## 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 <u>truthful and accurate</u> as possible. Any wilful misrepresentation or witholding 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

aforesaid.	sent to the archiving or this report at the centre and to copies or the report being made available
	ACCIDENT STATEMENT
Date Of Report	21/03/2018 13:49
Date Of Accident	20/03/2018 19:00
Exact Location Of Accident	CARPENTER STREET
Country/State of Loss	SINGAPORE
	DETAILS OF OWN VEHICLE
Vehicle Registration Number	SLB1250K
Insured/Policyholder	
Name Of Registered Owner	LEGEND MOTORS & LEASING PTE. LTD.
Co Reg No	200909442H
Email Address	NOEMAIL
Mobile Phone No	
Alternative Phone No	OFFICE-NOPHONE
Vehicle Particulars	
Manufacturer	TOYOTA
Model	AQUA HYBRID-1.5 E S CVT (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?	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

VFX/P1917604

Cover Note Number **Driver** 

Policy Number

Name of Driver GOH TIAN JIAN
NRIC No S8116303J
Date Of Birth 07/05/1981
Occupation INDOOR
Date Of Driving Pass 17/05/2003

Driving Experience 14 YEARS AND 10 MONTHS

Gender MALE

Mobile Number (LOCAL) +65-84083772

Fax Number

Contact Number

EMail Address NOEMAIL

Address BLK 463 JURONG WEST STREET 41 #10-564

SINGAPORE

Postcode 640463

Was driver an employee of the Insured's Company NO

If No, Relationship of the Driver with the Insured OTHER - HIRER

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 WET

**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

NO

1

Was any other material or property damaged? YES

I have been approached by unknown person(s) soliciting/offering accident claims assistance.

Number of Passengers (Including Driver)

**Details of Police Action** 

Was the accident reported to the police?

If Yes, Please state which Police Station

Was notice of intended Prosecution given?

If Yes, against whom?

NO

NO

m2

**Circumstances of Accident** 

REFER TO ATTACH STATEMENT RECORDED BY ISAAC- PROGRESSIVE AUTOMOTIVE 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 PC6294Z

Vehicle Make/Model/Colour

**Details Of Properties** 

Vehicle Category COMMERCIAL VEHICLE

Name of Driver YEO CHUAN HONG

NRIC/Passport Number S7300572H Contact Number 98203772

Address Postcode

Insurance Company Name

Nature Of Damage

No. Of Passenger (Including Driver)

#### Sketch Plan

### SKETCH PLAN

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- 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.
- 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:
  - 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.

STATE ON SOIL

Policyholder's Signature Date & Time: Driver's Signature (If driver is not the policyholder) Date & Time; Reporting Centre Personnel's Signature Name: Saa

NRIC/FIN No.:

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We declare the foregoing pa lease be advised that your ipulated timeframe from t		Col- (3	ct.		0	
PECLARATION  We declare the foregoing pairs be advised that your tipulated timeframe from toolicyholder's Signature ate & Time:	Driver's	n every respe a 14 day clar ence. Kindly Signature	20108		ting Centre Personnel's	

GIARME SketchPlanForm\_V3

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## **Common Statement**

20/3/2018 1900 (4	ct location of accident			To be signed by BOTH drive 3 Injuries oven if slight
	rpertor Street	Street		No Yes
Material damage   To valvicles other than valucles of A and B   To No Yes	objects other than vehicle	5 Witness' name, address is passenger in vehicle A	and tel no. (to be un or vehicle 8)	derlined if he/she Vehicle Video Camera Availa
Visible damage to vehicle A	L) A how	CIRCUMSTANCES  COMPACE (As its each of the relevance of the profession of the relevance of the relevance of the relevance of the readside) of a parking space (opening the door (at the readside) of a parking space (at the readside) of the readside of the reads of the readside of the reads of the reads of the reads of the reads of the other vehicle while going in the same direction and in the same lane of the other vehicle while going in the same direction but different lane of the same direction but different lane of the same direction but different lane of the right, making a U-turn (official U-turn) turning to the left reversing of the right (at read junctions) to observing a right-of-way sign and the read-2, the direction of vehicles A armyect -4, the read signs - S, names of the read-2, the direction of vehicles A armyect -4, the read signs - S, names of the read-2, the direction of vehicles A armyect -4, the read signs - S, names of the read-2 the direction of vehicles A armyect -4, the read signs - S, names of the read-2 the direction of vehicles A armyect -4, the read signs - S, names of the read-2 the order of the read-2 the read-3	CVEH   G  Insured	ration No. PC 6294 I/policyholder (see insurance conters)  sport no.  m 9am till 5pm)  see company  C

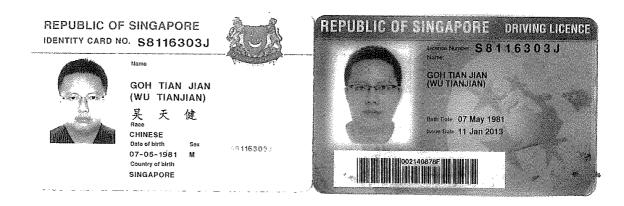
# **Individual Statement**

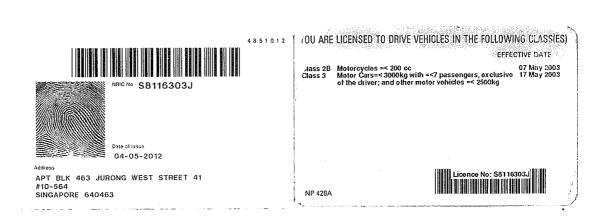
# Reporting Centre: Progressive Automotive Pte Ltd

		bmitted within 24 hours to your insurer or Idac or appointed workshop (Use a separate sheet of paper where necessary)  1. Occupation (if more than one, state all)												
nsuged	2 Vehicle registration		CC		If comm permissi	ercial ve								
Of which vehicle are	State Relativeship of state the					whicle number and name of driver's own vehicle (where applicable)								
ou the owner?	Exact purpose for which valide was being used at time of accident    Private use													
3 8		under your awn k	nsurance policy for reps		le? Yes	Third F	-1-	Own \	Works	hop)	_			
	7 Date of birth				Date of license pass W			Was vehicle driven with the insured's permission?			Was driver an employee of the insured's company?			
niver or person in harge of vehicle at	1/9/81	Indoor	Outdoor:/	17/5/0	3	Yes	/	No		Yes		No	/	
he time of accident including insured)	'8-Give details of a	'8-Give details of any pre-existing impairment of sight or hearing and of any other disability												
	9 Pull details of all	ditwing conviction	s including pending pro		last 36 mo	nths	_			-	- hr.			
	Date		0	ffence			-	_		Pen	BKY		_	
Injured persons	10 Name(s), address(es) and approximate age(s)		Injuries sustained H. vehicle state-to w		de occupant which vehi	ts, ide	Were seet belts being worn?			Was injured conveyed to hespital by ambulance?				
							Yes :		No :	Y	15	No		
							THE !		No :	A	35	No		
							Yes	-	No:	-	es :	No	-	
							Yes :		NO	-LY	e5 .	No	1	
Damage to property & vehicles (other than vehicles A and B)	11 Name(s) and address(es) of Vehicle registration or details of propert							Insurers name and address (if known)						
									-			_		
		dent reported to the		] [N	<u> </u>									
Police action	13 Was notice of If yes, agains	f intended prosecu d whom?	tion given? Yes	] [14							Ý	- In-		
	14 Weather cond	ditions (de	ar /	Raining			Ot	hers	1				_	
	15 Road surface	W	et /	Dry			Ot	hers	T					
	16 Speed of veh	nicles A	krn/hr		В		kmyhr			811-1				
Accident delails	12 What warnings were given by driver or other party?  18 Were street lights illuminated? Yes No.													
	20 If your vehicl 21 State how as	de is commercial, s	your vehicle/the other v tate weight of load carr width of roads, speed li (including Driver)	ed at time of a		9								
Declaration	I/We declare the Policyholder's		dars are true in every re	spect (Sec	1000			ate _				-		
	Policyholder's	s signature	not the policyholder)	(1) (1) (1) (1) (1) (1) (1) (1) (1) (1)				ate _						

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## **DRIVER NRIC AND LICENSE Pg. 1**





Driver.







