

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 Actual 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 21/12/2022 13:31 (SGT)
Reported by Driver
Date of Accident 19/12/2022 20:00 (SGT)
Exact Location of Accident 9 Raffles Blvd, Singapore 039596
Additional Location Information MILLENIA WALK SINGAPORE
Country/State of Loss Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number EN3232U

INSURED/POLICYHOLDER

Is company? No
Name Of Registered Owner GOH KANG LI, CANDY
NRIC No SXXXX808G
Email Address CANDYGOHKL@GMAIL.COM
Mobile Phone No (Phone) +65-96858848
Alternative Phone No -

VEHICLE PARTICULARS

Manufacturer BMW
Model 318i
Variant B.M.W. / 318i LED NAV SHAD. LIGHT
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 1499

INSURANCE COMPANY

Name of Insurance Company AXA Insurance Pte Ltd
Policy Number / Cover Note Number GA623898 / 1

DRIVER

Name of Driver LAM CHENG WAI
NRIC No SXXXX591H
Date Of Birth 27/11/1991
Occupation Indoor

Date Of Driving Pass	12/05/2011
Driving experience	11 YEARS AND 7 MONTHS
Gender	Male
Mobile Number	(Phone) +65-94751421
Alt. Phone Number	-
Email Address	LAMCHENGWAI@GMAIL.COM
Address	BLK 544 PASIR RIS STREET 51 11-07 SINGAPORE 510544
Address complement	-
Postcode	510544
Is the driver the policyholder?	No
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	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
Translator's name	-
Translator's ID	-
Translator's phone number	-
Translator's email	-
Original language used in the statement	-

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 ATTACHED
STATEMENT RECORDED BY ANNIE - PROGRESSIVE CAR CARE PTE LTD
TEL 67415336

ATTACHMENT(S)

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

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	SME6192J
Vehicle Manufacturer	-

Vehicle Model	-
Vehicle Variant	-
Vehicle Colour	-
Vehicle Category	Private car
Name of Driver	-
Contact Number	-
Address	-
Address complement	-
Postcode	-
Insurance Company Name	Etiqa Insurance Pte Ltd
Nature Of Damage	-
Details of property damaged in accident	-
No. Of Passenger (Including Driver)	-

WITNESS DETAILS

WITNESS 1

Name	KRISHNA
Phone	(Phone) +65-83933308
Email	-

SKETCH PLANIMPORTANT NOTICE

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8. Consent under the Personal Data Protection Act (PDPA)

I understand, acknowledge, agree and consent that:

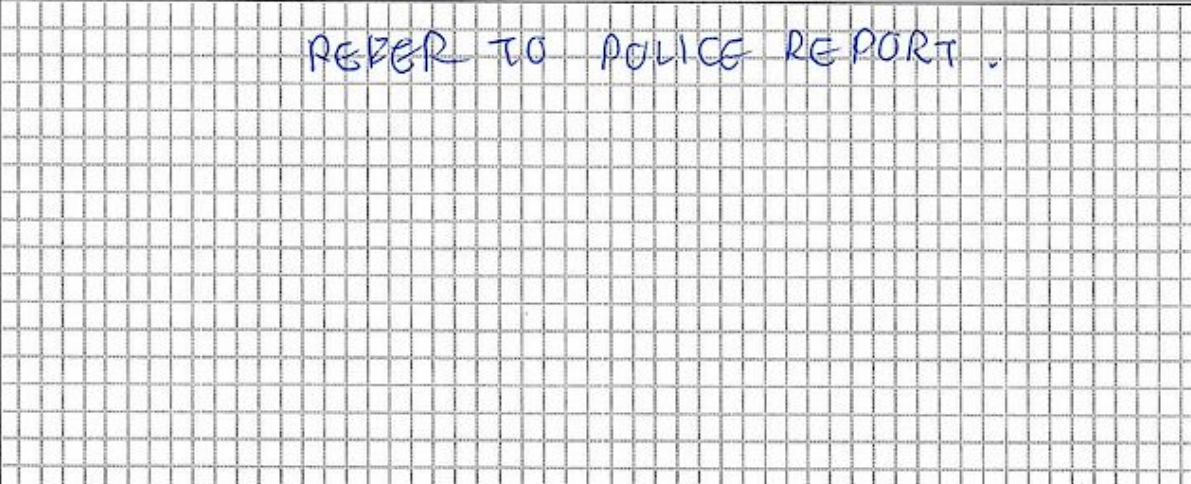
- (a) My insurer, my workshop and the General Insurance Association of Singapore ("GIA") may/are permitted to collect, use, disclose and/or process my personal data/personal information set out in this [form] and any other personal information provided by me or possessed by my insurer (collectively the "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
(Name as in NRIC/ID card)

Sketch Plan

	
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Describe Circumstance of the Accident

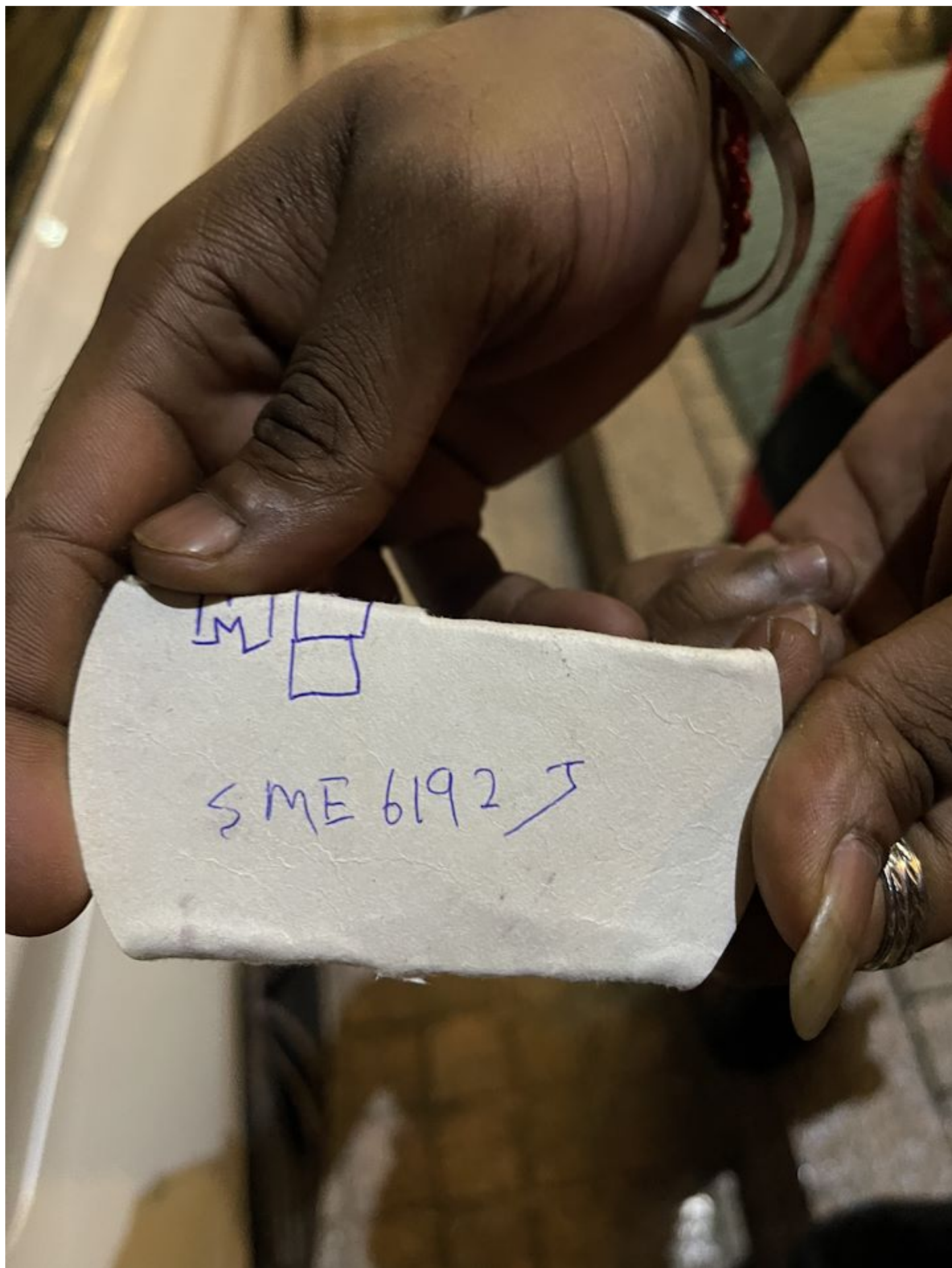
REFER TO POLICE REPORT.

