

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	11/06/2018 17:00
Date Of Accident	11/06/2018 12:20
Exact Location Of Accident	MSCP OF BLK 264 SERANGOON CENTRAL
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SJT5462T
Insured/Policyholder	
Name Of Registered Owner	AMIR HAMZAH BIN YAKIM
NRIC No	S1199577B
Email Address	AMIRHAMZ56@YAHOO.COM
Mobile Phone No	(LOCAL) +65-90707058
Alternative Phone No	OTHERS-90707058

Vehicle Particulars

Manufacturer	VOLKSWAGEN
Model	NEW GOLF 5K13G5-1.4 (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
Policy Number	GA184523/1
Cover Note Number	

Driver

Name of Driver	AMIR HAMZAH BIN YAKIM
NRIC No	S1199577B
Date Of Birth	08/11/1956
Occupation	INDOOR
Date Of Driving Pass	06/11/1996
Driving Experience	21 YEARS AND 7 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-90707058
Fax Number	
Contact Number	OTHERS-90707058
Email Address	AMIRHAMZ56@YAHOO.COM

Address	BLK 320 HOUGANG AVENUE 5 #04-26 SINGAPORE
Postcode	530320
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	COLLIDED INTO PARKED VEHICLE
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)	2
Passenger 1	NAME: : ALINA BINTE MOHD ALI 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	SKP771T
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	PRIVATE CAR
Name of Driver	SIAH CHONG HUAT
NRIC/Passport Number	S1547490D
Contact Number	96711708
Address	
Postcode	
Insurance Company Name	
Nature Of Damage	
No. Of Passenger (Including Driver)	

Sketch Plan

SKETCH PLAN

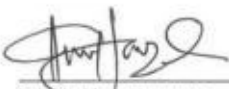
IMPORTANT NOTICE

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 liability**.
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. 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.
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: 11/6/2018
1704

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


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

PERWEN

Sketch Plan #2

SKETCH PLAN

Vehicle No	
A - SJT 5462 T	
B - SKP 771 T	

Note:

Mercedes

SKP 771 T

was parked

beyond the carpark lot

carpark lot

carpark lot

Legend

A

Vehicle

B

Bike

DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

Today Monday 11/6/2018 at about 12.20pm as I drove slowly out of my carlot, my car rear left side grazed the right front bumper of a Mercedes and also the right front fog lamp cover of the Mercedes was dislodged. The Mercedes was parked beyond the carlot space allowed. See photos.

The accident happened at the MSCP Blk 264 Serangoon Central.

Subsequently the Mercedes driver and myself took photos of the damages to our vehicles and exchanged contact nos.

The details of the Mercedes n driver as below:

Carplate: SKP 771 T

Driver name: Mr Siah Chong Huat

NPIC: S1547490D

Hp: 967 1170 8

Note: I believe that the 'damages' on the Mercedes are not major and should be able to be 'repaired' without major cost and the fog lamp cover can be changed individually.

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: 11/6/2018
 1704

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

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

GLARMC SketchPlanForm v3

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

1 Date of accident 11/6/18		Time 1220		2 Exact location of accident MSCP at Blk 264 Serangoon Central		3 Injuries even if slight No <input checked="" type="checkbox"/> Yes <input 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) SJT5462T

6 Insured / policyholder (see insurance cert.)
Name Amir Hamzah
(capital letters) Bin Yaktm
Address _____
NRIC / Passport no. S1199577B
Tel no. (from 9am till 5pm) _____
HP 9070 7058

7 Vehicle
Make, type Volkswagen Golf

8 Insurance company
AXA ☒ BC ☐ TPFT ☐ TPO
Does the policy cover damage to vehicle A?
No ☐ Yes ☒
Policy No. GA184523/1

9 Driver ☒ Same as Owner
Name _____
(capital letters)
NRIC / Passport no. _____
Class of licence 3
HP _____
Gender Male ☒ Female ☐

