

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	08/09/2017 11:14
Date Of Accident	08/09/2017 09:20
Exact Location Of Accident	NEW UPPER CHANGI ROAD
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SJR5691J
Insured/Policyholder	
Name Of Registered Owner	TAI HUANG CHING
NRIC No	S2577456F
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-94879268
Alternative Phone No	OTHERS-94879268

Vehicle Particulars

Manufacturer	KIA
Model	CERATO FORTE-1.6 SX (A)
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? YES

If No, Please state action to be taken

Vehicle Category	PRIVATE CAR
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Insurance Company

Name of Insurance Company	AXA INSURANCE PTE LTD
Type Of Coverage	COMPREHENSIVE
Fleet Policy	NO
Policy Number	GA042839/1
Cover Note Number	

Driver

Name of Driver	TAI HUANG CHING
NRIC No	S2577456F
Date Of Birth	15/03/1952
Occupation	INDOOR
Date Of Driving Pass	12/06/1979
Driving Experience	38 YEARS AND 2 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-94879268
Fax Number	
Contact Number	OTHERS-94879268
EMail Address	NOEMAIL

Address	BLK 82 BEDOK NORTH ROAD #08-320 SINGAPORE
Postcode	460082
Was driver an employee of the Insured's Company	NO
If No, Relationship of the Driver with the Insured	OWNER
Vehicle Registration Number of Driver's Own Vehicle	-
	-
	-
Insurance Company of Driver's Own Vehicle	-
	-
	-

General Information of the Accident

Type Of Accident	COLLISION - CHANGE/CROSS LANE
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
I have been approached by unknown person(s) soliciting/offering accident claims assistance.	NO
Number of Passengers (Including Driver)	1

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 THE ATTACH STATEMENT RECORDED BY PEI WEN - PROGRESSIVE AUTOMOTIVE PTE LTD TEL 6741 5336

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	SGT4040U
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

Progressive Automotive Pte Ltd
Blk 3022A Ubi Road 1 #01-45/46
Singapore 408716

Sketch Plan

	Number Plate A - SJR5691 3 B - SG.T4040 4
	Legend Vehicle Bike

Date of Accident: 8/9/2017.

Time of Accident: 0920 hrs.

On above date and time, I was driving along
Now upper Changi road (centre lane) going turning
to turn right towards Bedok MRT. Before turning, I
on my signal right. While midst of turning, I just
realise that was a car B at my right side. But it was
too late, cause my car collided with car B. My car
damaged on front & rear right side door.

We declare the foregoing particulars are true in every respect.

7/1/18 11:00am

Witnessed by Reporting Centre
Personnel

Common Statement

ACCIDENT STATEMENT (Part I) Reporting Centre: Progressive Automotive Pte Ltd

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 8/9/17 10:00		2 Exact location of accident New upper Changi road		To be signed by BOTH drivers	
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)		3 Injuries even if slight No <input checked="" type="checkbox"/> Yes <input type="checkbox"/>	
To objects other than vehicles No <input checked="" type="checkbox"/> Yes <input type="checkbox"/>				Vehicle Video Camera Available No <input checked="" type="checkbox"/> Yes <input type="checkbox"/>	

Registration No. (VEHICLE A) SJR5691J

6 Insured / policyholder (see insurance cert.)
Name Tai Huang ching
(capital letters)
Address
NRIC / Passport no. S2577456F
Tel no. (from Sg 9268)
HP 94879268

7 Vehicle
Make, type Kia Cerato Forte SX 1.6i

8 Insurance company
AXA ☒ TPFT ☐ TPO
Does the policy cover damage to vehicle A?
No ☐ Yes ☒
Policy No. GA 042839/1

9 Driver
☒ Same as Owner
Name
(capital letters)
NRIC / Passport no.
Class of licence 3
HP
Gender Male ☒ Female ☐

12 CIRCUMSTANCES

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

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

State TOTAL number of boxes marked with a cross

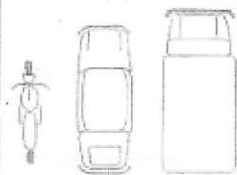
Registration No. (VEHICLE B) SGT4040M

6 Insured / policyholder (see insurance cert.)
Name
(capital letters)
Address
NRIC / Passport no.
Tel no. (from Sg 9268)
HP

7 Vehicle
Make, type
8 Insurance company
☐ C ☐ TPFT ☐ TPO
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
HP
Gender Male ☐ Female ☐

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



11 Visible damage to vehicle A

14 My remarks

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

REFER TO ATTACHED

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

15 Signatures of drivers

A

[Signature]

B

14 My remarks

* In the event of injuries or in the event of damage to property other than to vehicles A and B, give information overleaf

Do not alter anything in the statement after signing. Subsequently, each driver should take one copy.

For insured's Individual Statement (Part II) see overleaf →

Individual Statement

Reporting Centre: Progressive Automotive Pte Ltd

INDIVIDUAL STATEMENT (Part II)		Own Workshop Email / Fax (if any)	
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:
	2 Vehicle registration no.	C.C.	If commercial vehicle, state permissible carrying capacity
	3 Is driver the owner? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> If no, State Relationship of Driver with owner		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 checked="" type="checkbox"/> Private use <input 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? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		
	If no, state action to be taken <input type="checkbox"/> Third Party <input type="checkbox"/> Reporting Only <input type="checkbox"/> Third Party (Own Workshop)		
	7 Date of birth Occupation Date of license pass Was vehicle driven with the insured's permission? Was driver an employee of the insured's company?		
	15/3/52 Indoor Outdoor 12/6/79 Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> 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		
	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"/>
			Was injured conveyed to hospital by ambulance? 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	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		
Accident details	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 <input type="checkbox"/> km/hr B <input type="checkbox"/> 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 (Refer to attached)		
	22 State number of Passengers (including Driver) <input checked="" type="checkbox"/>		
	Declaration	I/We declare the foregoing particulars are true in every respect	
Policyholder's signature		Date 8/9/17 10:54am	
Driver's signature (if driver is not the policyholder)		Date	