

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 30/09/2021 11:01 (SGT)
Date of Accident 09/09/2021 11:00 (SGT)
Exact Location of Accident Near 705 Ang Mo Kio Ave 8, Singapore 560705
Additional Location Information ANG MO KIO AVE 8
Country/State of Loss Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number SMG4154Y

INSURED/POLICYHOLDER

Is company? No
Name Of Registered Owner CHUA POH TECK
NRIC No S0188725D
Email Address MAP2AMP@YAHOO.COM
Mobile Phone No (Phone) +65-92971319
Alternative Phone No (Home) +65-92971319

VEHICLE PARTICULARS

Manufacturer Peugeot
Model 5008
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 - Reporting only
Vehicle Category Private car
Transmission Auto
CC 1600

INSURANCE COMPANY

Name of Insurance Company AXA Insurance Pte Ltd
Type of Coverage Comprehensive
Fleet Policy No
Policy Number P2222386
Cover Note Number -

DRIVER

Name of Driver ANDREW CHUA POH SOON
NRIC No S1547175A

Date Of Birth	03/10/1962
Occupation	Indoor
Date Of Driving Pass	17/03/1980
Driving experience	41 YEARS AND 6 MONTHS
Gender	Male
Mobile Number	(Phone) +65-92971319
Alt. Phone Number	-
Email Address	MAP2AMP@YAHOO.COM
Address	309B ANCHORVALE RD #04-63
Address complement	-
Postcode	542309
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	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)	3
Has the driver been approached by unknown person(s) soliciting/offering accident claims assistance?	No

PASSENGER 1

Name	CHUA POH CHOO
Gender	Female

PASSENGER 2

Name	NWE NI WIN
Gender	Female

DETAILS OF POLICE ACTION

Was the accident reported to the police?	Yes
Police Station Name	Sengkang Neighbourhood Police Centre
Police Station Phone No	(Phone) +65-18003438999
Alt. Police Station Phone No	(Fax) +65-63438939
Police Station Address	2 Sengkang Square #01-02
Was notice of intended Prosecution given?	No
If yes, against whom?	-

CIRCUMSTANCES OF ACCIDENT

REFER TO POLICE REPORT T/20210917/2149

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	FBJ517A
Vehicle Manufacturer	-
Vehicle Model	-
Vehicle Variant	-
Vehicle Colour	-
Vehicle Category	Motorcycle
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)	-

Describe Circumstances of the Accident

REFER TO POLICE REPORT T/20210917/2149.

Declaration

We declare the foregoing particulars are true in every respect.

Policyholder's Signature / Date &
Time

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

Witnessed by Reporting Centre
Personnel

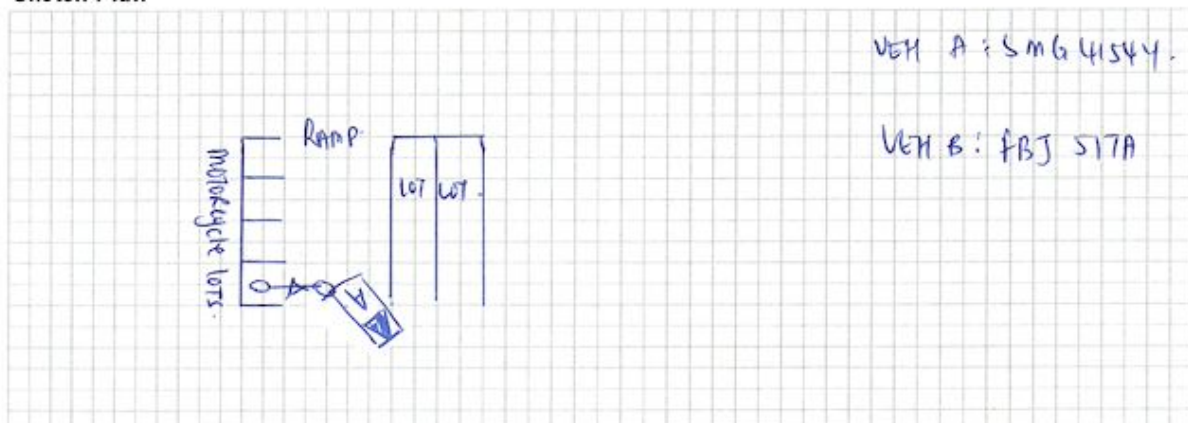
SKETCH PLAN**IMPORTANT NOTICE**

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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















