

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	01/06/2018 15:29
Date Of Accident	31/05/2018 20:00
Exact Location Of Accident	BT BATOK WEST AVE 6 TWRDS BT BATOK SWIMMING CMPLX
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SGK339H
Insured/Policyholder	
Name Of Registered Owner	NASENDRAN S/O VEERASAMY
NRIC No	S1344900G
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-83942813
Alternative Phone No	OTHERS-93658290

Vehicle Particulars

Manufacturer	MITSUBISHI
Model	LANCER
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	GA118160/1
Cover Note Number	

Driver

Name of Driver	DINESHSWARAN S/O NASENDRA
NRIC No	S9223087B
Date Of Birth	05/07/1992
Occupation	INDOOR
Date Of Driving Pass	03/07/2014
Driving Experience	3 YEARS AND 10 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-93658290
Fax Number	
Contact Number	
Email Address	NOEMAIL

Address	BLK 289E BUKIT BATOK ST 25 #07-164
Postcode	654289
Was driver an employee of the Insured's Company	NO
If No, Relationship of the Driver with the Insured	CHILDREN
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?	YES
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?	NO
Was there any audio recorded?	NO

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	SLL9880L
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)	

DETAILS OF INJURED PERSON 1

Name	DINESHSWARAN S/O NASENDRA
Approximate Age	

Injuries Sustain

Injured person in which vehicle?

SGK339H

Were seat belts worn?

Was this injured conveyed to hospital by ambulance?

Address

Postcode


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:



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






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

Sketch Plan #2

Bukit Batok West Ave 6

SKETCH PLAN

	<p>Vehicle No</p> <p>A - SGK32911</p> <p>B - SLL9880</p>
	<p>Legend</p> <div style="display: flex; justify-content: space-around;"> <div style="text-align: center;">  <p>Vehicle</p> </div> <div style="text-align: center;">  <p>Bike</p> </div> </div>

DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

I was travelling along Bukit Batok West Ave 6 towards Bukit Batok Swimming Complex, Suddenly the car in front of me also stop and I manage to stop in time without hitting the front car. Suddenly I felt an big impact from the rear. I went down of my car to check and found out that there was 2 car involved in the accident.

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.:

ACCIDENT STATEMENT (Part I)

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

Reporting Centre: Progressive Automotive Pte Ltd

1 Date of accident 3/05/2018		Time 8pm		2 Exact location of accident Bukit Batok West Ave 6 towards Bukit Batok Swimming Complex		To be signed by BOTH drivers	
3 Injuries even if slight No <input type="checkbox"/> Yes <input checked="" type="checkbox"/> *		4 Material damage To vehicles other than vehicles A and B No <input checked="" type="checkbox"/> Yes <input type="checkbox"/> *		To objects other than vehicles 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) SGK 33914

6 Insured / policyholder (see insurance cert.)

Name NA SENDRAN S/O
(capital letters) VEERASAMYAddress Blk 289B Bukit
Batok St 25 #07-164NRIC / Passport no. S13 44900 G

Tel no. (from 9am till 5pm)

HP 83942813

7 Vehicle

Make, type Mitsubishi Lancer

8 Insurance company

AXA ☐ C ☐ TPFT ☒ TPO

Does the policy cover damage to vehicle A?

No ☐ Yes ☒Policy No. GA118160/1

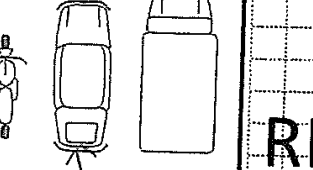
9 Driver

☐ Same as OwnerName DINESHWARAN S/O(capital letters) NA SENDRANNRIC / Passport no. S9223087BClass of licence 3HP 9668240 93658240Gender Male ☒ Female ☐

10 Indicate the point

of initial impact with

an arrow (→)



11 Visible damage to vehicle A

14 My remarks

12 CIRCUMSTANCES

Put a cross (X) in each of the relevant boxes applicable to your vehicle

- A
- ☐ 1
- ☐ 2
- ☐ 3
- ☐ 4
- ☐ 5
- ☐ 6
- ☐ 7
- ☐ 8
- ☐ 9
- ☐ 10
- ☐ 11
- ☐ 12
- ☐ 13
- ☐ 14
- ☐ 15
- ☐ 16
- ☐ 17
- ☐ 18
- ☐ 19
- ☐ 20
- ☐ 21
- ☐ 22

