

## 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	14/04/2018 13:28
Date Of Accident	09/04/2018 11:00
Exact Location Of Accident	10 ARUMUGAM ROAD C/P
Country/State of Loss	SINGAPORE

### DETAILS OF OWN VEHICLE

Vehicle Registration Number	SLC1306D
<b>Insured/Policyholder</b>	
Name Of Registered Owner	TOH HONG LEE
NRIC No	S1574812E
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-96936789
Alternative Phone No	OTHERS-96936789

### Vehicle Particulars

Manufacturer	NISSAN
Model	X-TRAIL
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	GA185671
Cover Note Number	

### Driver

Name of Driver	TOH HONG LEE
NRIC No	S1574812E
Date Of Birth	26/01/1963
Occupation	INDOOR
Date Of Driving Pass	11/08/1982
Driving Experience	35 YEARS AND 7 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-96936789
Fax Number	
Contact Number	OTHERS-96936789
Email Address	NOEMAIL

Address	BLK 351 HOUGANG AVENUE 7 #13-745
Postcode	530351
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 - MAJOR/MINOR RD
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	SLS1985J
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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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:

14/4/18.

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

Vehicle No  
A - SLG1306-D  
B - SL51925J.

10, Arumugam Rd  
Car Park

Legend

Vehicle

Bike

DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

While I was coming out of the carpark lot.  
I did not realize that my Front left had  
accidentally hit against a car on the left.

## 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:

GIARML SketchPlanForm 43

Driver's Signature

(If driver is not the policyholder)

Date &amp; Time:

Reporting Centre Personnel's Signature

Name:

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

To be signed by BOTH drivers

1 Date of accident: 9/4/18. Time: 1100. 2 Exact location of accident: 10 Anumugan Rd CP. 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 AC. Vehicle Video Camera Available: No ☐ Yes ☒

Registration No. (VEHICLE A) SLC 1306 D  
6 Insured / policyholder (see insurance cert.):  
Name: Toh Hong Lee  
(capital letters)  
Address:  
NPIC / Passport no: S1574812 E  
Tel no. (from Sun till 5pm):  
HP: 96936789  
7 Vehicle:  
Make, type: Nissan XL.  
8 Insurance company: AXA ☒ C ☐ TPET ☐ TPO  
Does the policy cover damage to vehicle A?  
No ☐ Yes ☒  
Policy No: GA 185671.  
9 Driver: ☒ Same as Owner  
Name:  
(capital letters)  
NPIC / Passport no:  
Class of licence:  
HP:  
Gender: Male ☒ Female ☐

12 CIRCUMSTANCES  
Mark a cross (X) in each of the following boxes applicable to your vehicle:  
A  
01 ☐ Collision  
02 ☐ Collided into object  
03 ☐ Collided into Motorist  
04 ☐ Collided into parked vehicle  
05 ☐ Collided into Pedestrian  
06 ☐ Collided into Freeway  
07 ☐ Collision - Change of Road  
08 ☐ Collision - Road works  
09 ☐ Collision - Road on Collector  
10 ☐ Collision - Road to Road  
11 ☐ Collision - Motorist / Pedestrian  
12 ☐ Collision - Crossing Road of Vehicle  
13 ☐ Collision - Roundabout  
14 ☐ Collision - Unknown  
15 ☐ Driver Drunk / Drug Influence  
16 ☐ High Speed Driving  
17 ☐ Road Block / Obstruction / Damage of vehicle  
18 ☐ Wrongful Use of Motor Vehicle  
19 ☐ No Collision  
20 ☐ Unknown  
21 ☐ Other

Registration No. (VEHICLE B) S151985 J  
6 Insured / policyholder (see insurance cert.):  
Name:  
(capital letters)  
Address:  
NPIC / Passport no:  
Tel no. (from Sun till 5pm):  
HP:  
7 Vehicle:  
Make, type:  
8 Insurance company: ☐ C ☐ TPET ☐ 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:  
(capital letters)  
NPIC / Passport no:  
Class of licence:  
HP:  
Gender: Male ☐ Female ☐

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

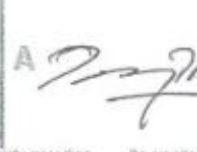

13 Sketch of accident when impact occurred  
1. Impact of the road - 2. The direction of vehicles A and B with arrows - 3. Their positions at the time of impact - 4. The road signs - 5. Names of the roads or roads  
REFER TO ATTACHED

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 

14 My remarks  
B 

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 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)						
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. _____		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 checked="" 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	Was vehicle driven with the insured's permission?	Was driver an employee of the insured's company?	
	26/1/63	Indoor	Outdoor	11/8/82	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input checked="" 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					
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 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 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 records	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 <input type="checkbox"/>					
	15 Road surface Wet <input type="checkbox"/> Dry <input checked="" type="checkbox"/> Others <input type="checkbox"/>					
	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)					
Declaration	22 State number of Passengers (including Driver) _____					
	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 _____				

Owner IC & LIC Pg. 1

0343490



NRIC No: S1574812E



Blood Group: B+ Date of issue: 13-05-1992

APT BLK 351 HOUSANG AVENUE 7 #13-745  
SINGAPORE 530351  
NRIC No: S1574812E Date: 21-10-1998 No: 2700893

YOU ARE LICENSED TO DRIVE VEHICLES IN THE FOLLOWING CLASS(IES)


	EFFECTIVE DATE
Class 3 Motor Cars=< 3000kg with =<7 passengers, exclusive of the driver; and other motor vehicles =< 2500kg	11 Aug 1982

Licence No: S1574812E

NP 428A

REPUBLIC OF SINGAPORE

IDENTITY CARD NO. S1574812E



Name: TOH HONG LEE

卓鴻利

Race: CHINESE

Date of Birth: 26-01-1963 Sex: M

Country of Birth: SINGAPORE



REPUBLIC OF SINGAPORE DRIVING LICENCE

Licence Number: S1574812E

Name: TOH HONG LEE

Birth Date: 26 Jan 1963

Issue Date: 10 Mar 2015



002404341C

SG 50

Accident Photo





Accident Photo



Accident Photo





Accident Photo



Accident Photo





Accident Photo

