

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	18/12/2017 15:01
Date Of Accident	18/12/2017 07:05
Exact Location Of Accident	C/P OF BLK 409 MARKET
Country/State of Loss	SINGAPORE
DETAILS OF OWN VEHICLE	
Vehicle Registration Number	YM3141S
Insured/Policyholder	
Name Of Registered Owner	PHANG PECK FATT
NRIC No	S0563462H
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-96969484
Alternative Phone No	OTHERS-96969484
Vehicle Particulars	
Manufacturer	NISSAN
Model	CABSTAR
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 PTE LTD
Type Of Coverage	THIRD PARTY FIRE AND/OR THEFT
Fleet Policy	NO
Policy Number	GA180176
Cover Note Number	
Driver	
Name of Driver	PHANG PECK FATT
NRIC No	S0563462H
Date Of Birth	26/11/1946
Occupation	OUTDOOR
Date Of Driving Pass	26/10/1967
Driving Experience	50 YEARS AND 1 MONTH
Gender	MALE
Mobile Number	(LOCAL) +65-96969484
Fax Number	
Contact Number	OTHERS-96969484
EEmail Address	NOEMAIL

Address	BLK 704 BEDOK RESERVOIR ROAD #11-3600
Postcode	470704
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)	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	GBC7595P
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

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 liability.
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. The report will be forwarded by 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 lodgment 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.
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.:

18/12/17

Sketch Plan #2

SKETCH PLAN

	<p>Vehicle No</p> <p>A - Ym3141s.</p> <p>B - GBC 7595P.</p> <p>Legend</p> <div style="display: flex; justify-content: space-around;"> <div style="text-align: center;"> Vehicle </div> <div style="text-align: center;"> Bike </div> </div>
--	--

DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

While I was reversing, vehicle B came from behind and collided onto the rear r/h side of my lorry.

No damage to my lorry.

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_V3

18/11/17

2

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 Time 18/12/17 09:05		2) Exact location of accident CP of BIK 409. Market		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 undertaken 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. **YM3141S**
(VEHICLE A)
☒ Insured / policyholder (see insurance cert.)
Name **Phong Rick Fatt**
(capital letters)
Address
NRIC / Passport no. **S05634624**
Tel. no. (from 9am till 5pm)
HP **96969484**
☒ Vehicle
Make, type **Nissan Cabstar**
☒ Insurance company
AXA ☐ C ☒ TPFT ☐ TPO
Does the policy cover damage to vehicle A?
No ☒ Yes ☐
Policy No. **GA180176**
☒ Driver ☒ Name is Owner
Name
(capital letters)
NRIC / Passport no.
Class of licence
HP
Gender Male ☐ Female ☐

12 CIRCUMSTANCES

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

- Chain Collision
- Collided into Bicyclist
- Collided into Motorcyclist
- Collided into Parked Vehicle
- Collided into Pedestrian
- Collided into Property
- Collision - Change/Cross Lane
- Collision - Cross Intersection
- Collision - Head on Collision
- Collision - Head to Rear
- Collision - Major/Minor Rd
- Collision - Opening Door of Vehicle
- Collision - Roadblock
- Collision - U-Turn
- Drink Driving / Drug Influence
- Fire, Explosion or Upsetting
- Flood
- Hit and Run / Vandalism / Damaged without Permitted by Fallen Tree / Other Objects
- Ice Collision
- Skid/Slip
- Thief

State TOTAL number of boxes marked with a cross

↓ Registration No. (VEHICLE B) **GBC 7595T**

6 Insured / policyholder (see insurance cert.)

B 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)

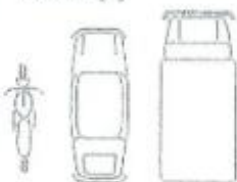
NRIC / Passport no. _____

Class of licence _____

HP _____

Gender Male ☐ Female ☐

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



☐ Visible damage to vehicle A

3.4 My remarks

13 Sketch of accident when impact occurred 13

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, place a note in the margin to 2-3 of the attached on page 4

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



13 Visible damage to vehicle B

14 My remarks

^a 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 -B

Individual Statement


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			
	4 Exact purpose for which vehicle was being used at time of accident		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 checked="" type="checkbox"/> No <input type="checkbox"/>		If no, state where it is at present			
	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 checked="" type="checkbox"/> Reporting Only <input type="checkbox"/> Third Party (Own Workshop)			
Of which vehicle are you the owner?	<input checked="" type="checkbox"/> A		<input type="checkbox"/> B					
	7 Date of birth		Occupation		Date of license pass		Was vehicle driven with the insured's permission?	
	26/11/46		Indoor		26/10/67		Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
	8 Give details of any pre-existing impairment of sight or hearing and of any other disability		Outdoor				Was driver an employee of the insured's company?	
Driver or person in charge of vehicle at the time of accident (including insured)							Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
	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"/>	
							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 <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)		1						
Declaration	I/We declare the foregoing particulars are true in every respect							
	Policyholder's signature				Date		3/18/17	
	Driver's signature (if driver is not the policyholder)				Date			