Chain Collision

Collided into Bicyclist

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 Influence

Fire, Explosion or Lightning

Flood

Hit and Run / Vandalism / Damaged whilst Parked

Hit by Fallen Tree / Other Objects

No Collision

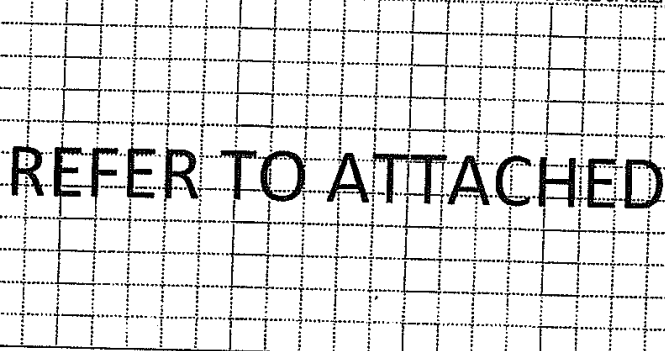
Side Swipe

Theft

← State TOTAL number of boxes marked with a cross →

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



Alternatively, please make reference to one of the sketches on page 4:

Registration No. (VEHICLE B) SLL 9880 L

6 Insured / policyholder (see insurance cert.)

Name _____

(capital letters)

Address _____

NRIC / Passport no. _____

Tel no. (from 9am till 5pm) _____

HP _____

7 Vehicle

Make, type _____

8 Insurance company

☐ C ☐ TPFT ☐ 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)

NRIC / Passport no. _____

Class of licence _____

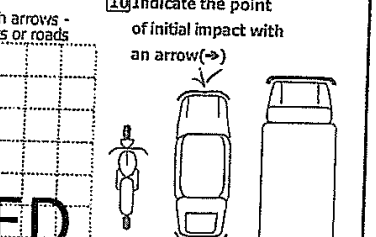
HP _____

Gender Male ☐ Female ☐

10 Indicate the point

of initial impact with

an arrow (→)



11 Visible damage to vehicle B

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 the statement after signing. Subsequently, each driver should take one copy.


For insured's Individual Statement (Part II) see overleaf →

Individual Statement Pg. 1


Reporting Centre: Progressive Automotive Pte Ltd

INDIVIDUAL STATEMENT (Part II)						Own Workshop Email / Fax (If any) <u>Claims@unitedsg.com.sg</u>	
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>SGK33914</u> cc. <u>1.6</u>						If commercial vehicle, state permissible carrying capacity
	3 Is driver the owner? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> If no, State Relationship of Driver with owner <u>Father</u>						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						
	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"/>						
Of which vehicle are you the owner?	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)						
	7 Date of birth		Occupation		Date of license pass		Was vehicle driven with the insured's permission?
	<u>05/07/1992</u>		<u>Indoor</u>		<u>03/07/2014</u>		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	
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?
	<u>DINESHWARAN</u>		<u>Neck and back</u>		<u>SGK33914</u>		Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
	<u>S/O NASEENDRAN</u>						Yes <input type="checkbox"/> No <input type="checkbox"/>
							Yes <input type="checkbox"/> No <input type="checkbox"/>
							Yes <input type="checkbox"/> No <input type="checkbox"/>
Injured persons	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)
Damage to property & vehicles (other than vehicles A and B)	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?				
Police action	14 Weather conditions Clear <input checked="" type="checkbox"/> Raining <input type="checkbox"/> Others <input type="checkbox"/>						
	15 Road surface Wet <input checked="" type="checkbox"/> Dry <input type="checkbox"/> Others <input type="checkbox"/>						
Accident details	16 Speed of vehicles A <u>40-50 km/hr</u> B <u>40-50 km/hr</u>						
	17 What warnings were given by driver or other party?						
	18 Were street lights illuminated? Yes <input checked="" 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) <u>1</u>						
	3/We declare the foregoing particulars are true in every respect						
Policyholder's signature <u>[Signature]</u> Date _____							
Driver's signature (if driver is not the policyholder) <u>[Signature]</u> Date _____							

4072882



NRIC No. **S9223087B**



Date of Issue
16-07-2007


Address
**APT BLK 289E BUKIT BATOK STREET 25
#07-164
SINGAPORE 654289**

YOU ARE LICENSED TO DRIVE VEHICLES IN THE FOLLOWING CLASS(E

EFFECTIVE DATE



Class 3 Motor Cars=<3000kg with =<7 passengers, exclusive of the driver; and other motor vehicles =< 2500kg **03 Jul 2014**

Licence No: S9223087B



NP 428A

REPUBLIC OF SINGAPORE
IDENTITY CARD NO. S9223087B




Name
**DINESHWARAN S/O
NASENDRAN**
டினேஷ்வரன்

Race
INDIAN

Date of birth **Sex**
05-07-1992 **M**

Country of birth
SINGAPORE




REPUBLIC OF SINGAPORE **DRIVING LICENCE**

Licence Number **S9223087B**

Name
**DINESHWARAN S/O
NASENDRAN**

Birth Date **05 Jul 1992**
Issue Date **03 Jul 2014**



002321527A

Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo

