

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 ability
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 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 Report	23/12/2014 18:31
Date Of Accident	22/12/2014 15:30
Exact Location Of Accident	WEST COAST RD
Country/State of Loss	Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number	PC9688B
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Insured/Policyholder

Name Of Registered Owner	SUCCESS EXPRESS
Co Reg No	N/A

Vehicle Particulars

Manufacturer	KING LONG
Model	XMQ6900K

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

If No, Please state action to be taken Third Party

Vehicle Category	Bus
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Insurance Company

Name of Insurance Company	AXA Insurance Singapore Pte Ltd
Type Of Coverage	Comprehensive
Fleet Policy	No
Policy Number	P1549198
Cover Note Number	

Driver

Name of Driver	WONG KOK FEI
NRIC No	S7623058G
Date Of Birth	03/08/1976
Occupation	Outdoor
Date Of Driving Pass	05/05/1997
Driving Experience	17 Years And 7 Months
Gender	Male
Mobile Number	(Local) +65-91797950
Fax Number	
Contact Number	
EEmail Address	SUCCESEXPRESS@SINGNET.COM.SG
Address	
Postcode	
Was driver an employee of the Insured's Company	Yes

If No, Relationship of the Driver with the Insured

Vehicle Registration Number of Driver's Own Vehicle -
-
-
Insurance Company of Driver's Own Vehicle -
-
-

General Information of the Accident

Type Of Accident Unknown - REFER ATTACHED
Weather Conditions Clear
Road Surface Dry

Other Information

Was any foreign vehicle involved in this accident? No
Was any body injured in the Accident? No
Was any other material or property damaged? Yes
Was there any video captured by Car Camera? No

Details of Police Action

Was the accident reported to the police? No
If Yes, Please state which Police Station
Was notice of intended Prosecution given? No
If Yes, against whom?

Circumstances of Accident

REFER TO ATTACHED. STATEMENT RECORDED BY SHELLY - PROGRESSIVE AUTOMOTIVE PTE LTD. TEL: 6741 5336
Are accident photos available for attachment? Yes

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number SGU3853S
Vehicle Make/Model/Colour
Details Of Properties
Name of Driver
NRIC/Passport Number
Contact Number
Address
Postcode
Insurance Company Name
Nature Of Damage
No. Of Passenger (Including Driver)

Details of Witness

Name
Phone Number
Email Address

Sketch Plan

SKETCH PLAN

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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

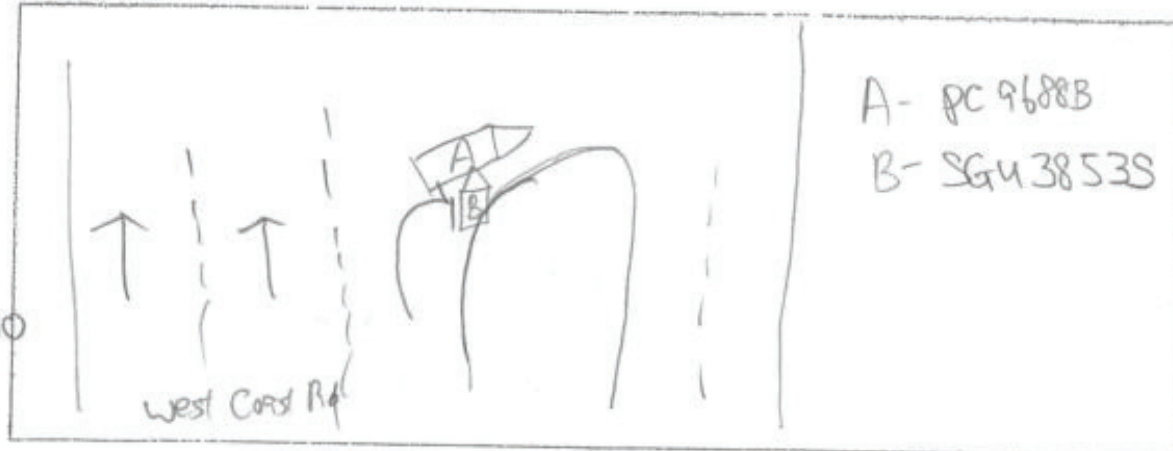
(c) my Personal Information may/can be disclosed by any of the Insurers and/or GIA to their third party service providers or agents (including their lawyers/law firms), which may be sited outside of Singapore, for one or more of the above Purposes.

Policyholder's Signature / Date & Time

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

Witnessed by Reporting Centre Personnel

Sketch Plan



Sketch Plan #2

Describe Circumstances of the Accident

DATE OF ACCIDENT: 22/12/2014

TIME OF ACCIDENT: 15:30 PM

At 22/12/2014, around 15:30PM, After PC9688B fill up oil at ESSO Petrol Station West Coast Road, PC9688B decided to make a U-turn, when PC9688B was waiting at position A to check whether have incoming cars from West Coast Road, Suddenly Vehicle B (SGU38C3S) hit PC9688B back right hand side.

Declaration

We declare the foregoing particulars are true in every respect.

PLEASE NOTE THAT YOUR INSURER MAY HAVE 14 DAYS TIMEFRAME FOR YOU TO SUBMIT AN OWN DAMAGE CLAIM UNDER YOUR OWN POLICY. KINDLY CHECK YOUR POLICY FOR MORE DETAILS



A 23/12/14



A 23/12/14

1115 AM

[Signature]

Policyholder's Signature / Date & Time

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

Witnessed by Reporting Centre Personnel

Common Statement

ACCIDENT STATEMENT (Part I)

This is NOT an admission of blame / liability, but a summary of identities and facts which will speed up the settlement of claims

1 Date of accident 22/12/14	Time 1530	2 Exact location of accident WEST COAST Rd.	3 Injuries even if slight No <input checked="" type="checkbox"/> Yes <input type="checkbox"/>
4 Material damage To vehicles other than vehicles A and B No <input checked="" type="checkbox"/> Yes <input type="checkbox"/>		5 Witness' name, address and tel no. (to be underlined if he/she is passenger in vehicle A or vehicle B)	

Registration No. **RE 9688 B**
(VEHICLE A)

6 Insured / policyholder (see insurance cert.)

Name **Success Express**
(capital letters)

Address **20 Devonshire Rd #0101**

NRIC / Passport no.

Tel no. (from 9am till 5pm) **6738 5968**

HP **9179 7950**

7 Vehicle
Make, type

8 Insurance company
AA

Does the policy cover damage to vehicle A?
No ☐ Yes ☒

Policy No. (if available) **P1549198**

9 Driver (See driving licence)
(if different from Insured A above)

Name **WONG KOT FEL**
(capital letters)

NRIC / Passport no. **S76230589**

Class of licence **3,4,5**

10 Indicate the point of initial impact with an arrow (→)



11 Visible damage to vehicle A

14 My remarks

* In the event of injuries or in the event of damage to property other than in vehicles & surf R - give information nearest

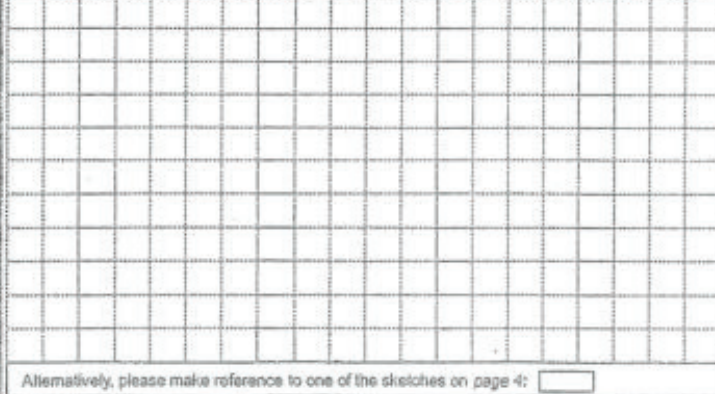
12 CIRCUMSTANCES
Put a cross (X) in each of the relevant boxes applicable to your vehicle

- | | |
|----|---|
| 1 | parked / stopped (at the roadside) |
| 2 | leaving a parking space / opening the door (at the roadside) |
| 3 | entering a parking space (at the roadside) |
| 4 | emerging from a car park, from private grounds, from a minor road |
| 5 | entering a car park, private grounds, a minor road |
| 6 | entering a roundabout or similar traffic system |
| 7 | circulating in a roundabout or similar traffic system |
| 8 | striking the rear of the other vehicle while going in the same direction and in the same lane |
| 9 | going in the same direction but different lane |
| 10 | changing lanes |
| 11 | overtaking |
| 12 | turning to the right, making a U-turn (official U-turn) |
| 13 | turning to the left |
| 14 | reversing |
| 15 | encroaching in the opposite traffic lane |
| 16 | coming from the right (at road junctions) |
| 17 | not observing a right-of-way sign (e.g. red traffic light, stop sign, etc.) |

State TOTAL number of boxes marked with a cross

13 Sketch of accident when impact occurred

Please indicate: 1. layout of the road - 2. the direction of vehicles A and B with arrows - 3. their positions at the time of impact - 4. the road signs - 5. names of the streets or roads



Alternatively, please make reference to one of the sketches on page 4:

15 Signatures of drivers

A 23/12/14
1154

Registration No. **SGU 3853 S**
(VEHICLE B)

6 Insured / policyholder (see insurance cert.)

Name
(capital letters)

Address

NRIC / Passport no.

Tel no. (from 9am till 5pm)

HP

7 Vehicle
Make, type

8 Insurance company

Does the policy cover damage to vehicle B?
No ☐ Yes ☐

Policy No. (if available)

9 Driver (See driving licence)
(if different from Insured B above)

Name
(capital letters)

NRIC / Passport no.

Class of licence

10 Indicate the point of initial impact with an arrow (→)



11 Visible damage to vehicle B

14 My remarks

For Insured's Individual Statement

Individual Statement

INDIVIDUAL STATEMENT (Part II)																	
To be completed and submitted within 24 hours to your insurer or Idac or appointed workshop. (Use a separate sheet of paper where necessary)																	
Insured	1 Occupation (If more than one, state all) _____ Email: <u>success express @ singtel.com.sg</u>																
	2 Vehicle registration no. _____		C.C. _____		If commercial vehicle, state permissible carrying capacity _____												
	3 Is driver the owner? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> If no, state the vehicle number and name of insurer of driver's own vehicle (where applicable) _____																
	4 Exact purpose for which vehicle was being used at time of accident: <input type="checkbox"/> Private use <input checked="" type="checkbox"/> Commercial use <input type="checkbox"/> Hire & reward																
	<input type="checkbox"/> Others - please specify _____																
	5 Is the vehicle still in use? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> If no, state where it is at present _____ Tel no. _____																
Of which vehicle are you the owner?	<input checked="" type="checkbox"/> A																
	<input type="checkbox"/> B																
	6 Are you claiming under your own insurance policy for repair to your vehicle? <u>No.</u>																
	If no, state action to be taken <u>TP Chin Own Workshop.</u>																
	7 Date of birth _____ Occupation (If more than one, state all) <u>Driver</u> Years of driving experience <u>05/05/1997</u>																
	Was vehicle driven with the insured's permission? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Was driver an employee of the insured's company? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>																
Driver or person in charge of vehicle at the time of accident (including insured)	8 Give details of any pre-existing impairment of sight or hearing and of any other disability _____																
	9 Full details of all driving convictions including pending prosecutions in the last 36 months																
	<table border="1"> <thead> <tr> <th>Date</th> <th>Offence</th> <th>Penalty</th> </tr> </thead> <tbody> <tr><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td></tr> </tbody> </table>					Date	Offence	Penalty									
	Date	Offence	Penalty														
Injured persons	10 Name(s), address(es) and approximate age(s)		Injuries sustained	If vehicle occupants, state in which vehicle	Were seat belts being worn? Yes <input type="checkbox"/> No <input type="checkbox"/>												
					Yes <input type="checkbox"/> No <input type="checkbox"/>												
					Yes <input type="checkbox"/> No <input type="checkbox"/>												
					Yes <input type="checkbox"/> No <input type="checkbox"/>												
					Yes <input type="checkbox"/> No <input type="checkbox"/>												
Damage to property & vehicles (other than vehicles A and B)	11 Name(s) and address(es) of owner(s)		Vehicle registration no. or details of property	Nature of damage	Insurer's name and address (if known)												
Police action	12 Was the accident reported to the Police? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> If yes, please state which Police station _____																
	13 Was notice of intended prosecution given? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> If yes, against whom? _____																
Accident details	14 Weather conditions: Clear <input checked="" type="checkbox"/> Raining <input type="checkbox"/> Others <input type="checkbox"/>																
	15 Road surface: Wet <input type="checkbox"/> Dry <input checked="" type="checkbox"/> Others <input type="checkbox"/>																
	16 Speed of vehicles: A _____ km/hr B _____ km/hr																
	17 What warnings were given by driver or other party? _____																
	18 Were street lights illuminated? Yes <input type="checkbox"/> No <input type="checkbox"/>																
	19 What lights were displayed on your vehicle/the other vehicle(s)? _____																
	20 If your vehicle is commercial, state weight of load carried at time of accident _____																
	21 State how accident happened, width of roads, speed limits, etc (use separate sheet of paper where necessary)																
Declaration	I/We declare the foregoing particulars are true in every respect																
	Policyholder's signature _____ Date <u>23/12/14 11:5 AM</u>																

Accident Photo



Accident Photo

CHASSIS NO :LA6R1DSB9BB200558
U.W. :8400 KG
M.L.W. :11800 KG
TYRE SIZE :F.9R22.5-14
:R.9R22.5-14(D)
PASS. CAP. :1 DRIVER ONLY
:41 PASSENGERS

Accident Photo



Accident Photo



Accident Photo

