

## 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	05/02/2018 11:01
Date Of Accident	03/02/2018 11:00
Exact Location Of Accident	HOUGANG CENTRAL C/P 47
Country/State of Loss	SINGAPORE

### DETAILS OF OWN VEHICLE

Vehicle Registration Number	SLN2025A
<b>Insured/Policyholder</b>	
Name Of Registered Owner	LKG TRANSPORT
Co Reg No	53326936M
Email Address	NOEMAIL
Mobile Phone No	
Alternative Phone No	OFFICE-96859660

### Vehicle Particulars

Manufacturer	KIA
Model	NIRO
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	COMPREHENSIVE
Fleet Policy	NO
Policy Number	P1928232
Cover Note Number	

### Driver

Name of Driver	LIM KEE GUAN
NRIC No	S1242587B
Date Of Birth	15/06/1956
Occupation	INDOOR
Date Of Driving Pass	30/03/1978
Driving Experience	39 YEARS AND 10 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-96859660
Fax Number	
Contact Number	
EEmail Address	NOEMAIL

Address	BLK 308 HOUGANG AVENYE 5 #13-337
Postcode	530308
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	
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	SGH3034H
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

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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:

5/21/18

GIARMC SketchPlanForm\_V3

Driver's Signature

(if driver is not the policyholder)

Date & Time:

Reporting Centre Personnel's Signature

Name:

NRIC/FIN No.:

1

Sketch Plan #2

SKETCH PLAN

		Vehicle No	
		A - SIN 3015A	
		B - SGH 3034H	
		<p>Legend</p>	

DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

on 3-2-18 around 11am I was  
 driving along Hougang central carpark 47  
 at carpark barrier. Kiss onto the  
 vehicle B

*[Handwritten Signature]*

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:

Reporting Centre Personnel's Signature

Name:

NRIC/FIN No.:

GIARMC SketchPlanForm\_V3

5/2/18.

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: 3/2/18 Time: 1100. 2 Exact location of accident: Hougang Central CP 47. 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): Request from 02. 6 Vehicle Video Camera Available: No  Yes .

Registration No. (VEHICLE A): SLN 2025A. 6 Insured / policyholder (see insurance cert.): LG Transport. Name: LG Transport. Address: . NRIC / Passport no.: 53326936M. Tel no. (from Sam 06 5pm): 96859660. HP: . 7 Vehicle: Make, type: Kia Niro. 8 Insurance company: AXA. Does the policy cover damage to vehicle A? No  Yes . Policy No.: P1958232. 9 Driver: Same as Insured . Name: Lim K H Guan. NRIC / Passport no.: S1267597B. Class of licence: 3. HP: . Gender: Male  Female .

12 CIRCUMSTANCES: Put a cross (X) in each of the relevant boxes applicable to your vehicle. 13 State TOTAL number of boxes marked with a cross: .

- Chain Collision
- Collided into Bicycle
- Collided into Motorcyclist
- Collided into Parked Vehicle
- Collided into Pedestrian
- Collided into Property
- Collision - Change/Cross Lane
- Collision - Cross Junction
- Collision - Head on Collision
- Collision - Head to Rear
- Collision - Major/Minor Rd
- Collision - Opening Door of Vehicle
- Collision - Roundabout
- Collision - U-Turn
- Drink Driving / Drug Impaired
- Fire, Explosion or Lightning
- Flood
- Hit and Run / Vandalism / Damaged whilst Parked
- Hit by Fallen Tree / Other Objects
- No Collision
- Side Swipe
- Theft

Registration No. (VEHICLE B): SGH 3034. 6 Insured / policyholder (see insurance cert.): . Name: . Address: . NRIC / Passport no.: . Tel no. (from Sam 06 5pm): . HP: . 7 Vehicle: Make, type: . 8 Insurance company: . 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

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 [Signature]

