

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	15/11/2017 11:32
Date Of Accident	15/11/2017 07:30
Exact Location Of Accident	SLIP ROAD OF BKE TOWARDS KJE
Country/State of Loss	SINGAPORE
DETAILS OF OWN VEHICLE	
Vehicle Registration Number	GBD1778M
Insured/Policyholder	
Name Of Registered Owner	YI WAN CONSTRUCTION PTE. LTD.
Co Reg No	201220467W
Email Address	YIWANCON@GMAIL.COM
Mobile Phone No	
Alternative Phone No	OFFICE-67465789
Vehicle Particulars	
Manufacturer	TOYOTA
Model	DYNA 150-3.0 D (M)
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	COMMERCIAL VEHICLE
Insurance Company	
Name of Insurance Company	AXA INSURANCE PTE LTD
Type Of Coverage	COMPREHENSIVE
Fleet Policy	NO
Policy Number	P1817384
Cover Note Number	
Driver	
Name of Driver	MURUGAN RAGUVARAN
Passport No/FIN	G6583457Q
Date Of Birth	14/12/1988
Occupation	OUTDOOR
Date Of Driving Pass	16/08/2013
Driving Experience	4 YEARS AND 2 MONTHS
Gender	MALE
Mobile Number	
Fax Number	
Contact Number	
EEmail Address	NOEMAIL

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 CHAIN COLLISION

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) 3

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

ON 15/11/2017 AT ABOUT 0730 HRS. WHILE I WAS TRAVELLING ALONG SLIP ROAD OF BKE TOWARDS KJE. VEHICLE D STOP HE VEHICLE. I ALSO STOP IN TIME. SUDDENLY I FEEL AN IMPACT FROM MY REAR, THE IMPACT CAUSING MY VEHICLE HIT ONTO FRONT VEHICLE. I NOTICED THAT VEHICLE B HIT ONTO REAR MY VEHICLE. THE ACCIDENT INCLUDED TOTAL 4 VEHICLE. THAT ALL

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 SLC2109A

Vehicle Make/Model/Colour

Details Of Properties

Name of Driver ANG GOON HWEE

NRIC/Passport Number S7503787B

Contact Number

Address

Postcode

Insurance Company Name

Nature Of Damage

No. Of Passenger (Including Driver)

Details of Witness

Name

Phone Number

Email Address

DETAILS OF OTHER VEHICLE PROPERTY 2

Vehicle Registration Number	GQ80X
Vehicle Make/Model/Colour	
Details Of Properties	
Name of Driver	TEO CHIN KIAN
NRIC/Passport Number	S0559496J
Contact Number	
Address	
Postcode	
Insurance Company Name	
Nature Of Damage	
No. Of Passenger (Including Driver)	

Details of Witness

Name
Phone Number
Email Address

DETAILS OF OTHER VEHICLE PROPERTY 3

Vehicle Registration Number	GBF6221J
Vehicle Make/Model/Colour	
Details Of Properties	
Name of Driver	RAJU PILLAI THIYAGARAJAN
NRIC/Passport Number	S2732972A
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 Pg. 1

SKETCH PLAN

IMPORTANT NOTICE

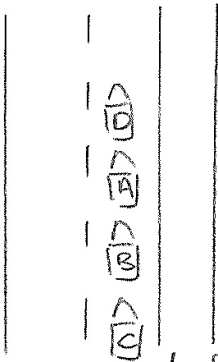
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7. By the lodgement of this report to the insurers, you hereby consent to the archiving of this report at the centre and to copies of thereport being made available aforesaid.
8. Consent under the Personal Data Protection Act (PDPA) I understand, acknowledge, 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.

I AM AWARED THAT MY INSURER MAY HAVE A 14 DAYS TIMEFRAME FOR ME TO SUBMIT AN OWN DAMAGE CLAIM UNDER MY OWN POLICY. I WILL CHECK MY POLICY FOR MORE DETAILS.

X   
Policyholder's Signature / Date & Driver's Signature (If driver is not the policyholder) / Date Witnessed by Reporting Centre

Sketch Plan

A - GBD1778M
B - GQ80X
C - GBF6221J
D - SLC 2109A



Slip Road of BKE towards KJE

Sketch Plan Pg. 2

Describe Circumstances of the Accident

Refer to circumstances

Declaration

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



☐ Claim own policy
☒ Claim third party
☒ Claim OD / TP at other workshop _____
☐ For record purpose
 Policy No. P1817384
 Insurer AXA Veh. No. 980778M

Policyholder's Signature / Date &

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

Witnessed by Reporting Centre

Sketch Plan Pg. 3



redefining / insurance

Date: 15/11/2017

To: Owner of Vehicle Number: GBD177SM

The following has been advised to you via your workshop, SNG AH TEE MOTOR & PANEL SERVICE PTE LTD through their staff, Joyce.

Please tick the applicable box if you had been advice on the content as seen below:

- ☒ 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.
- ☐ 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 the 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, your Insurance Company will use only genuine original parts to repair your vehicle.
- For vehicles above Three (3) years old, your Insurance Company will be carrying out repairs using **any combination** of genuine original parts and/or original equipment manufacturer (OEM) 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 _____

Signed and acknowledge by:



Name and signature of policyholder/authorised driver



Name and signature of workshop personnel including company stamp

Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



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