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 witholding 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 25/10/2021 12:34 (SGT) Date of Accident 22/10/2021 20:27 (SGT) Exact Location of Accident 706 Yishun Ave 5, Singapore 760706 Additional Location Information **OSCP** Country/State of Loss Singapore

DETAILS OF OWN VEHICLE

Toyota

Vehicle Registration Number SFD2313S

Manufacturer

INSURED/POLICYHOLDER

Is company? No Name Of Registered Owner LEE HUI NEE NRIC No. S6976920I Email Address leehuinee9321@yahoo.com.sg Mobile Phone No (Phone) +65-96172865 Alternative Phone No +65-96172865

VEHICLE PARTICULARS

Model **ALTIS** 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 No - Claiming third party your vehicle? Vehicle Category Private car Transmission Auto 1600

INSURANCE COMPANY

Name of Insurance Company **AXA Insurance Pte Ltd** Type of Coverage Comprehensive Fleet Policy No Policy Number GA503696 Cover Note Number

DRIVER

Name of Driver WONG LAM KIN S2639480E

Date Of Birth 28/10/1967 Occupation Outdoor Date Of Driving Pass 25/02/1991 Driving experience 30 YEARS AND 8 MONTHS Gender Male Mobile Number (Phone) +65-96172865 Alt. Phone Number Email Address leehuinee9321@yahoo.com.sg Address BLK 706 YISHUN AVE 5 #12-200 Address complement Postcode 760706 Is the driver the policyholder? Nο If No. Relationship of the Driver with the Insured Spouse 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 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) 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 Traffic Police Police Station Phone No (Phone) +65-65470000 Alt. Police Station Phone No (Fax) +65-65474900 Police Station Address 10 Ubi Avenue 3 Singapore 408865 Was notice of intended Prosecution given? No If yes, against whom? CIRCUMSTANCES OF ACCIDENT REFER TO POLICE REPORT: T/20211025/7003. ATTACHMENT(S) Are accident photos available for attachment? Yes Was there any video captured by Car Camera? Nο Was there any audio recorded? **DETAILS OF OTHER VEHICLE PROPERTY 1** Vehicle Registration Number PC907D Vehicle Manufacturer Vehicle Model Vehicle Variant

Commercial vehicle

Vehicle Colour
Vehicle Category

Name of Driver	_
Contact Number	_
Address	_
Address complement	_
Postcode	-
Insurance Company Name	_
Nature Of Damage	_
Details of property damaged in accident	VEHICLE B
No. Of Passenger (Including Driver)	_

SKETCH PLAN

IMPORTANT NOTICE

- 1. Please report correctly the details of the accident to speed up the claims process.
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- 5. Any false reporting may be referred to the Police for investigation
- The 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.
- 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.

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

Sketch Plan

A. SFD 23 13 8
B: PC907D

OSCP of Blk

766 Vichum

Avenue 5

NEW HOOR TROK

Describe Circumstances of the Accident

	Refer	Police	Peport:	T 200	1025/3	7003
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		- 125				
eclaration						
We declare the foregoing pa	rticulars are true in	every respect	L			
14.						
1 1		/				

