

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	27/11/2017 09:31
Date Of Accident	26/11/2017 15:50
Exact Location Of Accident	EXIT 13 TWRDS MOUNTBATTEN/NICOLL HIGHWAY/SIMS AVE
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SFH7777H
Insured/Policyholder	
Name Of Registered Owner	LIM MAY LING JENNY
NRIC No	S1599027I
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-98263181
Alternative Phone No	OTHERS-98263181

Vehicle Particulars

Manufacturer	MERCEDES-BENZ
Model	CLS 350 BLUEEFFICIENCY SHOOTING BRAKE
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	PRIVATE CAR

Insurance Company

Name of Insurance Company	AXA INSURANCE PTE LTD
Type Of Coverage	COMPREHENSIVE
Fleet Policy	NO
Policy Number	GA117829/1
Cover Note Number	

Driver

Name of Driver	LEE BOON HUA DONNE
NRIC No	S1500858Z
Date Of Birth	25/08/1961
Occupation	INDOOR
Date Of Driving Pass	28/05/1979
Driving Experience	38 YEARS AND 5 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-98263181
Fax Number	
Contact Number	
Email Address	DONNELEE7777@GMAIL.COM

Address	42 MEI HWAN DRIVE
Postcode	568377
Was driver an employee of the Insured's Company	NO
If No, Relationship of the Driver with the Insured	SPOUSE
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)	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 ATTACHED STATEMENT RECORDED BY LILY - PROGRESSIVE AUTOMOTIVE PTE LTD 67415336

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	SKB7262Z
Vehicle Make/Model/Colour	
Details Of Properties	
Name of Driver	KANE SEOW KUAN HUAT
NRIC/Passport Number	
Contact Number	85888856 / 98516919
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:
NRIC/FIN No.:

SHK-001, Sketch Plan Form - 012

Sketch Plan #2

SKETCH PLAN

<div style="font-size: 2em; color: blue; text-align: center; margin-top: 50px;">Refer To Attach.</div>	<div style="border-bottom: 1px solid black; margin-bottom: 5px;">Vehicle No</div> <div>A -</div> <div>B -</div> <div style="border-bottom: 1px solid black; margin-bottom: 5px;">Legend</div> <div style="display: flex; justify-content: space-around;"> <div style="text-align: center;">  Vehicle </div> <div style="text-align: center;">  Bike </div> </div>
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DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

Refer To Attached.

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.:

GIARMC SketchPlanForm_V2

27/11/17

2

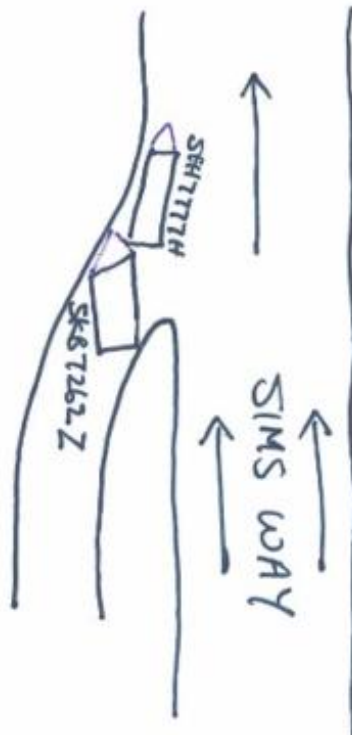
Accident Sketch Plan

(26 Nov 2017) On Sunday afternoon at approximately 3:50pm, I was driving my car SFH 7777H (a white Mercedes Shooting Brake) along EXIT 13 heading in the direction towards Mountbatten/Nicoll Highway Sims Ave. At the end of EXIT 13 as I was entering into Sims Way, I slowed down to give way to the main traffic flow along Sims Way. As I came to a stop, I glanced into my rear view mirror and saw a black Audi sports coupe (SKB 7262 Z) speeding up behind me. The driver failed to notice that I had already slowed to a stop until very late. He then tried to apply emergency brake and also swerve to his left towards the kerb in an attempt to avoid hitting my car. However, he was unable to brake in time and the right front of his car slammed into my left rear. There was no rain at the time of the accident and the visibility was very clear.

Mr Kane Seow Kuan Huat (kane.seow.era@gmail.com/
HP: 8588 8856 & 98516919) is the
driver of SKB 7262 Z

Accident occurred
on 26 Nov 2017 (Sun) @ 3:50pm.

[Signature]



[Signature]

Lee Boon Hua Done
i/c S1500858/Z
HP 98263181
27 Nov 2017

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 36/11/17 1550		2 Exact location of accident Mountbatten / Nicoll Highway		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 checked="" type="checkbox"/> Yes <input type="checkbox"/>	

Registration No. (VEHICLE A) **SFH 7777H**

6 Insured / policyholder (see insurance cert.)
Name **Lim May Ling**
(capital letters)
Address _____
NRIC / Passport no. **S1579027I**
Tel no. (from 9am till 5pm) _____
HP **98263181**

7 Vehicle
Make, type **Mercedes**

8 Insurance company
AxA ☒ C ☐ TPFT ☐ TPO
Does the policy cover damage to vehicle A?
No ☐ Yes ☒
Policy No. **GA11782911**

9 Driver ☐ Same as Owner
Name **Lee Boon Hua**
(capital letters)
NRIC / Passport no. **S1500858Z**
Class of licence _____
HP **98263181**
Gender Male ☒ Female ☐

12 CIRCUMSTANCES

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

- | | |
|--------------------------|---|
| <input type="checkbox"/> | Chain Collision |
| <input type="checkbox"/> | Collided into Bicycle |
| <input type="checkbox"/> | Collided into Motorcyclist |
| <input type="checkbox"/> | Collided into Parked 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 Rear |
| <input type="checkbox"/> | Collision - Major/Minor Rd |
| <input type="checkbox"/> | Collision - Opening Door of Vehicle |
| <input type="checkbox"/> | Collision - Rayedshot |
| <input type="checkbox"/> | Collision - U-Turn |
| <input type="checkbox"/> | Drink Driving / Drug Influence |
| <input type="checkbox"/> | Fire, Explosion or Ignition |
| <input type="checkbox"/> | Flood |
| <input type="checkbox"/> | Hit and Run / Vandalism / Damaged whilst Parked |
| <input type="checkbox"/> | Hit by fallen Tree / Other Objects |
| <input type="checkbox"/> | No Collision |
| <input type="checkbox"/> | Side Swipe |
| <input type="checkbox"/> | Theft |

Registration No. (VEHICLE B) **SKB 7X622**

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

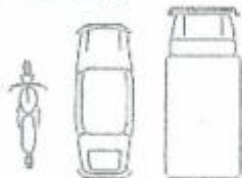
State TOTAL number of boxes marked with a cross

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. their positions at the time of impact - 4. the road signs - 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

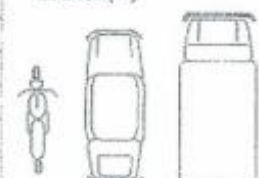
15 Signatures of drivers

A *[Signature]*

B

14 My remarks

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



11 Visible damage to vehicle B

* 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 type="checkbox"/> No <input checked="" type="checkbox"/>		If no, State Relationship of Driver with owner <u>Spouse</u> 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? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> If no, state where it is at present Tel no.						
	6 Are you claiming under your own insurance policy for repair to your vehicle? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> If no, state action to be taken <input type="checkbox"/> Third Party <input type="checkbox"/> Reporting Only <input checked="" type="checkbox"/> Third Party (Own Workshop)						
Driver or person in charge of vehicle at the time of accident (including insured)	7 Date of birth		Occupation		Date of license pass		Was vehicle driven with the insured's permission?
	<u>27/8/61</u>		<u>Indoor</u>		<u>28/5/79</u>		Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
			Outdoor				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						
Injured persons	9 Full details of all driving convictions including pending prosecutions in the last 36 months						
	Date		Offence				Penalty
Damage to property & vehicles (other than vehicles A and B)	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"/>
Police action	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)
Accident details	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?						
	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 vehicle A		km/hr		16 Speed of vehicle 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 (Refer to attached)						
22 State number of Passengers (including Driver) <input type="text"/>							
Declaration							
I/We declare the foregoing particulars are true in every respect							
Policyholder's signature						Date	
Driver's signature (if driver is not the policyholder)						Date <u>27/4/17</u>	

Driver IC & LIC

67479006. Fax.

REPUBLIC OF SINGAPORE DRIVING LICENCE

License Number: S1500858Z

Name: LEE BOON HUA DONNE

Birth Date: 25 Aug 1961

Issue Date: 26 Apr 2004

NP 428A

Barcode: 0012052310

REPUBLIC OF SINGAPORE

IDENTITY CARD NO. S1500858Z

LEE BOON HUA DONNE

李文華

CHINESE

Date of Birth: 25-08-1961

Sex: M

Country of Birth: SINGAPORE

donnelee7777@gmail.com

YOU ARE LICENSED TO DRIVE VEHICLES IN THE FOLLOWING CLASS(ES)

Class 3 Motor Cars and Motor Tractors the weight of which unladen does not exceed 3500 kilograms

PASS DATE: 28 May 1979

Licence No: S1500858Z

NP 428A

Barcode: 0012052310

NRIC No: S1500858Z

42 MEI HWAN DRIVE SINGAPORE 568377

NRIC No: S1500858Z

Date: 12-03-2005

No: A143394

Letter acknowledge by driver



redefining / insurance

Date: 27/11/17


To: Owner of Vehicle Number: SPH 777 H.

The following has been advised to you via your workshop, PROGRESSIVE AUTOMOTIVE PTE LTD through their staff, 2164

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