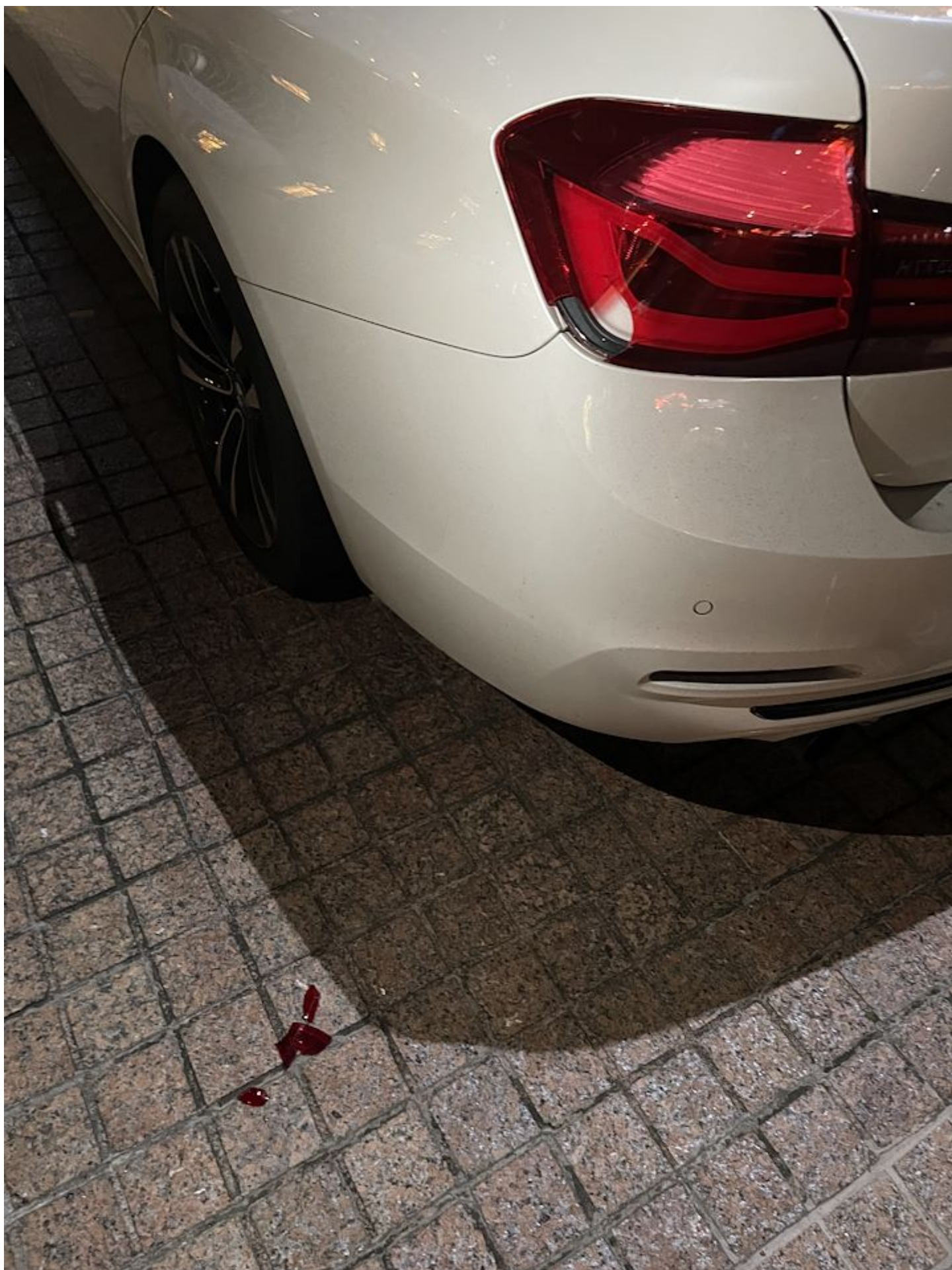
Declaration

I/We declare the foregoing particulars are true in every respect.

If you wish to claim against your own policy, please be advised that your insurer may have a fourteen (14) days clause whereby the claim must be made within the stipulated timeframe from the day of occurrence. Kindly check with your insurer for more details.

Policyholder's Signature / Date & Time_____
Driver's Signature (if driver is not the policyholder) / Date
& Time_____
Witnessed by Reporting Centre Personnel
(Name as in NRIC/ID card)











