

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	12/04/2018 10:22
Date Of Accident	11/04/2018 17:30
Exact Location Of Accident	PASIR PANJANG ROAD
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SLQ3392S
Insured/Policyholder	
Name Of Registered Owner	LEE CHENG PENG
NRIC No	S7124831C
Email Address	MIE_ADA@HOTMAIL.COM
Mobile Phone No	(LOCAL) +65-94883384
Alternative Phone No	OTHERS-94883384

Vehicle Particulars

Manufacturer	HONDA
Model	VEZEL-1.5 X (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	THIRD PARTY
Vehicle Category	PRIVATE CAR

Insurance Company

Name of Insurance Company	AXA INSURANCE PTE LTD
Type Of Coverage	COMPREHENSIVE
Fleet Policy	NO
Policy Number	GA237554/1
Cover Note Number	

Driver

Name of Driver	LEE CHENG PENG
NRIC No	S7124831C
Date Of Birth	20/07/1971
Occupation	INDOOR
Date Of Driving Pass	10/08/1994
Driving Experience	23 YEARS AND 8 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-94883384
Fax Number	
Contact Number	OTHERS-94883384
Email Address	MIE_ADA@HOTMAIL.COM

Address	55 WEST COAST ROAD #02-17 SINGAPORE
Postcode	127365
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	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 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?	YES
Remarks/ Reasons:	VIDEO WITH OWNER
Was there any audio recorded?	NO

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	SKZ9301E
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 the accident (all insurer(s) who have insured vehicle(s) involved in the 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 purposes 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 my 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

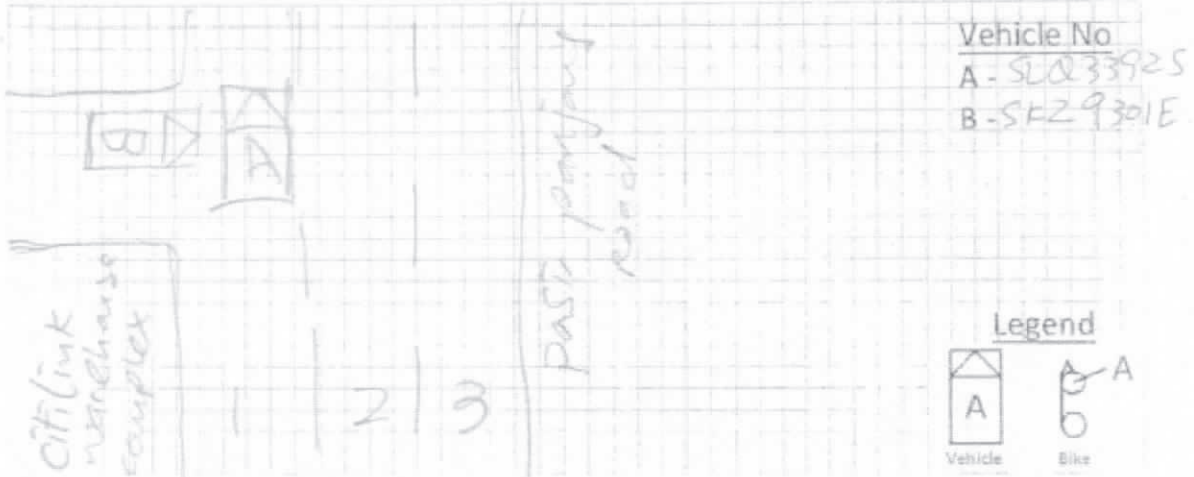
Date & Time: 12/4/18

Driver's Signature
(If driver is not the policyholder)
Date & Time:


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

Sketch Plan #2

SKETCH PLAN



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

On 14th April 2018, I was on my way to my customer's office at Boon Leat Terrace. I made a u-turn and kept to the left lane as I was going to turn left into Boon Leat Terrace further up. And before I knew it, car B which is coming out from the side road, banged into my passenger side front wheel.

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.:

QURME SketchPlanForm V2

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 11/4/18 1730		2 Location of accident Poser Panjang Road		3 Injuries even if slight No <input checked="" type="checkbox"/> Yes <input type="checkbox"/>	
4 Material damage To vehicles other than vehicle A and B No <input checked="" type="checkbox"/> Yes <input type="checkbox"/>		To objects other than vehicle 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) 	
				Vehicle / Video Camera Available No <input checked="" type="checkbox"/> Yes <input type="checkbox"/>	

Registration No. (VEHICLE A) **SL23925**

☒ Insured / policy holder (See insurance card.)
Name: **Lee Cheng Feng**
(Optional Address)

Address _____

APR 2 / Passport No. **571248310**

Tel. No. (Home, Work, or Cell) _____
ID: **94883384**

☒ Vehicle: **Honda VT600C**
Make, type

☒ Term insurance company: **AXA** ☒ TPEI ☐ TPD

Does this policy cover damage on towing? ☐ Yes ☒ No

Policy No. **GA237554/1**

☒ Driver: ☐ Driver 2 (if any)

Name: _____
(Optional Address) _____

Number of passengers _____

Class of license: **3**

DOB: _____

Gender: ☐ Male ☒ Female

2) Sketch of accident values impact occurred 3)

1. speed of the car 2. the direction of vehicle 3. and a crash involved
4. high position of the car 5. the road slope 6. driver of the car 7. angle

REFER TO ATTACHED

REFER TO ATTACHED

Signature of driver: 

In the event of a dispute or in the event of damage to property refer: Hous
to specialists A and B, give information on request

Do not alter anything in the statement after signing
Solemnly, with clean hands take your oath

For unsigned Individual Statements
check ☐ Yes ☐ No

Individual Statement

Reporting Centre: Progressive Automotive Pte Ltd

INDIVIDUAL STATEMENT (Part II)		On Workshop Line / Fax (if any)		
To be completed and submitted within 24 hours to your insurer or 24hr or appointed workshop (Use a separate sheet of paper where necessary)				
Insured	1. Occupation (if more than one, state all)			Email: <u>hanna@jortcars.com</u>
	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 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 type="checkbox"/> No <input checked="" type="checkbox"/> If no, state where it is at present Tel no. _____			
Of which vehicle are you the owner?	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 checked="" type="checkbox"/> Third Party (Own Workshop)			
Person(s) in charge of vehicle at the time of accident (insured)	7. Date of birth	Occupation	Date of licence pass	Was vehicle driven with the insured's permission? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
	20/7/71	Indoor	Outdoor	10/8/94
	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
Damage to property in 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
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			
Accident details	13. Was notice of intended prosecution given? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>			
	If yes, against whom?			
	14. Weather conditions: Clear <input checked="" type="checkbox"/> Rain <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?			
Declaration	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) <input type="text"/>			
	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 _____				