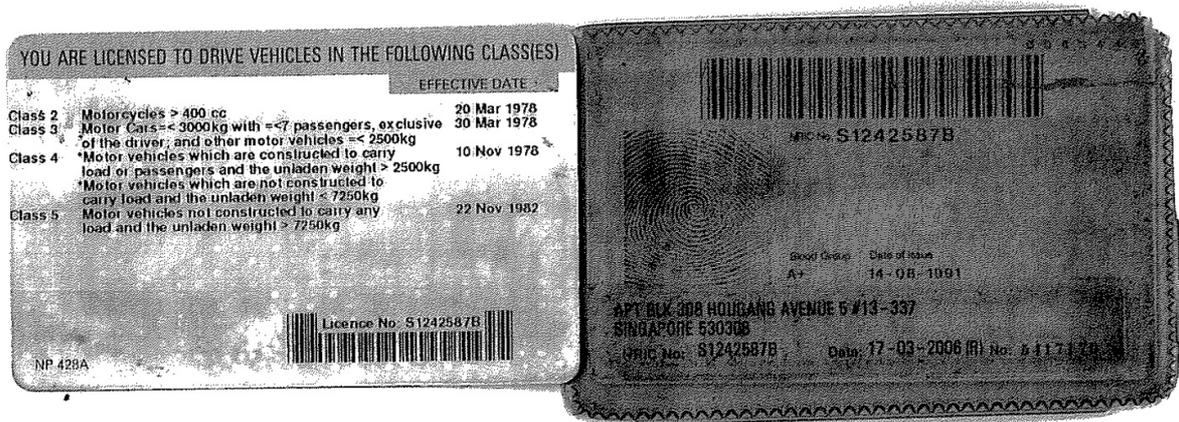
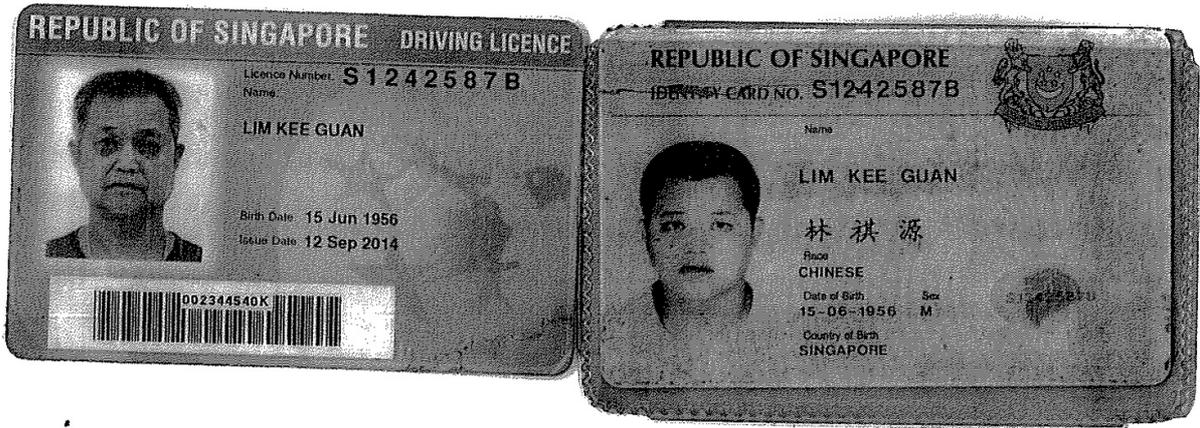
14 My remarks:

\* 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 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*

<b>INDIVIDUAL STATEMENT (Part II)</b>		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)			
<b>Injured</b>	1 Occupation (if more than one, state all) _____ Email: _____		
If 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 type="checkbox"/> Reporting Only <input type="checkbox"/> Third Party (Own Workshop)		
	7 Date of birth _____ Occupation _____ Date of license pass _____		
Driver or person in charge of vehicle at time of accident (including insured)	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 checked="" type="checkbox"/> No <input 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		
		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"/>
			Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
			Yes <input type="checkbox"/> No <input checked="" 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) _____			
Declaration	I/We declare the foregoing particulars are true in every respect		
	Policyholder's signature _____		Date _____
	Driver's signature (if driver is not the policyholder) _____		Date _____



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo

