

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 24/05/2022 17:20 (SGT)
Date of Accident 23/05/2022 10:10 (SGT)
Exact Location of Accident Singapore
Additional Location Information BLK 676 JURONG WEST ST 64 MSCP LEVEL 2A
Country/State of Loss Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number EQ1101L

INSURED/POLICYHOLDER

Is company? No
Name Of Registered Owner SOO WING HOCK
NRIC No S7341884D
Email Address flexuro@gmail.com
Mobile Phone No (Phone) +65-97637619
Alternative Phone No +65-97637619

VEHICLE PARTICULARS

Manufacturer Toyota
Model CAMRY HYBRID
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? No - Claiming third party
Vehicle Category Private car
Transmission Auto
CC 2487

INSURANCE COMPANY

Name of Insurance Company AXA Insurance Pte Ltd
Type of Coverage Comprehensive
Fleet Policy No
Policy Number GA585945
Cover Note Number -

DRIVER

Name of Driver SOO WING HOCK
NRIC No S7341884D

Date Of Birth	15/11/1973
Occupation	Indoor
Date Of Driving Pass	04/03/1993
Driving experience	29 YEARS AND 2 MONTHS
Gender	Male
Mobile Number	(Phone) +65-97637619
Alt. Phone Number	+65-97637619
Email Address	flexuro@gmail.com
Address	BLK 676A JURONG WEST ST 64 #06-259
Address complement	-
Postcode	641676
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	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)	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	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 SKETCH PLAN. VEHICLE HAS BEEN REPAIRED.

NOTE: VEHICLE REPAIR AT OWNER W/SHOP - AUTOSOON

ATTACHMENT(S)

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

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	SLA4828E
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**IMPORTANT NOTICE**

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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.


Policyholder's Signature / Date & Time

Sketch Plan


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



Witnessed by Reporting Centre Personnel



Describe Circumstances of the Accident

On 22/05/22 at 930pm after I parked my car with reference to my car cam. The black car ~~Toyota~~ Toyota Harrier parked beside my car around 1023pm.

In the morning, the car owner turned out from his lot & hid my car around 10:16am on 23/05/22 (got video proof). He reversed his car and drove away without checking my car & his car condition.

I have made a police report via online and the time is 23/05/2022 after I searched the card reader to download the video clip on my car cam.

I have sent my car for repair on 23/05/22 afternoon.

Declaration

I/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



POLICYHOLDER ACKNOWLEDGEMENT FORM

Date: 26/05/2022

To: Owner of Vehicle Number: EQ 1101L

The following has been advised to you via your workshop, FALCON-AIR AUTO SERVICES PTE LTD through their staff, Norman Oh.

Please tick the applicable box if you had been advised on any of the following:

- ☒ You had been advised by the workshop that in the case that you wish to claim against your own policy, there is a Fourteen (14) days clause whereby the claim must be made within the stipulated timeframe from the day of occurrence.
- ☒ You had been advised by the workshop on the liability and merits of the case accordingly.
- ☐ You had been advised by the workshop on the claims procedure for the type of claim that you will be making due to this accident.
- ☐ If fire damage and you claim under your own insurance, any applicable excess will be waived. However, there will be no recovery prospect and NCD will be affected.
☐ If fire damage and you are claiming against the Third Party, your NCD will not be affected. However, the recovery is not guaranteed, and AXA will not be held responsible.
- ☐ There will be delay to your vehicle repair due to the unavailability of spare parts locally and there is no other option except to indent it from overseas.
- ☐ There will be no cancellation/withdrawal of the Own Damage claim once the order of spare parts have been placed. If you wish to cancel/withdraw the claim, you shall bear all costs, expenses &/or related charges incurred directly &/or indirectly to the procurement of the spare parts.
- ☐ The estimated waiting time for the spare parts to arrive is _____. The estimated arrival time does not include the repair period.
- ☐ You will be driving the vehicle out despite being advised by the workshop mechanic/ personnel that the vehicle may not be road worthy.
- ☐ For vehicles below three (3) years old or under warranty with a local distributor, your insurance company will use only original parts to repair your vehicle.
- For vehicles above three (3) years old and no longer under warranty with a local distributor, your insurance company will be carrying out repairs where any damaged part that can be repaired will be repaired and any part that needs to be replaced will be replaced using any combination of original parts and/or original equipment manufacturer (OEM) parts and/or second-hand parts.
- ☐ You had been advised by the workshop of the Twelve (12) months warranty for Own Damage repairs on workmanship related to the accident.
- ☐ For vehicles that are under warranty with a local distributor, you have been advised by the workshop to check with your local distributor on any effect to your warranty prior to making this Own Damage claim.
- ☒ Others third party (owner w/ shop)

Signed and acknowledged by:

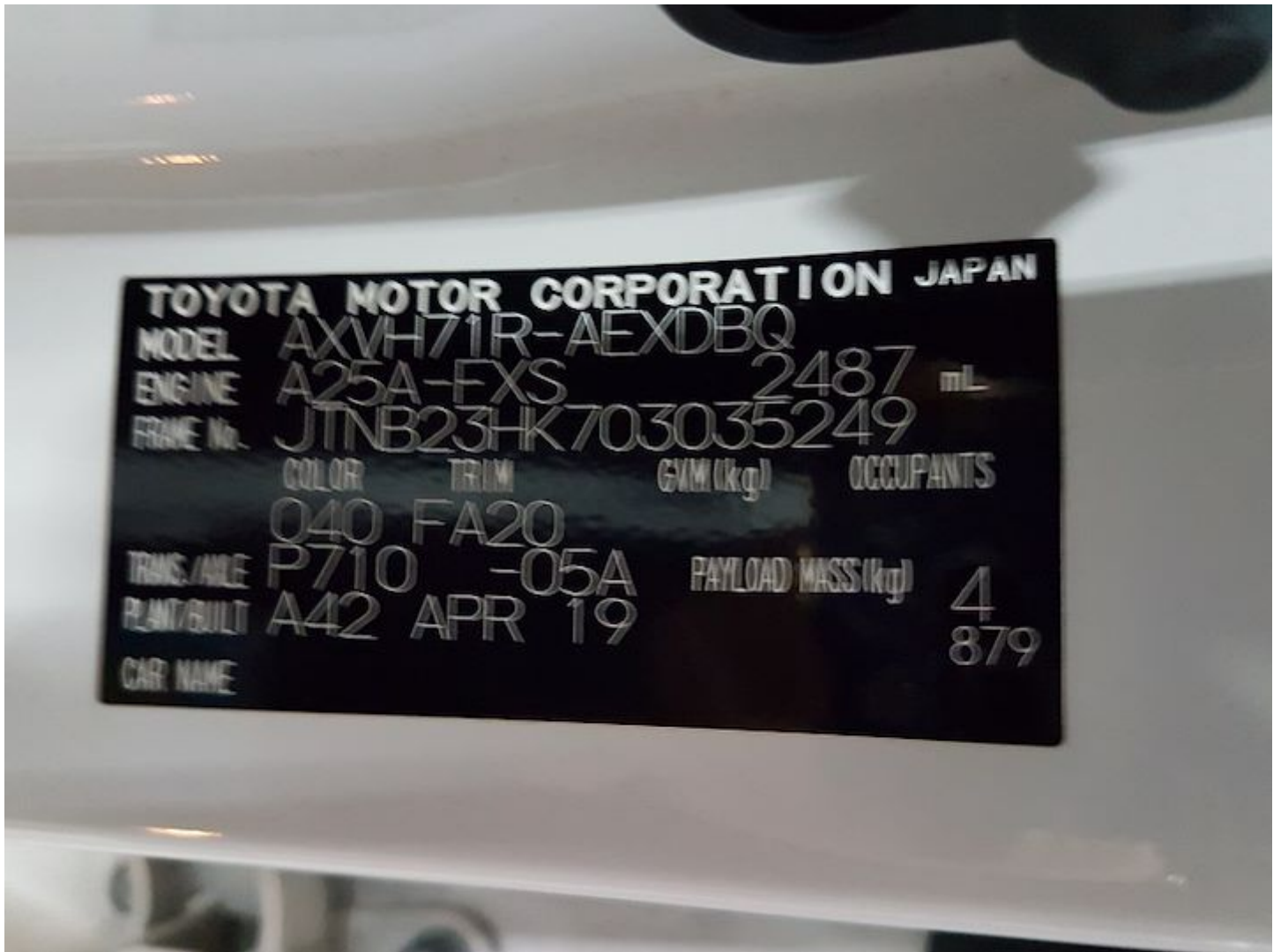
Soo Wing Hoek
Name and signature of policyholder/ authorized driver* and company stamp (where applicable)

*authorized driver to either the named drivers as per motor insurance policy or in the case of commercial vehicles, permitted drivers who are permitted to drive the insured Vehicle.

Norman Oh
Name and signature of workshop personnel including company stamp











**SINGAPORE
POLICE FORCE**



T/20220525/7008

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

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Report No. T/20220525/7008

REPORT OF A TRAFFIC ACCIDENT

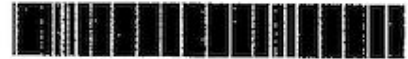
Date/Time Report Made: 25/05/2022 10:42		Vide Report No.:		Station Diary No.:	
Name of Informant: SOO WING HOCK		Address: 676A JURONG WEST STREET 64 #06-259 SINGAPORE 641676			
ID Type / ID No.: NRIC NO / S7341884D		Contact No.: Home/Office:		Mobile: 97637619	
Nationality: SINGAPORE CITIZEN		Email: FLEXURO@GMAIL.COM			
Sex: Male	Age: 48	Date of Birth: 15/11/1973	Type of Informant: Driver		
Race: Chinese		Language: English		Institution / School Name:	
Occupation:		Driving Licence Information: Class:		Date of Expiry:	

Type of Accident:	Non-Injury Hit and Run	Drink Drive: No	Date/Time of Accident: 23/05/2022 10:10	Type of Location: Multi storey car park
Location: JURONG WEST STREET 64				
Weather: Clear		Road Surface: Dry		Road Speed Limit:
Traffic Flow: One Way		Traffic Control: Not Controlled		Traffic Volume: Light
Type of Collision: Driver side (front bumper)				Anyone conveyed by ambulance: No

EQ1101L	Car	TOYOTA	CAMRY+AS CENT+SPO RT+HYBRID +2.5+CVT	White		0
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**SINGAPORE
POLICE FORCE**



T/20220525/7008

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

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Report No. T/20220525/7008

CONTINUATION OF REPORT

SLA4828E	Car	TOYOTA	TOYOTA HARRIER 2.0	Black	Slightly Damaged	0
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EQ1101L	AXA INSURANCE SINGAPORE PTE LTD	GA585945	07/11/2021	06/11/2022
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Any Pedestrian Involved: No			
No. of Pedestrians Injured: NIL		Use of Pedestrian Crossing: NA	
Name	SOO WING HOCK	ID No.	S7341884D
Related Vehicle	EQ1101L (Car)	Contact No.	97637619
Hospital/Clinic	NIL	Class of Driving Licence & Expiry	Class: NIL Date of Expiry: NIL
Date	NIL	Date	NIL
No. of Days granted Medical Leave	NIL	Degree of	NIL

Brief Details.

This incident happen at the Blk 676 Jurong West Street 65 (JM27) multi storey car park on 23/05/22 around 1010am . The car was moving out from his lot and hit my front bumper . His car was parked beside me on 22/05/22 around 1023pm .
Checking on the my car cam , his car plate is SLA4828E . i have also verify the number against the LTA (Enquiry on road tax) i have the recording .
This is a hit and run case .
I have reported to insurance today and send my car for repair at workshop on 23/05/22 .



**SINGAPORE
POLICE FORCE**

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



T/20220525/7008

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Report No. T/20220525/7008

CONTINUATION OF REPORT

Sketch Plan

Informant is not able to provide sketch

Signature Of Officer Recording The Report: Not applicable
Signature Of Interpreter: Not applicable
Officer In Charge Of Case: TP / TPB / STEPHANIE, CHEUNG TSZ YING Contact No.: 96208032

NP168

Signature Of Informant: The identity of the person making this report has been authenticated by Singpass. No signature is required.
Date/Time: 25/05/2022 10:42
Classification Of Case:



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: SF0F225O0008 Vehicle Registration No: EQ1101L

Name (as shown in NRIC): SOO WING HOCK NRIC/FIN/Passport No: _____

(*Vehicle Driver/Vehicle Owner) (*) Please delete as appropriate

Address: _____ Singapore ()

Contact (Tel): _____ Mobile No.: 97637619

Email Address: _____

Date of Accident: 23/05/2022 Time of Accident: 10:10

Place of Accident: BLK 676 JURONG WEST ST 64 MSCP LEVEL 2A

Insurance Company: AXA Insurance Pte Ltd

(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:

TO ATTACH POLICE REPORT.

TO AMEND TP VEHICLE NUMBER.

Policyholder / Driver's Signature
Date: _____



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