

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	14/10/2017 13:28
Date Of Accident	13/10/2017 21:30
Exact Location Of Accident	PASIR RIS LINK
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SLA9781Y
Insured/Policyholder	
Name Of Registered Owner	SEKAR NARENDRA KUMAR
NRIC No	G5053133W
Email Address	SEKARNAREN@GMAIL.COM
Mobile Phone No	(LOCAL) +65-90274815
Alternative Phone No	OTHERS-90274815

Vehicle Particulars

Manufacturer	MITSUBISHI
Model	ATTRAGE-1.2 CVT (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	GA178244/1
Cover Note Number	

Driver

Name of Driver	SEKAR NARENDRA KUMAR
NRIC No	G5053133W
Date Of Birth	27/05/1983
Occupation	INDOOR
Date Of Driving Pass	12/02/2016
Driving Experience	1 YEAR AND 8 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-90274815
Fax Number	
Contact Number	OTHERS-90274815
EMail Address	SEKARNAREN@GMAIL.COM

Address
 Postcode
 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 - HEAD TO REAR
 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) 4

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 ATTACH STATEMENT RECORDED BY JIA MIN - PROGRESSIVE AUTOMOTIVE PTE LTD TEL 67415336

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 SJP6018H
 Vehicle Make/Model/Colour
 Details Of Properties
 Name of Driver HABIB SULTAN S/O KADER
 NRIC/Passport Number S9400366J
 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

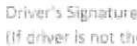
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8. Consent under the Personal Data Protection Act (PDPA)

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.
- (d) my Personal Information will also be collected and used to compile claims history for the purpose of fraud detection, investigation and management in present and all future claims.
- (e) the information so collected under (d) above may be shared / disclosed:
 - (i) to all insurers and/or any other third parties that assist in evaluating, investigating, controlling or managing fraud, regulators, law enforcement and government agencies as reasonably required for the purposes stated; or
 - (ii) for complying with requirements under any regulations, laws or court orders.


Policyholder's Signature
Date & Time:


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


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

Sketch Plan #2

SKETCH PLAN

Vehicle No

A - SLA9781Y

B - 3JP6018H

Legend

Vehicle

Bike

DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

Third-Party Vehicle in front of me was about to turn ~~to~~ right, he indicated that he is going to turn right. I slowed down, he was about to move, however he did not move because of another vehicle in the front. I assumed he has moved and accelerated my car, ending up in an accident.

DECLARATION

I/We declare the foregoing particulars are true in every respect. Please be advised that your insurer may have a 14 day clause whereby the claim against own policy must be made within the stipulated timeframe from the date of occurrence. Kindly check your policy for more details.

Policyholder's Signature
Date & Time:

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

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

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 13/10/17 13:30		2 Exact location of accident Pasir Ris Link		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"/>		To objects other than vehicles No <input checked="" type="checkbox"/> Yes <input type="checkbox"/>		3 Injuries even if slight 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)		Vehicle Video Camera Available No <input type="checkbox"/> Yes <input checked="" type="checkbox"/>			

Registration No. (VEHICLE A) **SLA9781Y**

6 Insured / policyholder (see insurance cert.)
Name **Sekar Narendra Kumar**
(capital letters)
Address _____
NRIC / Passport no. **G5053133W**
Tel no. (From 9am till 5pm) _____
HP **90274815**

7 Vehicle
Make, type **Mitsubishi Attrage**

8 Insurance company
Axa ☒ C ☐ TPFT ☐ TPO

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

Policy No. **GA178044/1**

9 Driver
☒ Same as Owner

Name _____
(capital letters)
NRIC / Passport no. _____
Class of licence **3B, 3**
HP _____
Gender Male ☐ Female ☐

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

<input type="checkbox"/>	Chain Collision
<input type="checkbox"/>	Collided into Object
<input type="checkbox"/>	Collided into Motorcyclist
<input type="checkbox"/>	Collided into Pedestrian Vehicle
<input type="checkbox"/>	Collided into Pedestrian
<input type="checkbox"/>	Collided into Property
<input type="checkbox"/>	Collision - Change/Cross Lane
<input type="checkbox"/>	Collision - Cross Junction
<input type="checkbox"/>	Collision - Head on Collision
<input type="checkbox"/>	Collision - Head to Tail
<input type="checkbox"/>	Collision - Merge/Join Rd
<input type="checkbox"/>	Collision - Opening Door of Vehicle
<input type="checkbox"/>	Collision - Roundabout
<input type="checkbox"/>	Collision - T-Junction
<input type="checkbox"/>	Driver Drunk / Drug influenced
<input type="checkbox"/>	Fire, Explosion or Explosion
<input type="checkbox"/>	Flood
<input type="checkbox"/>	Hit and Run / Vandalism / Damaged vehicle / Property
<input type="checkbox"/>	Hit by falling tree / object / debris
<input type="checkbox"/>	No Collision
<input type="checkbox"/>	Self-Suicide
<input type="checkbox"/>	Theft

Registration No. (VEHICLE B) **SP6018H**

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
☐ 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's account)

Name **Habib Sultan S/o Kader**
(capital letters)
NRIC / Passport no. **S9400366J**
Class of licence _____
HP _____
Gender Male ☒ Female ☐

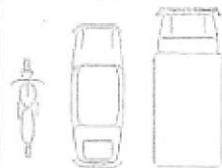
State TOTAL number of boxes marked with a cross

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. Date positions at the time of impact - 4. the road sign - 5. names of the streets or roads

REFER TO ATTACHED

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



11 Visible damage to vehicle A

14 My remarks

15 Signatures of drivers

A *[Signature]*

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



11 Visible damage to vehicle 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 this 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: <u>sekarnaren@gmail.com</u>		
	2 Vehicle registration no.	C.C.	If commercial vehicle, state permissible carrying capacity		
	3 Is driver the owner? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	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"/> Private Hire				
	<input type="checkbox"/> Others - please specify				
	5 Is the vehicle still in use? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	If no, state where it is at present Tel no.			
Of which vehicle are you the owner?	6 Are you claiming under your own insurance policy for repair to your vehicle? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No				
	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?	
	27/5/83	Indoor	12/3/16	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"/>				
	8 Give details of any pre-existing impairment of sight or hearing and of any other disability				
Driver or person in charge of vehicle at the time of accident (including insured)	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?	Was injured conveyed to hospital by ambulance?
				Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
				Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
				Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
				Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
				Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Yes <input type="checkbox"/> No <input checked="" 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? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No				
	If yes, please state which Police station				
	13 Was notice of intended prosecution given? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No				
	If yes, against whom?				
Accident details	14 Weather conditions	<input checked="" type="checkbox"/> Clear <input type="checkbox"/> Rainy <input type="checkbox"/> Others			
	15 Road surface	<input checked="" type="checkbox"/> Wet <input type="checkbox"/> Dry <input type="checkbox"/> Others			
	16 Speed of vehicles	A <input type="checkbox"/> km/hr <input checked="" type="checkbox"/> B <input type="checkbox"/> km/hr			
	17 What warnings were given by driver or other party?				
	18 Were street lights illuminated? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No				
	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) <u>4</u>				
	Declaration	I/We declare the foregoing particulars are true in every respect			
Policyholder's signature <u>[Signature]</u>		Date			
Driver's signature (if driver is not the policyholder)		Date			