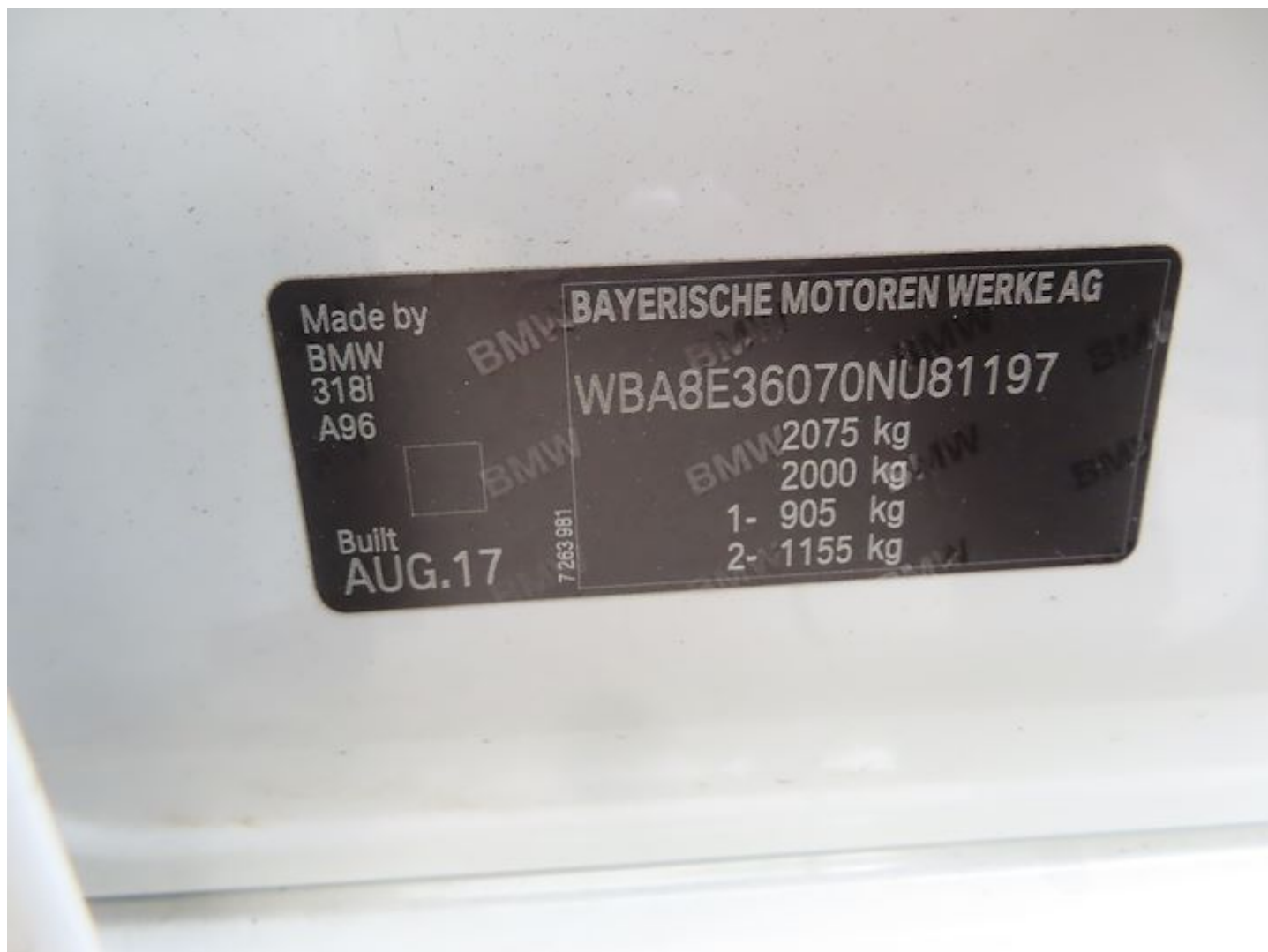
















**SINGAPORE
POLICE FORCE**



T/20221221/7019

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

1 of 3

Report No. T/20221221/7019

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 21/12/2022 11:47		Vide Report No.:		Station Diary No.:	
Informant's Particulars					
Name of Informant: LAM CHENG WAI			Address: 544 PASIR RIS STREET 51 #11-07 SINGAPORE 510544		
ID Type / ID No.: NRIC NO / S9143591H			Contact No.: Home/Office: Mobile: 94751421		
Nationality: SINGAPORE CITIZEN			Email: LAMCHENGWAI@GMAIL.COM		
Sex: Male	Age: 31	Date of Birth: 27/11/1991	Type of Informant: Driver		
Race: Chinese			Language: English		Institution / School Name:
Occupation:			Driving Licence Information: Class: Date of Expiry:		

General Information of the Accident

Type of Accident:	Non-Injury Hit and Run	Drink Drive: No	Date/Time of Accident: 19/12/2022 20:00	Type of Location: Car Park
Location: RAFFLES BOULEVARD				
Weather: Clear		Road Surface: Dry		Road Speed Limit:
Traffic Flow: One 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	Conditio	No of
EN3232U	Car					0
SME6192J	Car	KIA	KIA / CARENS 1.7 DCT DIESEL 5DR FWD			0



**SINGAPORE
POLICE FORCE**



T/20221221/7019

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

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Report No. T/20221221/7019

CONTINUATION OF REPORT

Details of Person Involved			
Any Pedestrian Involved: No			
No. of Pedestrians Injured: NIL		Use of Pedestrian Crossing: NA	
Driver			
Name	LAM CHENG WAI	ID No.	S9143591H
Related Vehicle	EN3232U (Car)	Contact No.	94751421
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.

My car was parked at the parallel parking lot beside Highlander/Paulaner Brauhaus at Millenia Walk open air carpark.

After my dinner, I noticed that the taillight of my car is damaged. I then proceeded to look around the area and found the shards lying on the floor near my car. While I was assessing the damage, one of the staffs at the Highlander restaurant noticed me and asked if the car was mine. He mentioned that he had witnessed the incident, and had recorded the license plate number for the vehicle involved. The license plate number is SME6192J.

The restaurant staff mentioned that the aforementioned vehicle stopped beside my car to drop off a passenger, and when the passenger opened the car door, the driver drove forward and the car door collided into the rear left taillight of my car. The witness mentioned that the sound from the impact was loud, which was why he immediately recorded the vehicle's license plate number.

The driver of that vehicle immediately drove off after dropping off the passenger.

The restaurant staff gave me his name and number:

Name: Krishna
Contact: 8393 3308



**SINGAPORE
POLICE FORCE**

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



T/20221221/7019

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Report No. T/20221221/7019

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 / TPIB /
NEO ZHI YUAN
Contact No.: 65476079

NP168

Signature Of Informant:
The identity of the person making this report has
been authenticated by Singpass. No signature is
required.

Date/Time:
21/12/2022 11:47

Classification Of Case: