

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	08/01/2018 14:47
Date Of Accident	06/01/2018 19:00
Exact Location Of Accident	SIMS AVENUE
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SKU6359K
Insured/Policyholder	
Name Of Registered Owner	HONG KIM PONG
NRIC No	S0957463H
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-96349236
Alternative Phone No	OTHERS-96349236

Vehicle Particulars

Manufacturer	HONDA
Model	FIT-1.3 G (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? 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	GA116291
Cover Note Number	

Driver

Name of Driver	HONG KIM PONG
NRIC No	S0957463H
Date Of Birth	01/10/1947
Occupation	INDOOR
Date Of Driving Pass	28/07/1970
Driving Experience	47 YEARS AND 5 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-96349236
Fax Number	
Contact Number	OTHERS-96349236
EMail Address	NOEMAIL

Address	133 JALAN SEAVIEW
Postcode	438427
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: : KOH SIM MOY 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	SHC8668K
Vehicle Make/Model/Colour	NTUC COMFORT
Details Of Properties	
Vehicle Category	TAXI
Name of Driver	MOHAMED ISHAK JAHABAR ALI
NRIC/Passport Number	S6980123D
Contact Number	
Address	BLK 564 PASIR RIS ST 51 #09-140
Postcode	510564
Insurance Company Name	
Nature Of Damage	
No. Of Passenger (Including Driver)	

Sketch Plan

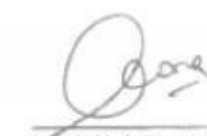
SKETCH PLAN

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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:

8/1/18


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

	<p>Vehicle No</p> <p>A - SKU 6359K</p> <p>B - SVC 8668K</p> <p>Legend</p> <div style="display: flex; justify-content: space-around;"> <div style="text-align: center;"> <p>A</p> <p>Vehicle</p> </div> <div style="text-align: center;"> <p>B</p> <p>Bike</p> </div> </div>
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DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

See attached report

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: 8/1/18

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

Reporting Centre Personnel's Signature
 Name:
 NRIC/FIN No.:

Circumstances of accident Pg. 1

Road Accident between Car SKU 6359 K and Taxi SHC 8668 K

On 6.1.2018 at about 1900 hrs., as I was driving my car registration number SKU 6359 K along Sim Avenue, I slowed down and turned on my right signal to enter Geylang Lorong 35, suddenly a Comfort Delgo taxi registration number SHC 8668 K overtook my car on the left to enter the same road. See photograph 1

The taxi hit the left side of my front corner bumper causing a dent of about 300 mm by 300 mm. The bumper supporting frame protruded out and there was a minor misalignment of the bumper joint. See photographs 2 and 3.

There was only a minor glazing of the taxi rear left corner of the bumper measuring about 300 mm by 300 mm with my car silver paint on it. See photograph 4

The taxi was travelling at a fast speed and there was no right turn indicator from the vehicle See photographs.

Particulars of taxi driver

Mohamed Ishak Jahabar Ali
NRIC S 6980123 D
Block 564 Pasir Ris , Street 51
Singapore 510564

Particulars of car owner

Hong Kim Pong
NRIC S 0957463 H
133 Jalan Seaview
Singapore 438427
Mobile 9634 9236



Hong Kim Pong

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: 6/1/18		Time: 1900		2 Exact location of accident: Sims Ave.		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"/>		5 Witness' name, address and tel no. (to be underlined if he/she is passenger in vehicle A or vehicle B)		3 Injuries given if at fault No <input checked="" type="checkbox"/> Yes <input type="checkbox"/>	
						Vehicle Video Consent Available No <input checked="" type="checkbox"/> Yes <input type="checkbox"/>	

Registration No. (VEHICLE A) **SKU 6399 K**

6 Insured / policyholder (see insurance cert.)
Name **Hong Kim Peng**
(capital letters)
Address _____
NRIC / Passport no. **S0957463H**
Tel no. (from Sam @ 5pm) _____
HP **9634 9236**

7 Vehicle
Make, type **Honda Fit**

8 Insurance company
AAA ☒ C ☐ TPFT ☐ TPO
Does the policy cover damage to vehicle A?
No ☐ Yes ☒
Policy No. **GA11629111**

9 Driver ☒ Same as 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

<input type="checkbox"/>	Chain Collision
<input type="checkbox"/>	Collided into Object
<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 - Minor/Minor Rd
<input type="checkbox"/>	Collision - Opening Door of Vehicle
<input type="checkbox"/>	Collision - Roundabout
<input type="checkbox"/>	Collision - U-Turn
<input type="checkbox"/>	Drunk Driving / Drug Influence
<input type="checkbox"/>	Fire, Explosion or Lightning
<input type="checkbox"/>	Flood
<input type="checkbox"/>	Hit and Run / Vanishing / 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) **SHC 8668 K**

6 Insured / policyholder (see insurance cert.)
Name _____
(capital letters)
Address **12584 Pagar Rd.**
S+51 (510-34)
NRIC / Passport no. _____
Tel no. (from Sam @ 5pm) _____
HP _____

7 Vehicle
Make, type **NTUC Comfort**

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 **Mohamed Ishak**
(capital letters)
Jahabar Ali
NRIC / Passport no. **S69801230**
Class of licence _____
HP _____
Gender Male ☒ Female ☐

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

11 Visible damage to vehicle A

14 My remarks

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

13 Sketch of accident when impact occurred

15 Signatures of drivers

A

B

14 My remarks

* In the event of repairs or in the event of damage to property other than to vehicles A and B, give information overleaf

Do not alter anything in this 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. <u>SKU6359K</u> CC		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"/> 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 Tel no. _____		
Of which vehicle are you the owner?	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 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
	<u>11/10/47</u>	<u>Indoor</u>	<u>28/7/70</u>
	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		
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?
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 <input checked="" type="checkbox"/> Clear <input type="checkbox"/> Raining <input type="checkbox"/> Others <input type="checkbox"/>		
	15. Road surface <input checked="" type="checkbox"/> Wet <input type="checkbox"/> Dry <input 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)		
Declaration	22. State number of Passengers (including Driver) <u>2</u> * <u>Koh Sim Moy</u>		
	I/We declare the foregoing particulars are true in every respect		
	Policyholder's signature <u>[Signature]</u> Date <u>8/1/18</u>		
Driver's signature (if driver is not the policyholder) _____ Date _____			