

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	01/02/2018 13:46
Date Of Accident	31/01/2018 15:45
Exact Location Of Accident	ALONG KPE TUNNEL TO TUAS
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	GX2437B
Insured/Policyholder	
Name Of Registered Owner	CHIN SUN PTE LTD
Co Reg No	198101238M
Email Address	CHINSUN@SINGNET.COM.SG
Mobile Phone No	
Alternative Phone No	OFFICE-96961796

Vehicle Particulars

Manufacturer	TOYOTA
Model	DYNA 150 D-3.0 D (M)

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	COMMERCIAL VEHICLE
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Insurance Company

Name of Insurance Company	AXA INSURANCE PTE LTD
Type Of Coverage	COMPREHENSIVE
Fleet Policy	NO
Policy Number	VCA/P1036339
Cover Note Number	

Driver

Name of Driver	SOON CHWEE HUAT
NRIC No	S1229393C
Date Of Birth	11/06/1957
Occupation	OUTDOOR
Date Of Driving Pass	04/02/1984
Driving Experience	33 YEARS AND 11 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-96473270
Fax Number	
Contact Number	
EMail Address	NOEMAIL

Address	BLK 706 CLEMENTI WEST STREET 2 # 04-361 SINGAPORE
Postcode	120706
Was driver an employee of the Insured's Company	YES
If No, Relationship of the Driver with the Insured	
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	2
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 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	PA8735R
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	COMMERCIAL VEHICLE
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

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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 Insurers 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:

1/2/18
2.48pm

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

Sketch Plan #2

SKETCH PLAN

	Vehicle No A - GX 3437 B B - DA 8755 R
	Legend <div style="display: flex; justify-content: space-around; align-items: center;"> <div style="text-align: center;"> Vehicle </div> <div style="text-align: center;"> Bike </div> </div>

DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

On the stated date & time, I was travelling along KPE Turned towards Tuar - at the extreme left lane. Suddenly the vehicle B in front of me slowed down. I unable to react in time and hit onto the rear portion of the vehicle B.

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 time frame from the date of occurrence. Kindly check your policy for more details.

Policyholder's Signature

Date & Time:

1/2/18

Driver's Signature

(If driver is not the policyholder)

Date & Time:

2.48pm

Reporting Centre Personnel's Signature

Name:

NRIC/FIN No.:

GIARMC SketchPlanForm_V3

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 31/1/2018 1545		2. Exact location of accident KPE TUNNEL TO THAS		To be signed by BOTH drivers	
3. Material damage To vehicles other than vehicles A and B No <input type="checkbox"/> Yes <input checked="" type="checkbox"/>		To objects other than vehicles No <input checked="" type="checkbox"/> Yes <input type="checkbox"/>		4. Injuries even if slight 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)		6. Vehicle Video Camera Available No <input checked="" type="checkbox"/> Yes <input type="checkbox"/>			

Registration No. **GX 2437B**
(VEHICLE A)

7. Insured / policyholder (see insurance cert.)
Name: **CHIN SUN PTE LTD**
(capital letters)
Address: **331 Kaki Bukit Ave 4**
Shun Li Industrial Park (S) 416045
NRIC / Passport no: **198101238M**
Tel no. (from 06m till 5pm): **96961796**
HP: **96961796**

8. Vehicle
Make, type: **Toyota Ryna 150D / 2008 CC**

9. Insurance company
AXA ☒ C ☐ TFF ☐ TFO
Does the policy cover damage to vehicle A?
No ☐ Yes ☒
Policy No.: **VCA/PID36339**

10. Driver ☐ State to Owner
Name: **SVON CHNEE HWAT**
(capital letters)
NRIC / Passport no: **S1229893L**
Class of license: **3**
HP: **96423270**
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"/> | Collision into Roadside |
| <input type="checkbox"/> | Collision into Motorcyclist |
| <input type="checkbox"/> | Collision into Parked vehicle |
| <input type="checkbox"/> | Collision into Pedestrian |
| <input type="checkbox"/> | Collision into Property |
| <input type="checkbox"/> | Collision - Change/Drive lane |
| <input type="checkbox"/> | Collision - Close proximity |
| <input type="checkbox"/> | Collision - Head on Collision |
| <input type="checkbox"/> | Collision - Head to Rear |
| <input type="checkbox"/> | Collision - Major/Minor hit |
| <input type="checkbox"/> | Collision - Opening Door of Vehicle |
| <input type="checkbox"/> | Collision - Roundabout |
| <input type="checkbox"/> | Collision - U-turn |
| <input type="checkbox"/> | Drift Driving / Long Tailswing |
| <input type="checkbox"/> | Fire, Explosion or Lightning |
| <input type="checkbox"/> | Truck |
| <input type="checkbox"/> | Hit and Run / Vanishing / Damaged whilst Parked |
| <input type="checkbox"/> | Hit by Traffic Sign / Other Object |
| <input type="checkbox"/> | No Collision |
| <input type="checkbox"/> | Self-Trip |
| <input type="checkbox"/> | Truck |

Registration No. **PA 8735R**
(VEHICLE B)

7. Insured / policyholder (see insurance cert.)
Name: _____
(capital letters)
Address: _____
NRIC / Passport no: _____
Tel no. (from 06m till 5pm): _____
HP: _____

8. Vehicle
Make, type: _____

9. Insurance company
☐ C ☐ TFF ☐ TFO
Does the policy cover damage to vehicle B?
No ☐ Yes ☐
Policy No. (if available): _____

10. Driver (See driving licence)
(if different from insured B above)
Name: _____
(capital letters)
NRIC / Passport no: _____
Class of license: _____
HP: _____
Gender: Male ☐ Female ☐

State TOTAL number of boxes marked with a cross

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



14. Visible damage to vehicle A

15. My remarks

16. 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 sign - 5. names of the streets or roads



Sketch only. Do not mark a reference to any of the drawings on page 2

17. Signature of drivers



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



19. Visible damage to vehicle B

20. My remarks

* In the event of impact 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: <u>chris@progressive.com.sg</u>	
	2. Vehicle registration no.	CC	If commercial vehicle, state permissible carrying capacity	
	3. Is driver the owner?	Yes <input type="checkbox"/> No <input checked="" 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 type="checkbox"/> Private use <input checked="" type="checkbox"/> Commercial use <input type="checkbox"/> Hire & reward <input type="checkbox"/> Private hire			
	5. Is the vehicle still in use? Yes <input type="checkbox"/> No <input checked="" 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 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	
	11/6/57	Indoor	Outdoor	4/2/84
	8. Give details of any pre-existing impairment of sight or hearing and of any other disability			
Injured persons	9. Full details of all driving convictions including pending prosecutions in the last 36 months			
	Date	Offence	Penalty	
Damage to property & vehicles (other than vehicles A and B)	10. Name(s), address(es) and approximate age(s)	Injuries sustained	If vehicle accident, state is/was of vehicle	
			Were seat belts being worn?	
			Was injured conveyed to hospital by ambulance?	
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"/> Rainy <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 checked="" type="checkbox"/>			
	19. What lights were displayed on your vehicle/the other vehicle(s)?			
Declaration	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)			
	I/We declare the foregoing particulars to be true and correct			
Policyholder's signature		Date 1/2/18		
Driver's signature (if driver is not the policyholder)		Date		