

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	15/06/2012 17:39
Date Of Accident	15/06/2012 10:15
Exact Location Of Accident	SERANGOON ROAD

DETAILS OF OWN VEHICLE

Vehicle Registration Number	GM7228M
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Insured/Policyholder

Name Of Registered Owner	TAN KIM SIOK
NRIC No	S2081810G

Vehicle Particulars

Manufacturer	NISSAN
Model	P/UP D /CAB
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	Reporting Only
Vehicle Category	Commercial Vehicle

Insurance Company

Name of Insurance Company	AXA Insurance Singapore Pte Ltd
Type Of Coverage	Third Party Fire and/or Theft
Fleet Policy	No
Policy Number	P0420554
Cover Note Number	

Driver

Name of Driver	TAN KIM SIOK
NRIC No	S2081810G
Date Of Birth	23/08/1941
Occupation	Outdoor
Date Of Driving Pass	06/06/1980
Driving Experience	32 Years And 0 Months
Gender	Male
Mobile Number	(Local) +65-82086080
Fax Number	
Contact Number	
EEmail Address	
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	Unknown - COLLISION - HEAD TO SIDE
Weather Conditions	Clear
Road Surface	Dry

Other Information

Was any body injured in the Accident?	No
Was any other material or property damaged?	Yes

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

Are accident photos available for attachment?	Yes
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DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	SHD124K
Vehicle Make/Model/Colour	
Details Of Properties	
Name of Driver	ZAINI BIN SAHALI
NRIC/Passport Number	S1498218C
Contact Number	98203044
Address	
Postcode	
Insurance Company Name	
Nature Of Damage	
No. Of Passenger (Including Driver)	

Details of Witness

Name	
Phone Number	
Email Address	

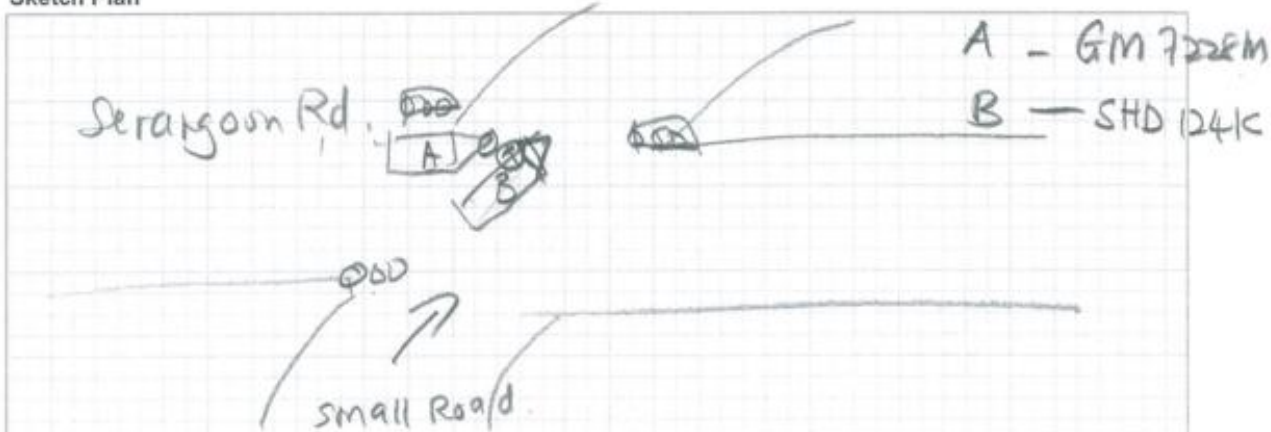
Sketch Plan

SKETCH PLAN

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Sketch Plan



Describe Circumstances of the Accident

CAR B dash across traffic light about to turn.
red. My car is go straight hit onto his
left side headlamp.

Declaration

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

x 陳 / 陳惜
Policyholder's Signature / Date & Time
15/6/2012
4.45 pm

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

Witnessed by Reporting Centre Personnel
15/6/2012
4:50 pm

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 Time 15/6/2012 1015		2 Exact location of accident Serangoon Road		To be signed by BOTH drivers	
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"/>		To objects other than vehicles 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. **GM 1228M**

6 Insured / policyholder (see insurance cert.)
Name **TAN KIM SIOK**
(capital letters)
Address
NRIC / Passport no. **S20818106**
Tel no. (from 9am till 5pm)
HP **8208 6080**

7 Vehicle
Make, type **NISSAN PLUPD / CAB**

8 Insurance company
AIA (TAFT)
Does the policy cover damage to vehicle A?
No ☐ Yes ☒
Policy No. (if available) **P0420554**

9 Driver (See driving licence)
(if different from Insured A above)
Name **as abv**
(capital letters)
NRIC / Passport no. **—**
Class of licence **3**

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 →

Registration No. **SHB 124K**

6 Insured / policyholder (see insurance cert.)
Name
(capital letters)
Address
NRIC / Passport no.
Tel no. (from 9am till 5pm)
HP **9820 3044**

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 **Zaini Bin Sahali**
(capital letters)
NRIC / Passport no. **S1498218C**
Class of licence

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

11 Visible damage to vehicle A

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: ☐

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

11 Visible damage to vehicle B

14 My remarks

15 Signatures of drivers

A

14 My remarks

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 →

IS (PART II)

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 Of which vehicle are you the owner? <input checked="" type="checkbox"/> A <input type="checkbox"/> B	1 Occupation (If more than one, state all) <u>outdoor</u>															
	2 Vehicle registration no. <u>CC</u>		Email: _____ If commercial vehicle, state permissible carrying capacity													
	3 Is driver the owner? Yes <input checked="" type="checkbox"/> No <input 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. _____															
	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>Reporting only</u>															
Driver or person in charge of vehicle at the time of accident (including insured)	7 Date of birth <u>23/8/1941</u>	Occupation (If more than one, state all) _____	Years of driving experience <u>06/4/1980</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 type="checkbox"/>											
	8 Give details of any pre-existing impairment of sight or hearing and of any other disability <u>NIL</u>															
	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"/>	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"/>											
				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 <u>10</u> km/hr B <u> </u> km/hr															
	17 What warnings were given by driver or other party? _____															
	18 Were street lights illuminated? Yes <input type="checkbox"/> No <input checked="" 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 <u>陳國瑞</u> Date <u>15/6/2012</u> Driver's signature (if driver is not the policyholder) _____ Date _____																

Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo