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

Policyholder's Signature / Date &

& Time

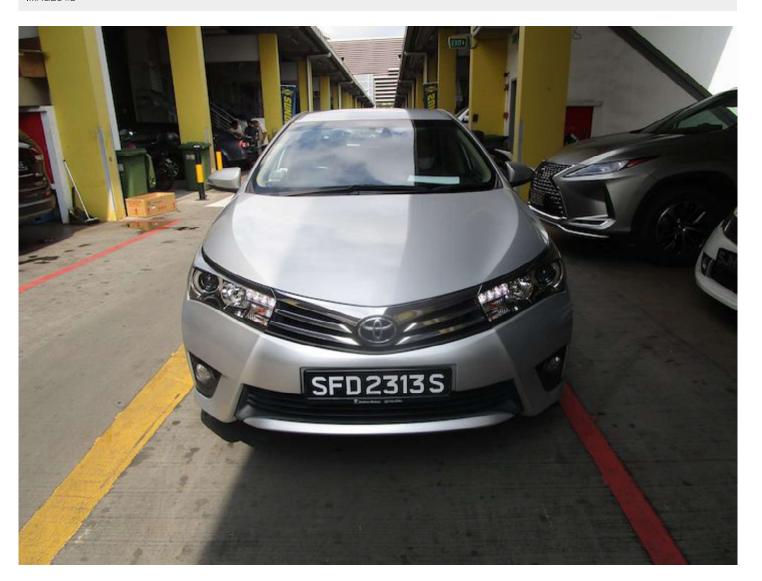
Witnessed by Reporting Centre

Personnel

LETTER OF UNDERTAKING

I/We, Lee Hui Hee	, the owner of vehic	cle no. SFD 2313S
My/Our Insurance is under M/s AXA Ins claim under my/our Policy or against the such a claim to M/s AXA Insurance Pte L within 14(fourteen) days of occurrence	Third Party and if the ic	s and documents
My/Our Third Party claim is handle by m	ny/our preferred worksho Motor Pte Ltcl	op,
Signed and Acknowledge by:		
Nric no. & signature of policyholder	Company stamp	Date















Police Station Of Origin:

Traffic Police

10 Ubi Avenue 3 SINGAPORE 408865

Tel No: 65470000

	11 11 11 11		
T/	2021102	5/7003	

1 of 3

Report No. T/20211025/7003

REPORT OF A TRAFFIC ACCIDENT

	Date/Time Report Made: 25/10/2021 09:57		Vide Report No.:	Station Diary No.:		
Informa	nt's Partic	ulars				
	Informant: LAM KIN		Address: 706 YISHUN AVENUE 5 #	12-200 SINGAPORE 760706		
ID Type / ID No.: NRIC NO / S2639480E			Contact No.: Home/Office: Mobile: 96172865			
Nationality: MALAYSIAN			Email: LEEHUINEE9321@YAHOO.COM.SG			
Sex: Male	Age: 53	Date of Birth: 28/10/1967				
Race: Chinese			Language: English	Institution / School Name:		
Occupation: SELF-EMPLOYED			Driving Licence Information: Class: Date of Expiry:			

General Infor	mation of the Accide	nt		
Type of Accident:	Non-Injury Hit and Run	Drink Drive: No	Date/Time of Accident: 22/10/2021 20:30	Type of Location: Car Park
Location: YISHUN AVE	NUE 5			
Weather: Clear		Road Surface: Dry		Road Speed Limit:
Traffic Flow: Two Way		Traffic Control:		Traffic Volume:
Type of Collis Moving Vehic	sion: de Against - Parked Ve	ehicle		Anyone conveyed by ambulance: No

Vehicle No.	Type	Make	Model	Color	Conditio	No of
	1	Iviano	Model	00101	Conditio	140 01
PC907D	Van					0
SFD2313S	Car	_	_	-		0

Details of Person Involved		
Any Pedestrian Involved: No	20 = -	
No. of Pedestrians Injured: NIL	Use of Pedestrian Crossing: NA	





Police Station Of Origin: Traffic Police 10 Ubi Avenue 3 SINGAPORE 408865 Tel No: 65470000

Report No. T/20211025/7003

CONTINUATION OF REPORT

Driver					
Name	WONG LAM KIN			ID No.	S2639480E
Related Vehicle	SFD2313S (Car)			Contact No	96172865
Hospital/Clinic	NIL			Class of Driving Licence & Expiry	Class: NIL Date of Expiry: NIL
Date	NIL		Date	NIL	
No. of Days gran	ted Medical Leave	NIL	Degree of	NIL	

Brief Details.

My vehicle (SFD2313S) was parked stationary at my house - OSCP of Blk 706 Yishun Avenue 5. When I came back to collect my vehicle on next day and realized there was damage on the front portion of my vehicle.

I went back home and checked my camera and realized that vehicle B (PC907D) reversed and accidentally collided onto the front portion of my vehicle and caused damages.





Report No. T/20211025/7003

3 of 3

Police Station Of Origin: Traffic Police 10 Ubi Avenue 3 SINGAPORE 408865 Tel No: 65470000

CONTINUATION OF REPORT

Sketch Plan

Informant is not able to provide sketch

Signature Of Officer Recording The Report: Signature Of Informant: Not applicable The identity of the person making this report has been authenticated by Singpass. No signature is required. Signature Of Interpreter: Date/Time: Not applicable 25/10/2021 09:57 Officer In Charge Of Case: Classification Of Case: TP / TPIB / KASMAWATI BTE SAMIAN Contact No.: 65476368 NP168

