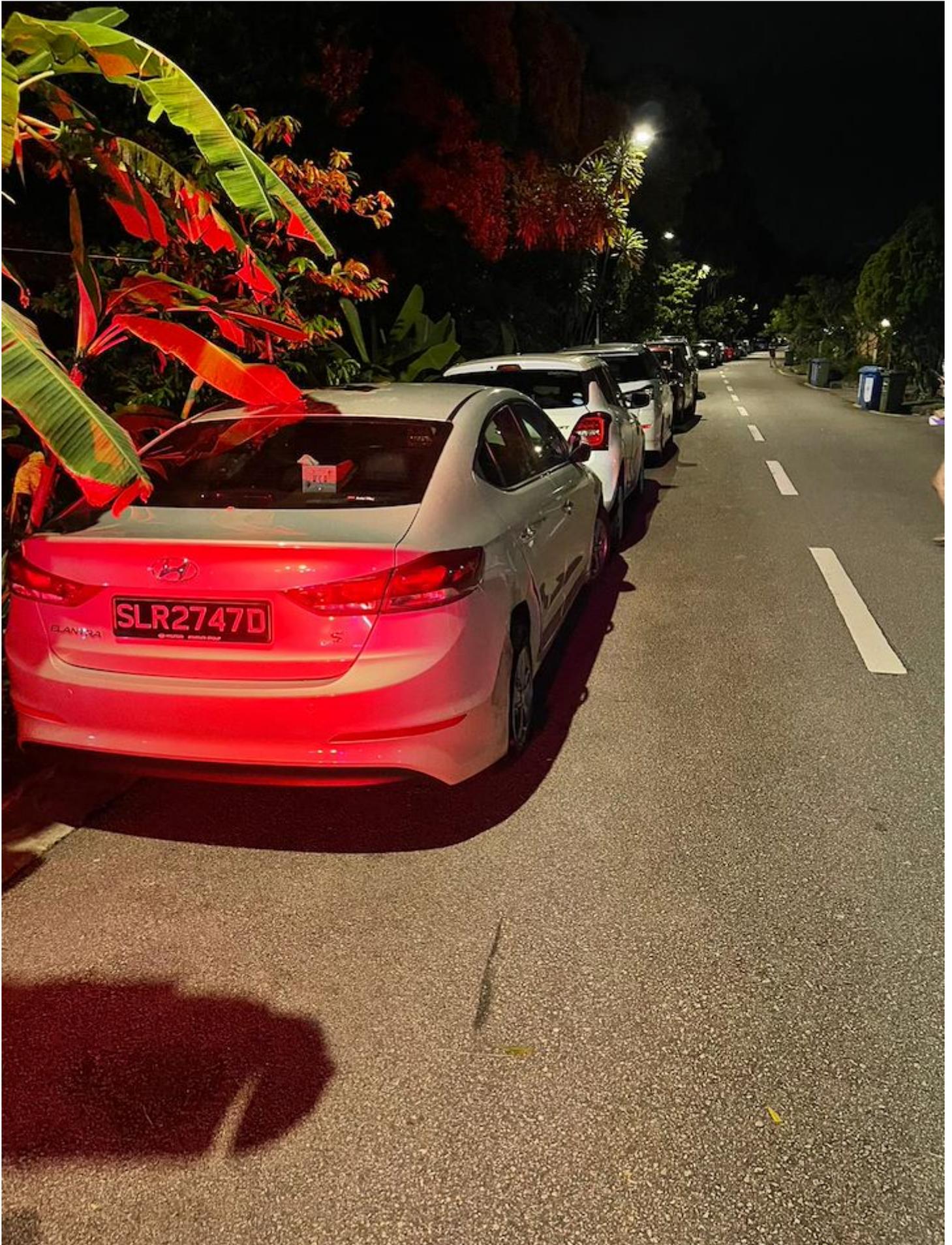






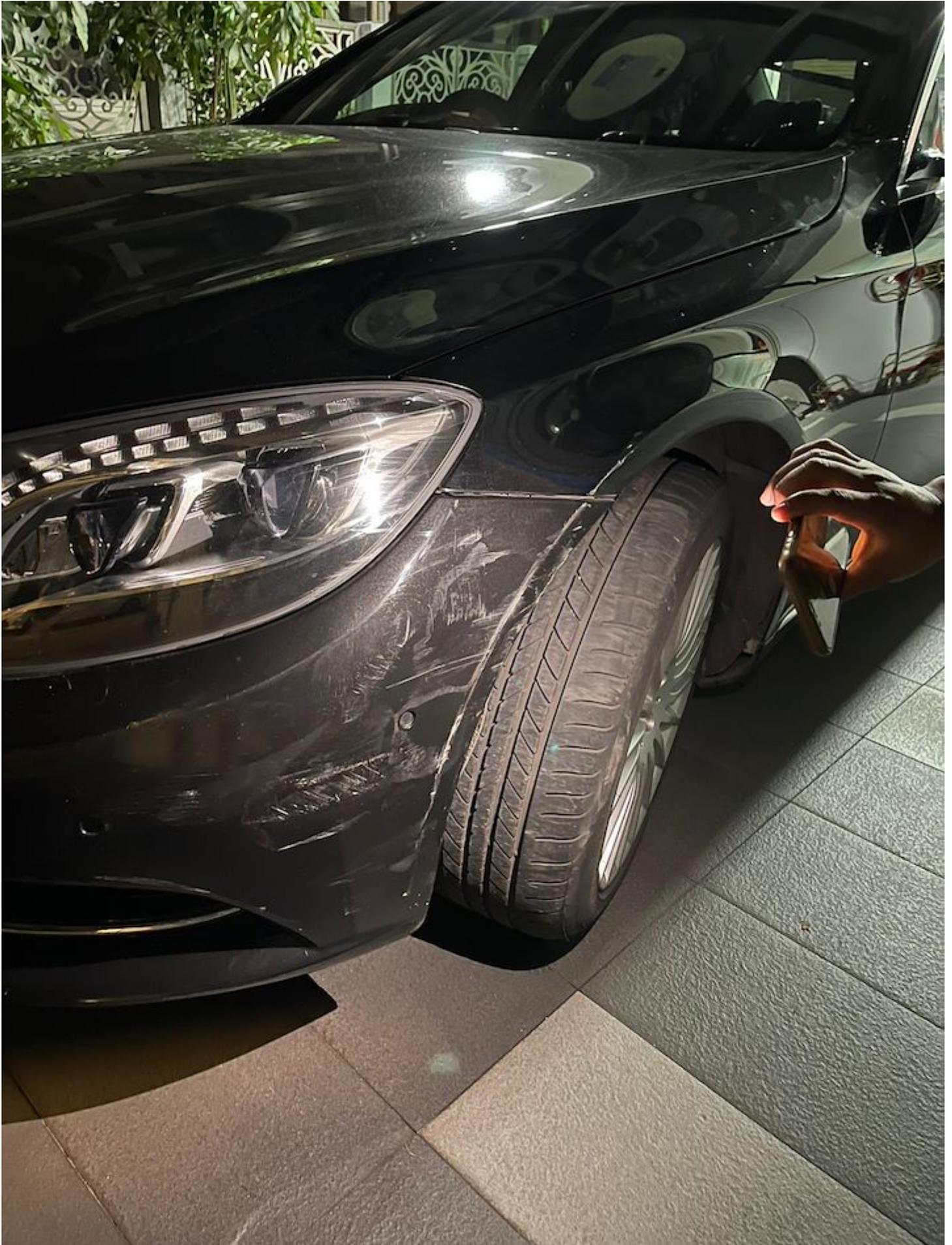















**SINGAPORE
POLICE FORCE**


T/20210819/2004

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/20210819/2004

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 19/08/2021 00:47		Vide Report No.: J/20210818/0109		Station Diary No.: 19	
Informant's Particulars					
Name of Informant: CHUA CHER KIAK			Address: 136 VERDE VIEW SINGAPORE 688725		
ID Type / ID No.: NRIC NO / S0163943J			Contact No.: Home/Office: Mobile: 9873691		
Nationality: SINGAPORE CITIZEN			Email:		
Sex: Male	Age: 70	Date of Birth: 11/09/1950	Type of Informant: Vehicle Owner		
Race: Chinese		Language:		Institution / School Name:	
Occupation: Retiree		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: 18/08/2021 22:35	Type of Location: Straight Road
Location: VERDE VIEW				
Weather: Clear		Road Surface: Dry		Road Speed Limit: 20 Km/h
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	HYUNDAI	ELANTRA AD 1.6 GLS AT	Beige	Seriously Damaged	0
SNB6588E	Car	MERCEDES BENZ	S400L (R19 LED)	Black	Slightly Damaged	0

Details of Person Involved

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



**SINGAPORE
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T/20210819/2004

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SINGAPORE 689286
Tel No: 1800-7659999

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Report No. T/20210819/2004

CONTINUATION OF REPORT

Vehicle Owner			
Name	CHUA CHER KIAK	ID No.	S01639431
Related Vehicle	SLR2747D (Car)	Contact No.	9873691
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
Driver			
Name	xu xinfa	ID No.	S9440235B
Related Vehicle	SNB6588E (Car)	Contact No.	98314897
Hospital/Clinic	NIL	Class of Driving Licence & Expiry Date	Class: NIL 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 stated time, date and location. I was in my home, when I suddenly heard a loud bang outside. Upon checking I noticed that my stated vehicle bearing the number plate SLR 2747D which was parked outside my home was damaged. My vehicle sustain the following damages. A badly Dented right rear side door. A punctured rear right tire and a dented front. I wish to state that the impact of the hit also causes my vehicle to hit another vehicle which was parked IN front of me.

There was no culprit or vehicle around that causes the following damages to my vehicle. Thus we made a search around the vicinity. Subsequently we found a black Mercedes bearing the number plate SNB 6588E which had damages to it. By then Traffic police was already at scene. Traffic police managed to talk to the vehicle owner whom admitted to be involved and was the one that causes the damages to my vehicle. There was no injuries' sustain to any parties. Under the Traffic police instructions I was asked to lodge a police report vide J/20210818/0109. I am also lodging this report for insurance purposes.



**SINGAPORE
POLICE FORCE**



T/20210819/2004

3 of 3

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

Report No. T/20210819/2004

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 2 Muhammad Barri Bin Osman

Signature Of Informant:

Signature Of Interpreter:

Not applicable

Date/Time:

19/08/2021 00:47

Officer In Charge Of Case:

TP / HRT
SINGAPORE
POLICE FORCE
SI KALESWARI PALANI
Contact No.: 65476902

Classification Of Case:

Authentication Stamp

NP168

20210819/2004



CASE CARD

Report Number: *J120110810/0109*
 Traffic Accident along *134 WOODS WAY*
 Involving vehicles: *3 cars*
 On *18/8/2021* at about *am 1pm*

With reference to the above, you are advised to lodge a traffic accident report online via the Police E-Services website (<https://eservices.police.gov.sg>) within 24 hours.

NP319E (2019)

You are required to be present at Traffic Police on
 at *am* / pm to meet the Investigation Officer to assist in the investigation.

Please bring along your :-

- a) Identity Card / Passport / Work Pass
- b) Driving License / Vocational License
- c) Vehicle Insurance / Medical Certificate
- d) Any other relevant documents (e.g. Video footages)

If you are unable to keep to the appointment, please contact:

IC: *CLARENCE* TEL: *6547 6256*
 Investigation Branch: 6547 6391 Email: SPF_TP_Invest_Branch@spf.gov.sg

NP319E (2019)