

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	26/12/2017 16:20
Date Of Accident	24/12/2017 10:25
Exact Location Of Accident	MARINE PARADE ROAD
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SKG816X
Insured/Policyholder	
Name Of Registered Owner	TAN TZE TSUNG DEREK
NRIC No	S7426275I
Email Address	DEREK.TAN@GMAIL.COM
Mobile Phone No	(LOCAL) +65-98316380
Alternative Phone No	OFFICE-66345700

Vehicle Particulars

Manufacturer	BMW
Model	116D-1.5 (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	GA099705
Cover Note Number	

Driver

Name of Driver	TAN TZE TSUNG DEREK
NRIC No	S7426275I
Date Of Birth	21/08/1974
Occupation	INDOOR
Date Of Driving Pass	02/08/1994
Driving Experience	23 YEARS AND 4 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-98316380
Fax Number	
Contact Number	OFFICE-66345700
Email Address	DEREK.TAN@GMAIL.COM

Address	34G ST PATRICK'S ROAD
Postcode	424157
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 - CHANGE/CROSS LANE
Weather Conditions	CLEAR
Road Surface	DRY

Other Information

Was any foreign vehicle involved in this accident?	NO
Number of vehicles involved in the accident	
Was any body injured in the Accident?	NO
Was any injured conveyed to hospital by ambulance?	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)	2
Passenger 1	NAME: : JESSICA CHI GENDER: : FEMALE

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	SDN4141D
Vehicle Make/Model/Colour	HYUNDAI ELANTRA
Details Of Properties	
Vehicle Category	PRIVATE CAR
Name of Driver	WONG YEW WENG
NRIC/Passport Number	S1680899G
Contact Number	
Address	
Postcode	
Insurance Company Name	
Nature Of Damage	
No. Of Passenger (Including Driver)	

Sketch Plan

SKETCH PLAN

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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: 26-12-17

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

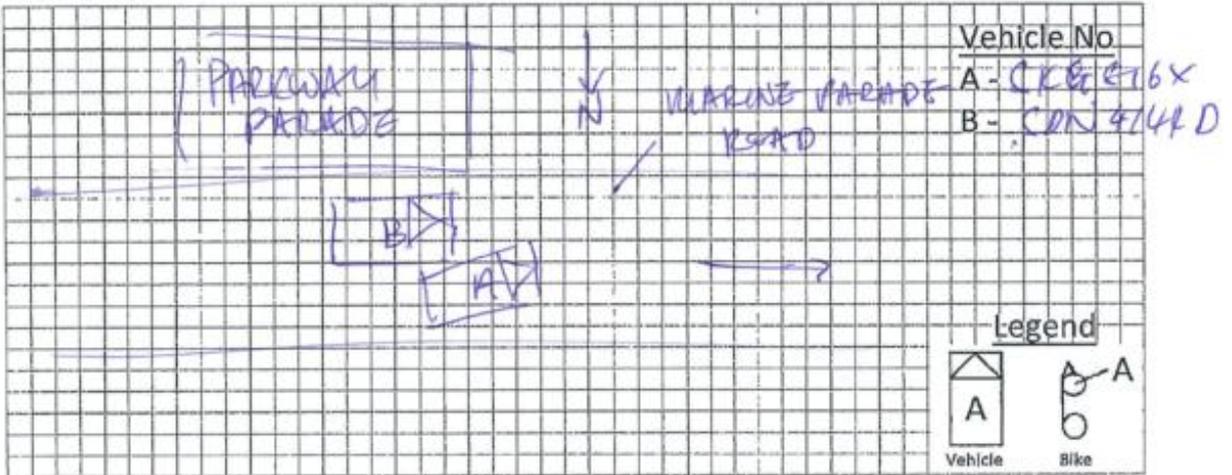


Reporting Centre Personnel's Signature

Name:
NRIC/FIN No.:

Sketch Plan #2

SKETCH PLAN



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

REF ATTACHMENTS

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: 26-12-17

GIARMC SketchPlanForm_V3 1100

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: 24/1/17 Time: 10:25 2 Exact location of accident: Marine Parade Rd. 3 Injuries even if slight: No Yes *

4 Material damage: To vehicles other than vehicles A and B: No Yes * To objects other than vehicles: No Yes * 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 Yes

Registration No. (VEHICLE A) SKG816X

6 Insured / policyholder (see insurance cert.) Name: Tan Tze Tsung (capital letters) Derek. Address: _____ NRIC / Passport no.: S742625E Tel no. (from 9am till 5pm): 66345700 HP: 92216380 (0)

7 Vehicle: Make, type: BMW 116.

8 Insurance company: AXA TPFT TPO Does the policy cover damage to vehicle A? No Yes Policy No.: GA099705

9 Driver: Same as Owner Name: _____ 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

A

01 Chain Collision
02 Collided into Moped
03 Collided into Motorcyclist
04 Collided into Parked Vehicle
05 Collided into Pedestrian
06 Collided into Property
07 Collision - Change/Cross Lane
08 Collision - Cross Junction
09 Collision - Head on Collision
10 Collision - Head to Rear
11 Collision - Major/Minor Rd
12 Collision - Opening Door of Vehicle
13 Collision - Roundabout
14 Collision - U-Turn
15 Drink Driving / Drug Influence
16 Fire, Explosion or Lightning
17 Flood
18 Hit and Run / Vandalism / Damaged whilst Parked
19 Hit by Fallen Tree / Other Objects
20 No Collision
21 Side Swipe
22 Theft

← State TOTAL number of boxes marked with a cross →

Registration No. (VEHICLE B) SDN4141D

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

7 Vehicle: Make, type: Hyundai Elantra

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: Wong Kw Weng (capital letters) NRIC / Passport no.: S7608995 Class of licence: 3 HP: _____ Gender: Male Female

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

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, please make reference to one of the sketches on page 41

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

11 Visible damage to vehicle A

11 Visible damage to vehicle B

14 My remarks

15 Signatures of drivers

A

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 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: _____														
Of which vehicle are you the owner? <input checked="" type="checkbox"/> A <input type="checkbox"/> B	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 _____		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"/> Fire & 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 _____		Tel no. _____												
	6 Are you claiming under your own insurance policy for repair to your vehicle? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> If no, state action to be taken <input type="checkbox"/> Third Party <input type="checkbox"/> Reporting Only <input 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? 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 _____														
9 Full details of all driving convictions including pending prosecutions in the last 36 months															
<table border="1" style="width:100%; border-collapse: collapse; font-size: x-small;"> <thead> <tr> <th style="width: 15%;">Date</th> <th style="width: 55%;">Offence</th> <th style="width: 30%;">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 _____														
	15 Road surface Wet <input type="checkbox"/> Dry <input checked="" type="checkbox"/> Others _____														
	16 Speed of vehicles A _____ km/hr 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="checkbox"/> _____ <i>JESSICA CHY</i>															
Declaration	I/We declare the foregoing particulars to be true in every respect														
Policyholder's signature _____		Date <u>26/12/17</u>													
Driver's signature (if driver is not the policyholder) _____		Date _____													

Circumstances of accident Pg. 1

Lily, Progressive

From: Derek Tan [derek.tan@gmail.com]
Sent: Tuesday, 26 December, 2017 10:56 AM
To: progauto@progauto.com.sg
Subject: Skg816x

----- Forwarded message -----

From: Derek Tan <derek.tan@gmail.com>
Date: Tue, 26 Dec 2017 at 09:11
Subject: Re:
To: Derek Tan <derek.tan@gmail.com>

ON 24 December 2017 at about 1025am I, Tan Tze Tsung Derek (NRIC S7426275I) was driving west along Marine Parade Road in my vehicle, white BMW 116d (Vehicle Registration SKG816X). Outside Parkway Parade, I changed lanes from the middle lane to the left most lane and collided with a red Hyundai Elantra (Vehicle Registration SDN4141D) driven by Mr Wong Yew Weng (NRIC S1680899G). Mr Wong was driving in the leftmost lane headed straight.

On Tue, Dec 26, 2017 at 9:03 AM, Derek Tan <derek.tan@gmail.com> wrote:

--
Derek Tan
--
Derek Tan

Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo

