

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 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	22/01/2018 18:09
Date Of Accident	20/01/2018 21:10
Exact Location Of Accident	PENANG ROAD
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SKP103Y
Insured/Policyholder	
Name Of Registered Owner	CHUA KOK KENG
NRIC No	S8323683C
Email Address	PARANEOX@GMAIL.COM
Mobile Phone No	(LOCAL) +65-93396700
Alternative Phone No	OFFICE-93396700

Vehicle Particulars

Manufacturer	MERCEDES-BENZ
Model	SL320
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	PRIVATE CAR

Insurance Company

Name of Insurance Company	AXA INSURANCE PTE LTD
Type Of Coverage	THIRD PARTY
Fleet Policy	NO
Policy Number	GA129344
Cover Note Number	

Driver

Name of Driver	CHUA KOK KENG
NRIC No	S8323683C
Date Of Birth	08/08/1983
Occupation	INDOOR
Date Of Driving Pass	09/04/2013
Driving Experience	4 YEARS AND 9 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-93396700
Fax Number	
Contact Number	OFFICE-93396700
E Mail Address	PARANEOX@GMAIL.COM

Address	BLK 246 KIM KEAT LINK #04-19
Postcode	310246
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
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)	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?	YES
Remarks/ Reasons:	REQUEST FROM OWNER
Was there any audio recorded?	NO

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	SJX9146J
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	PRIVATE CAR
Name of Driver	
NRIC/Passport Number	
Contact Number	
Address	
Postcode	
Insurance Company Name	
Nature Of Damage	
No. Of Passenger (Including Driver)	

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:

22/4/18

G:ARMC SketchPlanForm_V3



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

heading towards Plaza Singapura

I was driving along Penang Road, and waiting to filter right to the lane beside the Istana Heritage Gallery. A car had just sped past on the lane and I was about to filter right to the lane when a second car sped by on high speed. To avoid collision I had to maintain back on my lane. At the point when I was checking my blind spot for the second vehicle, the car SJX 9146J was still moving forward hence when I maintained my lane my car was still moving slightly forward. However when I turn back from checking my blind spot just a split second later, SJX 9146J suddenly jammed his brakes whereby there was still some distance from the car in front of him. I jammed my brakes at the same time but due to the extreme weight of my car, it couldn't stop in time and my car bumper contacted the rear number plate of his car slightly. There was no visible damage on his body kit except his number plate.

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:
 28/11/18
 GIARMC Sketch Plan Form_V3

 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

To be signed by BOTH drivers

1 Date of accident 20/1/18 2:10	2 Exact location of accident Klang Rd	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) <u>Request from</u>

Registration No. (VEHICLE A) **SKP103Y**

6 Insured / policyholder (see insurance cert.)
Name **Chua Kok Keng**
Address _____
NRIC / Passport no. **S8323683C**
Tel no. (from 9am till 5pm) _____
HP **9339 6700**

7 Vehicle
Make, type **Merz SL30**

8 Insurance company
XIA TPFT TPO
Does the policy cover damage to vehicle A?
No Yes
Policy No. **GA129344**

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

<input type="checkbox"/>	Chain Collision
<input type="checkbox"/>	Collided into Bicyclist
<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 - 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 / 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

← State TOTAL number of boxes marked with a cross →

Registration No. (VEHICLE B) **SJX9146J**

6 Insured / policyholder (see insurance cert.)
Name _____
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 _____
NRIC / Passport no. _____
Class of licence _____
HP _____
Gender Male Female

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

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 refer to one of the sketches on page 4

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"/> 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. _____												
	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)														
	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"/>											
8 Give details of any pre-existing impairment of sight or hearing and of any other disability _____			Was driver an employee of the insured's company? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>												
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 checked="" type="checkbox"/>												
	Was injured conveyed to hospital by ambulance? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>														
11 Name(s) and address(es) of owner(s) _____		Vehicle registration no. or details of property _____	Nature of damage _____												
12 Was the accident reported to the Police? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> If yes, please state which Police station _____			Insurer's name and address (if known) _____												
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="text" value="1"/>															
Declaration: I/We declare the foregoing particulars are true in every respect															
Policyholder's signature _____		Date <u>22/11/18 (1220hrs)</u>													
Driver's signature (if driver is not the policyholder) _____		Date _____													

REPUBLIC OF SINGAPORE DRIVING LICENCE



Licence Number: **S8323683C**
Name: **CHUA KOK KENG (CAI GUOQING)**
Birth Date: **08 Aug 1983**
Issue Date: **26 Sep 2016**



002613172C

REPUBLIC OF SINGAPORE
IDENTITY CARD NO. **S8323683C**



Name: **CHUA KOK KENG (CAI GUOQING)**
蔡国擎
Race: **CHINESE**
Date of birth: **08-08-1983** Sex: **M**
Country/Place of birth: **SINGAPORE**



S8323683C

paraneon@gmail.com

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

	EFFECTIVE DATE
Class 3 Motor cars with unladen weight \leq 3000kg with \leq 7 passengers, exclusive of driver; and other motor vehicles with unladen weight \leq 2500kg	09 Apr 2013

NP 428A



Licence No: S8323683C

5659176



NRIC No: **S8323683C**



Date of issue: **26-09-2016**

Address: **APT BLK 246 KIM KEAT LINK #04-19 SINGAPORE 310246**

Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo

