

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	27/02/2018 13:35
Date Of Accident	21/02/2018 12:30
Exact Location Of Accident	PIE TOWARDS JURONG AFTER TOH GUAN EXIT
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	YP4881S
Insured/Policyholder	
Name Of Registered Owner	JUI HONG PING KEE
Co Reg No	53093163W
Email Address	JEROMYNG@GMAIL.COM
Mobile Phone No	
Alternative Phone No	OFFICE-98511678

Vehicle Particulars

Manufacturer	MITSUBISHI
Model	CANTER-3.0 D FEB21ER4SDEB (CBU) (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?	NO
If No, Please state action to be taken	THIRD PARTY
Vehicle Category	COMMERCIAL VEHICLE

Insurance Company

Name of Insurance Company	AXA INSURANCE PTE LTD
Type Of Coverage	COMPREHENSIVE
Fleet Policy	NO
Policy Number	P1853775
Cover Note Number	

Driver

Name of Driver	TERN FONG JUI
NRIC No	S0497347Z
Date Of Birth	15/06/1945
Occupation	INDOOR
Date Of Driving Pass	30/10/1962
Driving Experience	55 YEARS AND 3 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-98511678
Fax Number	
Contact Number	
EMail Address	NOEMAIL

Address	BLK 3 LORONG LEW LIAN #03-58 SINGAPORE
Postcode	531003
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)	2
Passenger 1	
	NAME: : NG SIONG YONG
	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 THE ATTACH STATEMENT RECORDED BY PEI WEN - PROGRESSIVE AUTOMOTIVE PTE LTD TEL 6741 5336

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

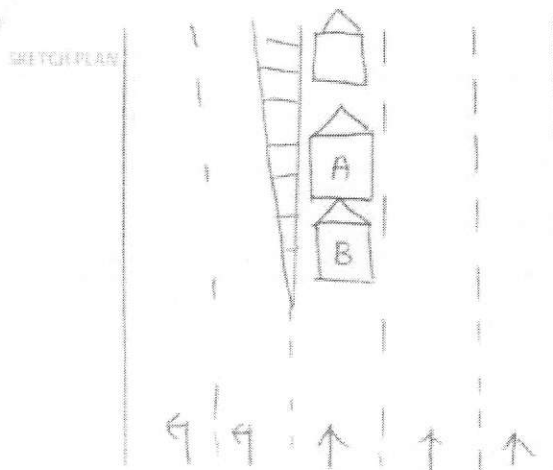
Vehicle Registration Number	PC4421L
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	BUS
Name of Driver	
NRIC/Passport Number	
Contact Number	
Address	
Postcode	
Insurance Company Name	
Nature Of Damage	
No. Of Passenger (Including Driver)	

SKECH PLAN

1. The first part of the document is a letter from the President of the United States to the Secretary of the Navy, dated 18th March 1899. The letter is signed by William McKinley and is addressed to John D. Long. The letter discusses the appointment of a new Secretary of the Navy and the importance of the position.

2017

Sketch Plan #2



Pie towards Jurong Just
after Toh Guan Exit.

A: YP4881S.

B: PC4421L.

HISTORICAL CIRCUMSTANCES OF THE ACCIDENT

I was driving along PIE towards Jurong just after Toh Guan exit when the traffic in front of me came to a halt. I slowed down my vehicle A and came to a stop. All of a sudden, I felt a impact from the rear of my vehicle. I came out of my vehicle and noticed vehicle B had collided with the rear of my vehicle A. We exchanged particulars and left the scene.

DECLARATION

I/We declare the foregoing particulars are true in every respect.



Driver's Signature

Responsible Centre Personnel's Signature
Permer

Common Statement

ACCIDENT STATEMENT (Part I) Reporting Centre: Progressive Automotive Pte Ltd

This is NOT an admission of blame / liability, but a summary of facts and facts which will speed up the settlement of claims.

1. Date of accident 21/02/18		2. Time 1232		3. Exact location of accident PIE towards Jurong after Joh Gohm Fort.		To be signed by BOTH drivers	
4. Mutual damage To complete other than vehicles A and B No <input checked="" type="checkbox"/> Yes <input type="checkbox"/>		5. To object other than vehicles No <input checked="" type="checkbox"/> Yes <input type="checkbox"/>		6. Witness' name, address and tel no. (to be underlined if witness is passenger in vehicle A or vehicle B)		7. Injuries given if slight No <input checked="" type="checkbox"/> Yes <input type="checkbox"/>	

Registration No. **4P 4881S**

1. Insured / policyholder (see insurance cert.)

Name **Ju Hong Ping Kee**

Address **3 Am Mallie Industrial Park 2/A/01-07 AMU TECH I**

Mobile / Fax no. **53093163W**

Vehicle

Make / Type **Mitsubs Lorry**

Insurance company **AXA** ☒ TPT ☐ IPO

Does the policy cover damage to vehicle A? ☒ No ☐ Yes ☐

Policy No. **YCA / P1853775**

Driver

Name **Tern Fong Ju**

Mobile / Fax no. **50497347Z**

Class of licence **3**

Age **78.5**

Gender ☒ Male ☐ Female

12. CIRCUMSTANCES

Indicate applicable to your vehicle

<input type="checkbox"/>	Overloaded
<input type="checkbox"/>	Defective brakes
<input type="checkbox"/>	Defective steering
<input type="checkbox"/>	Defective suspension
<input type="checkbox"/>	Defective wheels
<input type="checkbox"/>	Defective lights
<input type="checkbox"/>	Defective mirrors
<input type="checkbox"/>	Defective windows
<input type="checkbox"/>	Defective doors
<input type="checkbox"/>	Defective seats
<input type="checkbox"/>	Defective floor mats
<input type="checkbox"/>	Defective roof rack
<input type="checkbox"/>	Defective load securement
<input type="checkbox"/>	Defective load distribution
<input type="checkbox"/>	Defective load height
<input type="checkbox"/>	Defective load weight
<input type="checkbox"/>	Defective load securement
<input type="checkbox"/>	Defective load distribution
<input type="checkbox"/>	Defective load height
<input type="checkbox"/>	Defective load weight

13. State TOTAL number of boxes marked with a cross

Registration No. **PC 4421L**

1. Insured / policyholder (see insurance cert.)

Name

Address

Mobile / Fax no.

Vehicle

Make / Type **Private Bus**

Insurance company ☐ TPT ☐ IPO

Does the policy cover damage to vehicle B? ☐ No ☐ Yes ☐

Policy No. (if available)

Driver (See driving license)

Name

Mobile / Fax no.

Class of licence

Age

Gender ☐ Male ☐ Female

14. Sketch of accident when impact occurred

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

16. Vehicle damage to vehicle A

17. Vehicle damage to vehicle B

18. My remarks

19. Signature of drivers

20. My remarks

REFER TO ATTACHED

If the claim is rejected or the work is damaged in such a way that it is not possible to use the vehicle, the insured must notify the insurer immediately.

Do not alter anything in this statement after signing. Subscribing to this statement is an acknowledgment of its contents.

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>YPA881S</u> C.C.	If commercial vehicle, state permissible carrying capacity													
	3. Is driver the owner? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> If no, state relationship of driver with owner <u>Driver</u>	state the vehicle number and name of owner of driver's own vehicle (where applicable)													
	4. Direct 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														
	<input type="checkbox"/> Others - please specify														
	5. Is the vehicle still in use? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> If no, state where it is at present Tel no. _____														
Of which vehicle was the motor?	6. Are you claiming under your own insurance policy for repair to your vehicle? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No														
	If no, state action to be taken <input checked="" type="checkbox"/> Third Party <input type="checkbox"/> Reporting Only <input type="checkbox"/> Third Party (Own Workshop)														
	7. Date of birth _____ Sex <u>Male</u> <input checked="" type="checkbox"/> <u>Female</u> <input type="checkbox"/>	Date of license pass <u>30/10/1962</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											
	8. Give details of any pre-existing impairment of sight or hearing, and of any other disability														
	9. Give 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													
Driver or person in charge of vehicle at the time of accident (including insured)	10. Name(s), address(es) and approximate age(s)	Injuries sustained	If vehicle occupants, state in which vehicle	Were seat belts being worn?	Was injured conveyed to hospital by ambulance?										
				Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>										
				Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>										
				Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>										
				Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>										
Damage to property & vehicles (other than vehicle 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 type="checkbox"/> Yes <input checked="" type="checkbox"/> No	If yes, please state which Police station													
	13. Was notice of intended prosecution given? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	If yes, against whom?													
Accident details	14. Weather conditions <input checked="" type="checkbox"/> Clear <input type="checkbox"/> Rainy <input type="checkbox"/> Others														
	15. Road surface <input checked="" type="checkbox"/> Wet <input type="checkbox"/> Dry <input type="checkbox"/> Others														
	16. Speed of vehicle A <u>0</u> km/hr B <u> </u> km/hr														
	17. What warnings were given by driver or other party?														
	18. Were street lights illuminated? <input type="checkbox"/> Yes <input checked="" 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 road, speed limits, etc (Refer to attached)														
Declaration	22. State number of Passengers (including Driver) <u>2</u> <u>Ng Siang Yung</u> <u>E</u>														
	I/We declare the foregoing particulars are true in every respect														
Policyholder's signature <u> </u>		Date <u> </u>													
Driver's signature (if driver is not the policyholder) <u> </u>		Date <u> </u>													