**SINGAPORE
POLICE FORCE**



T/20210917/2149

2 of 3

Police Station Of Origin:
Sengkang N.P.C
2 Sengkang Square #01-02 SINGAPORE
545025
Tel No: 1800-343 8999

Report No. T/20210917/2149

CONTINUATION OF REPORT

Driver			
Name	ANDREW CHUA POH SOON	ID No.	S1547175A
Related Vehicle	SMG4154Y (Car)	Contact No.	92971319
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 09/09/2021 at about 1100am, I drove my brother's vehicle (i.e. SMG4154Y) and had gone to fetch my disabled sister and her domestic helper. As my sister is on a wheelchair and needed to access the ramp which is by the No Parking lot, I parked my vehicle in front of the said parking lot. A

fter they had boarded, I reversed into the "no parking" lot but had accidentally knocked down a parked bike which was at lot: 146. The bike is a white Yamaha bike (unable to recall the registration plate number). The fallen bike landed in its right side.

I alighted from my vehicle and went to check on the bike. A passers-by approached and assisted me in lifting the fallen bike back up. During which, the damaged right wing mirror came off and the passers-by helped to place it back onto its fuel tank. I waited around 05-10 minutes for its owner to come forward but he never showed up. I therefore left the area. No damage to my vehicle nor was anyone injured in the accident.

On 16/09/2021, I received a letter from the Traffic Police (Ref: TP/IP/43845/2021) indicating on the accident.



**SINGAPORE
POLICE FORCE**



T/20210917/2149

Police Station Of Origin:
Sengkang N.P.C
2 Sengkang Square #01-02 SINGAPORE
545025
Tel No: 1800-343 8999

3 of 3

Report No. T/20210917/2149

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
F /
SI NORMAN AHMAD EDMUND
HERMANN

Signature Of Informant:

Signature Of Interpreter:
Not applicable

Date/Time:
17/09/2021 23:48

Officer In Charge Of Case:
TP / GIA /
SI TAN JEOK LENG
Contact No.: 65476151

Classification Of Case:

SN 159

Authentication Stamp
NP168



SIGNATURE



**SINGAPORE
POLICE FORCE**



T/20210917/2149

1 of 3

Police Station Of Origin:
Sengkang N.P.C
2 Sengkang Square #01-02 SINGAPORE
545025
Tel No: 1800-343 8999

Report No. T/20210917/2149

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 17/09/2021 23:48	Vide Report No.:	Station Diary No.: 149
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Informant's Particulars

Name of Informant: ANDREW CHUA POH SOON			Address: APT BLK 309B ANCHORVALE ROAD #04-63 SINGAPORE 542309	
ID Type / ID No.: NRIC NO / S1547175A			Contact No.: Home/Office:	Mobile: 92971319
Nationality: SINGAPORE CITIZEN			Email:	
Sex: Male	Age: 58	Date of Birth: 03/10/1962	Type of Informant: Driver	
Race: Chinese			Language: English	Institution / School Name:
Occupation: RETIRED			Driving Licence Information: Class: 3	Date of Expiry:

General Information of the Accident

General Information of the Accident:				
Type of Accident:	Non-Injury	Drink Drive: No	Date/Time of Accident: 09/09/2021 11:00	Type of Location: Car Park
Location: ANG MO KIO AVENUE 8				
Weather: Clear		Road Surface: Dry		Road Speed Limit:
Traffic Flow:		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
SMG4154Y	Car	PEUGEOT	5008	Green	No Damage	2

Details of Person Involved

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



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

ADDENDUM

(A) PARTICULARS OF PERSON MAKING THE AMENDMENTS:

Original Report No: SV0E219U 0001 Vehicle Registration No: SM6 4154Y
 Name (as shown in NRIC): ANDREW CHUA POH SOON NRIC/FIN/Passport No: S1547175A
 (*Vehicle Driver/Vehicle Owner) (*) Please delete as appropriate
 Address: 309B, ANCHORVALE ROAD #04-63 Singapore (542309)
 Contact (Tel): _____ Mobile No.: 92771319
 Email Address: map2amp@yahoo.com
 Date of Accident: 09/09/2021 Time of Accident: 1100HRS
 Place of Accident: ANG MO KIO AVE 8
 Insurance Company: AFA

(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:

- 1) Change of number plate from SM6 4151Y to SM6 4154Y.
- 2) Driver name, change to "Andrew" instead of "Andre"

Policyholder / Driver's Signature
Date:

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