

# 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	28/08/2021 10:56 (SGT)
Date of Accident	27/08/2021 18:00 (SGT)
Exact Location of Accident	2 Woodlands Industrial Park D St 2, Singapore
Additional Location Information	OPEN SPACE CARPARK
Country/State of Loss	Singapore

## DETAILS OF OWN VEHICLE

Vehicle Registration Number	SJA5984D
INSURED/POLICYHOLDER	
Is company?	No
Name Of Registered Owner	KOU SHONG LIM
NRIC No	S1393610B
Email Address	DIAOZZ19@HOTMAIL.COM
Mobile Phone No	(Phone) +65-96838812
Alternative Phone No	+65-96838812

## VEHICLE PARTICULARS

Manufacturer	Mitsubishi
Model	Lancer
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	1500

## INSURANCE COMPANY

Name of Insurance Company	AXA Insurance Pte Ltd
Type of Coverage	ThirdPartyFireTheft
Fleet Policy	No
Policy Number	GA510490
Cover Note Number	-

## DRIVER

Name of Driver	KOU MEI JIN
NRIC No	S9424980E

Date Of Birth	19/07/1994
Occupation	Indoor
Date Of Driving Pass	15/02/2014
Driving experience	7 YEARS AND 6 MONTHS
Gender	Male
Mobile Number	(Phone) +65-90483089
Alt. Phone Number	-
Email Address	DIAOZZ19@HOTMAIL.COM
Address	BLK 9 SIMEI STREET 1 #07-712
Address complement	-
Postcode	520109
Is the driver the policyholder?	No
If No, Relationship of the Driver with the Insured	Child
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	1
Was anybody injured in the Accident?	No
Was any injured conveyed to hospital by ambulance?	-
Was any other vehicle or property damaged?	No
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	Hougang Neighbourhood Police Centre
Police Station Phone No	(Phone) +65-18004890999
Alt. Police Station Phone No	(Fax) +65-63128989
Police Station Address	60 Hougang Ave 9 Singapore 538775
Was notice of intended Prosecution given?	No
If yes, against whom?	-

#### CIRCUMSTANCES OF ACCIDENT

REFER TO ATTACHED  
STATEMENT RECORDED BY LILY - PROGRESSIVE CAR CARE PTE LTD 67415336

#### ATTACHMENT(S)

Are accident photos available for attachment?	Yes
Was there any video captured by Car Camera?	No
Was there any audio recorded?	No

Refer to Police Report -

Witnessed by Reporting Centre  
Personnel

# **SKETCH PLAN**

## **IMPORTANT NOTICE**

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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**



**redefining / insurance**

AXA Insurance Pte Ltd

1800 880 4888 (Within Singapore)  
(65) 6880 4888 (International)

(65) 6880 4740

customer.care@axa.com.sg

www.axa.com.sg

KOU SHONG LIM  
BLK 109 SIMEI STREET 1  
#07-712  
SINGAPORE 520109

Renewal

date  
13/11/2020

your servicing distributor  
INSURE LINK PTE LTD / 04247

your servicing distributor contact  
64444644

## Policy Schedule

**Your SmartDrive Third Party, Fire & Theft**

### Your policy snapshot

Policyholder name	KOU SHONG LIM	Policy number	6A510490
Cover	Third Party, Fire & Theft	FIN / NRIC	XXXXX610B
Period of Insurance	from 15/12/2020 to 14/12/2021 (both dates inclusive)		

### Premium breakdown

Gross Premium after 30% NCD	SGD 876.91
Total Discounts	- SGD 64.81
7% GST	SGD 56.85
<b>Final Premium</b>	<b>SGD 868.95</b>

### Your benefits highlights

(refer to Policy Wording for full terms and conditions)

#### SmartDrive Third Party, Fire & Theft Benefits

- Loss or Damage by Fire & Theft
- Legal Liability
- 24/7 Towing in Singapore

### Vehicle details

Make & Model of Vehicle	MITSUBISHI LANCER 1.5	Year of manufacture	2007
Vehicle registration number	SIA5984D	Type of Use	Private use
Body type	SALOON	Engine capacity (c.c.)	1499
Seating capacity (excl driver)	4	Engine number	4A910074776
Off-Peak car	No	Chassis number	JMYSRCY2A8U004458

Insured's Estimated Market Value	Market Value at the time of Loss (including accessories and spare parts)
Limitation to use	As per Certificate of Insurance
Finance Loan Company	Nil

**Excess applicable** (refer to Policy Wording for other applicable Excesses)

Windscreen Excess Not Applicable

### Drivers details

Driver type	Driver name	Date of Birth	Driving experience
Main Driver	KOU SHONG LIM	27/02/1959	44 year(s)

### Additional clauses & endorsements to your policy



**SINGAPORE  
POLICE FORCE**



F/20210827/2081

1 of 2

**POLICE REPORT (NP299)**

Report No. F/20210827/2081

Police Station Of Origin  
Hougang N.P.C  
60 Hougang Avenue 9 SINGAPORE 538775  
Tel No: 1800-4890999

Date/Time Report Made 27/08/2021 20:16	Vide Report No.	Station Diary No. 106
Name Of Informant KOU MEI JIN	Address APT BLK 109 SIMEI STREET 1 #07-712 SINGAPORE 520109	
ID Type / ID No. NRIC NO / S9424980E	Contact No. Home/Office Mobile 90483089	
Nationality SINGAPORE CITIZEN	Email Address	
Occupation BIOTECHNOLOGY	Sex Male	Age 27
Institution/School Name	Date of Birth 19/07/1994	Race Chinese
	Language	
Date/Time Of Incident 27/08/2021 18:00	Location Of Incident 2A WOODLANDS IND PK D ST 2 UNNAMED SINGAPORE 737779 Open space carpark	

**Brief details.**

On 27/08/2021 at about 1220hrs, I had parked my vehicle (SJA5984D) at the open space carpark after I had my lunch break and everything was fine.

On the same day at about 1800hrs, I was informed by my colleagues to make a check on my vehicle as there was an accident involving the nearby construction (Boustead Projects pte Ltd) at the open space

Signature Of Officer Recording The Report: F / Sgt 1 LUM ZHI WEN	Signature Of Informant: 
Signature Of Interpreter: Not applicable	Date/Time: 27/08/2021 20:16
Officer In-Charge Of Case: F / Hougang N.P.C / Sr Staff Sgt YEO WEI QIANG, BENEDICT Contact No.: 64890999	Classification Of Case:

Authentication Stamp



**SINGAPORE  
POLICE FORCE**



F/20210827/2081

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**POLICE REPORT (NP299)**



**CONTINUATION OF REPORT**

**Report No. F/20210827/2081**

carpark. I then went to my vehicle and saw that there were damages around my vehicle. There were cracks on my windscreen.

I was informed by the person in-charge to make a check with my insurance company on the next course of action.

I then contacted my insurance company whom then informed me to lodge a Police report for insurance claim purposes.

Signature Of Officer Recording The Report: F / Sgt 1 LUM ZHI WEN 	Signature Of Informant: 
Signature Of Interpreter: Not applicable	Date/Time: 27/08/2021 20:16
Officer In-Charge Of Case: F / Hougang N.P.C / Sr Staff Sgt YEO WEI QIANG, BENEDICT Contact No.: 64890999	Classification Of Case:

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