

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	25/01/2018 12:12
Date Of Accident	25/01/2018 08:25
Exact Location Of Accident	AMBER ROAD
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SJD7618H
Insured/Policyholder	
Name Of Registered Owner	LIM YAN NE
NRIC No	S7287329G
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-97261107
Alternative Phone No	OTHERS-97261107

Vehicle Particulars

Manufacturer	HONDA
Model	ODYSSEY-2.4 (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	GA063377/1
Cover Note Number	

Driver

Name of Driver	HOH CHEE LONG
NRIC No	S7075681A
Date Of Birth	13/08/1970
Occupation	INDOOR
Date Of Driving Pass	26/08/2009
Driving Experience	8 YEARS AND 4 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-97297230
Fax Number	
Contact Number	
Email Address	HOHCHEELONG@HOTMAIL.COM

Address	30B ST.PATRICK'S ROAD SINGAPORE
Postcode	424207
Was driver an employee of the Insured's Company	NO
If No, Relationship of the Driver with the Insured	SPOUSE
Vehicle Registration Number of Driver's Own Vehicle	- - -
Insurance Company of Driver's Own Vehicle	- - -

General Information of the Accident

Type Of Accident	CHAIN COLLISION
Weather Conditions	DRIZZLING
Road Surface	WET

Other Information

Was any foreign vehicle involved in this accident?	NO
Number of vehicles involved in the accident	3
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: : HOH HAO YU GENDER: : MALE

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 ATTACH STATEMENT RECORDED BY JIA MIN - PROGRESSIVE AUTOMOTIVE PTE LTD TEL 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	SLD403H
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	PRIVATE CAR
Name of Driver	LOK CHUAY KHENG
NRIC/Passport Number	S1284387I
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:

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

Haig Road
Amber Road

Vehicle No.

A - SJD 7618H
B - SLD 403H
C - SKZ 7844T

Legend

Vehicle: A (represented by a house icon)
Bike: B (represented by a circle icon)

DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

Manne Parade Road

On 25 Jan 2018, around 8.25am when I was sending my son to school (Chang Cheng High School) via Amber Road. It was raining / drizzling.

After the turning from the Manne Parade Road round-about to wards Amber Road, the CAR B (SLD 403H) suddenly slow down and I was not able to brake in time and cause direct hit into the bumper of CAR B (SLD 403H). My car bumper damaged and rear left exhaust pipe dropped down. When I got down from the car, I realised that actually CAR B has hit on CAR C (SKZ-7844T).

We took photos and exchanged contact number. Thereafter, I call AXA and directed to make report @ one of the AXA Premium Workshop.

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: 25/1/18
12.10pm

Reporting Centre Personnel's Signature
Name: Jsa Min
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 25/1/18 0825		2 Exact location of accident Amber 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 type="checkbox"/> Yes <input checked="" type="checkbox"/>		5 Witness' name, address and tel no. (to be underlined if he/she is passenger in vehicle A or vehicle B)	
6 To objects other than vehicles No <input checked="" type="checkbox"/> Yes <input type="checkbox"/>		7 Vehicle Video Camera Available No <input type="checkbox"/> Yes <input type="checkbox"/>			

Registration No. (VEHICLE A) SJD7618H

6 Insured / policyholder (see insurance cert.)
Name Lim Yan Ne
(capital letters)
Address _____
NRIC / Passport no. S72873296
Tel no. (from 9am till 5pm) _____
HP 97261107

7 Vehicle
Make, type Honda Odyssey 2.4i

8 Insurance company
Axa ☒ C ☐ TPFT ☐ TPO
Does the policy cover damage to vehicle A?
No ☐ Yes ☒
Policy No. GA06337/1

9 Driver ☐ Same as Owner
Name Hoh Chee Long
(capital letters)
NRIC / Passport no. S7073681A
Class of licence 3B.3
HP 97297320
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 Bicycle
<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"/>	Drink 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

Registration No. (VEHICLE B) SLD403H

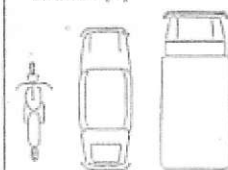
6 Insured / policyholder (see insurance cert.)
Name _____
(capital letters)
Address _____
NRIC / Passport no. _____
Tel no. (from 9am till 5pm) _____
HP _____

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 Lok Chuey Kheng
(capital letters)
NRIC / Passport no. S1584387I
Class of licence _____
HP _____
Gender ☐ Male ☒ Female

10 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



Alternatively, please refer to attached sketch on page 2

15 Signatures of drivers

A [Signature]

16 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 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)																	
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	Own Workshop Email / Fax (if any)																
	Email: <u>hohhaoyu@hotmail.com</u>																
	1. Occupation (if more than one, state all)		2. Vehicle registration no. <u>C.C.</u>														
	3. Is driver the owner? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		If commercial vehicle, state permissible carrying capacity														
	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		5. Is the vehicle still in use? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No														
Of which vehicle are you the owner?	6. Are you claiming under your own insurance policy for repair to your vehicle? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No																
	If no, state action to be taken <input type="checkbox"/> Third Party <input type="checkbox"/> Reporting Only <input type="checkbox"/> Third Party (Own Workshop)																
	7. Date of birth <u>13/8/70</u> Occupation <u>Indoor</u> Date of license pass <u>26/8/09</u>																
	Was vehicle driven with the insured's permission? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No																
	Was driver an employee of the insured's company? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No																
Driver or person in charge of vehicle at the time of accident (including insured)	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"> <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														
10. Name(s), address(es) and approximate age(s)																	
Injuries sustained																	
Injured persons	If vehicle occupants, state in which vehicle																
	Were seat belts being worn? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No																
	Was injured conveyed to hospital by ambulance? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No																
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? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No																
	If yes, please state which Police station																
	13. Was notice of intended prosecution given? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No																
	If yes, against whom?																
Accident details	14. Weather conditions <input checked="" type="checkbox"/> Clear <input type="checkbox"/> Raining <input type="checkbox"/> Others <u>Drizzling</u>																
	15. Road surface <input checked="" type="checkbox"/> Wet <input type="checkbox"/> Dry <input type="checkbox"/> Others																
	16. Speed of vehicles A <u> </u> km/hr B <u> </u> km/hr																
	17. What warnings were given by driver or other party?																
	18. Were street lights illuminated? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No																
	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) <u>2</u> <u>Hoh Hao Yu (m)</u>																
Declaration	I/We declare the foregoing particulars are true in every respect																
	Policyholder's signature <u> </u> Date <u>25/1/18</u>																
	Driver's signature (if driver is not the policyholder) <u> </u> Date <u>25/1/18</u>																