REPUBLIC OF SINGAPORE
IDENTITY CARD NO. S0563462H



Name
PHANG PECK FATT
彭德發
Race
CHINESE
Date of Birth
26-11-1946 Sex
M
Country of Birth
SINGAPORE


REPUBLIC OF SINGAPORE **DRIVING LICENCE**




Licence Number: **S0563462H**
Name:
PHANG PECK FATT
Birth Date: **26 Nov 1946**
Issue Date: **13 Aug 2003**

000740325G

2706252



NRIC No. **S0563462H**



Blood Group
B+ Date of Issue
20-09-1995

Address
**APT BLK 704, BEDOK RESERVOIR ROAD
#11-8600
SINGAPORE 470704**

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

	PASS DATE
Class 2B Motorcycles not exceeding 200 cc	29 Dec 1977
Class 2A Motorcycles between 201 cc and 400 cc	29 Dec 1977
Class 2 Motorcycles exceeding 400 cc	29 Dec 1977
Class 3 Motor Cars and Motor Tractors the weight of which unladen does not exceed 2500 kilograms	26 Oct 1967

NP 428A

Licence No. S0563462H

Accident Photo



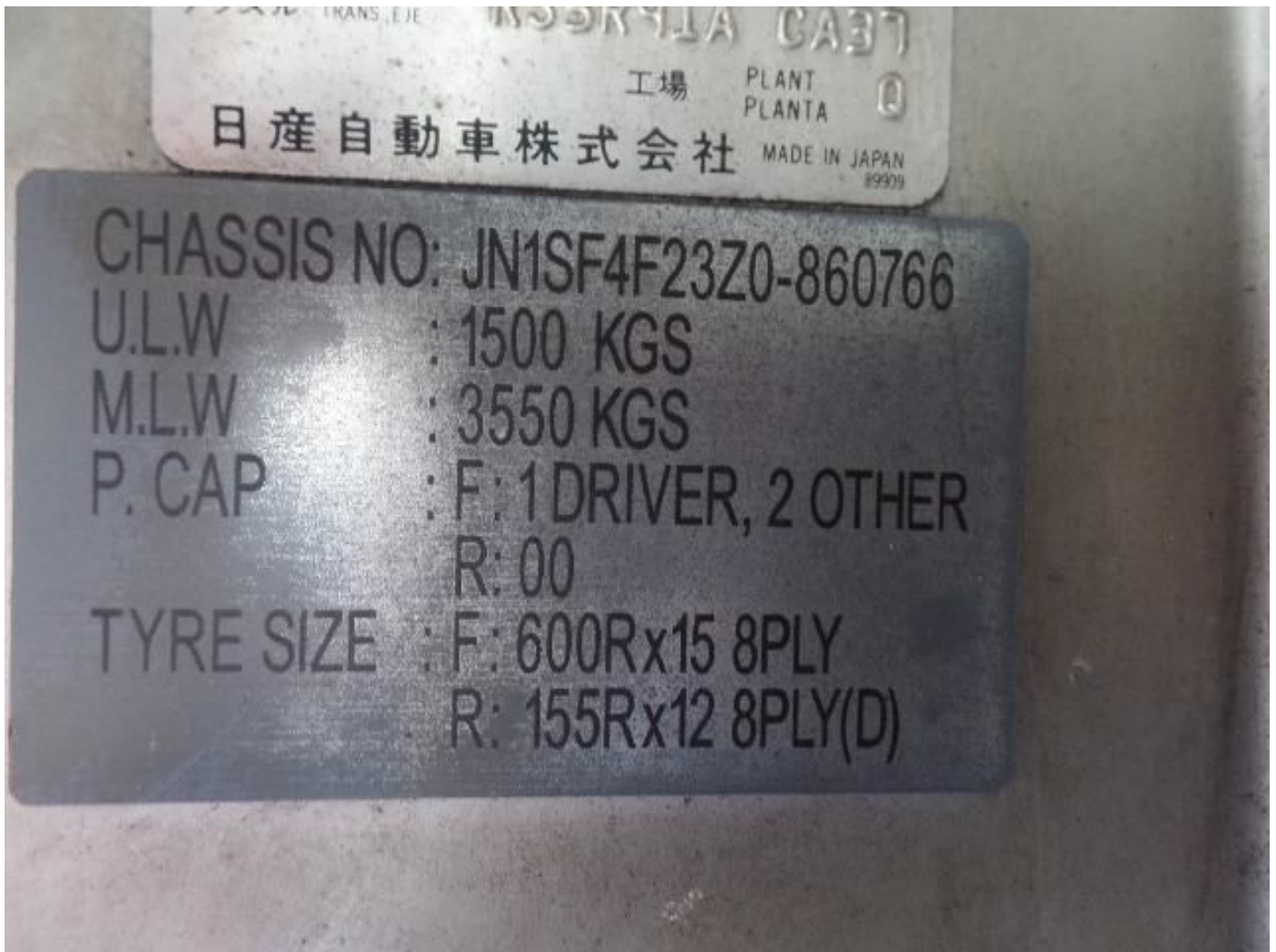
Accident Photo



Accident Photo



Accident Photo



Accident Photo