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

11 Visible damage to vehicle A

12 My remarks

12 CIRCUMSTANCES

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

- | | | |
|--------------------------|-----|---|
| <input type="checkbox"/> | 101 | Collision - |
| <input type="checkbox"/> | 102 | Collided into Bicyclist |
| <input type="checkbox"/> | 103 | Collided into Motorcyclist |
| <input type="checkbox"/> | 104 | Collided into Parked Vehicle |
| <input type="checkbox"/> | 105 | Collided into Pedestrian |
| <input type="checkbox"/> | 106 | Collided into Property |
| <input type="checkbox"/> | 107 | Collision - Change/Cross Lane |
| <input type="checkbox"/> | 108 | Collision - Cross Junction |
| <input type="checkbox"/> | 109 | Collision - Head on Collision |
| <input type="checkbox"/> | 110 | Collision - Head to Rear |
| <input type="checkbox"/> | 111 | Collision - Major/Minor Rd |
| <input type="checkbox"/> | 112 | Collision - Opening Door of Vehicle |
| <input type="checkbox"/> | 113 | Collision - Roundabout |
| <input type="checkbox"/> | 114 | Collision - U-Turn |
| <input type="checkbox"/> | 115 | Drink Driving / Drug Influence |
| <input type="checkbox"/> | 116 | Fire, Explosion or Lightning |
| <input type="checkbox"/> | 117 | Flood |
| <input type="checkbox"/> | 118 | Hit and Run / Vandalism / Damaged whilst Parked |
| <input type="checkbox"/> | 119 | Hit by fallen tree / Other Objects |
| <input type="checkbox"/> | 120 | No Collision |
| <input type="checkbox"/> | 121 | Side Swipe |
| <input type="checkbox"/> | 122 | 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

REFER TO ATTACHED

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

15 Signatures of drivers

A

B

14 My remarks

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

11 Visible damage to vehicle B

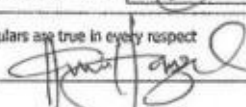
* In the event of injuries or in the event of damage to property other than to vehicles A and B, give information overleaf

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)		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.	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 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?	
	8/11/56	Indoor	Outdoor	6/11/96	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?	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 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 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					
	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 <input type="checkbox"/> km/hr B <input type="checkbox"/> 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) <input checked="" type="checkbox"/> Aliniah Bte Mohd Ali					
	I/We declare the foregoing particulars are true in every respect					
	Policyholder's signature  Date 11/6/18 4:45pm					
Driver's signature (if driver is not the policyholder) _____ Date _____						

DRIVER NRIC & LICENSE Pg. 1

REPUBLIC OF SINGAPORE DRIVING LICENCE

License Number: **S1199577B**

Name: **AMIR HAMZAH BIN YAKIM**

Birth Date: **08 Nov 1956**

Issue Date: **18 Dec 2002**

000044685C

REPUBLIC OF SINGAPORE

IDENTITY CARD NO. **S1199577B**

Name: **AMIR HAMZAH BIN YAKIM**

Race: **MALAY**

Date of Birth: **08-11-1956**

Country of Birth: **SINGAPORE**

Sex: **M**

YOU ARE LICENSED TO DRIVE VEHICLES IN THE FOLLOWING CLASSES:

Class 3 Motor Cars and Motor Tractors the weight of which unladen does not exceed 2500 kilograms

PASS DATE: **06 Nov 1996**

Licence No: **S1199577B**

2459694

NRIC No: **S1199577B**

Blood Group: **B+**

Date of issue: **08-10-1994**

APT BLK 320 HOUBANG AVENUE 5 #04-26
SINGAPORE 530320

NRIC No: **S1199577B** Date: **05-03-2001** No: **3956235**

AXA ACKNOWLEDGE LETTER



redefining / insurance

Date: 11/6/2018

To: Owner of Vehicle Number: SJT54627

The following has been advised to you via your workshop, PROGRESSIVE AUTOMOTIVE PTE LTD through their staff, PERMEN

Please tick the applicable box if you had been advice on the content as seen below:

- ☒ You had been advised by the workshop that in the case that you wish to claim against your own policy, there is a Fourteen (14) days clause whereby the claim must be made within the stipulated timeframe from the day of occurrence.
- ☐ You had been advised by the workshop on the liability and merits of the case accordingly.
- ☐ You had been advised by the workshop on the claims procedure for the type of claim that you will be making due to this accident.
- ☐ There will be delay to your vehicle repair due to the unavailability of spare parts locally and there is no other option except to indent it from overseas.
- ☐ There will be no cancellation/withdrawal of the Own Damage claim once the order of the spare parts have been placed. If you wish to cancel/withdraw the claim, you shall bear all costs, expenses &/or related charges incurred directly &/or indirectly to the procurement of the spare parts.
- ☐ The estimated waiting time for the spare parts to arrive is _____. The estimated arrival time does not include the repair period.
- ☐ You will be driving the vehicle out despite being advised by the workshop mechanic/personnel that the vehicle may not be road worthy.
- ☐ For vehicles below Three (3) years old, your Insurance Company will use only genuine original parts to repair your vehicle.
- For vehicles above Three (3) years old, your Insurance Company will be carrying out repairs using *any combination* of genuine original parts and/or original equipment manufacturer (OEM) parts.
- ☐ You had been advised by the workshop of the Twelve (12) months warranty for Own Damage repairs on workmanship related to the accident.
- ☐ For vehicles that are under warranty with a local distributor, you have been advised by the workshop to check with your local distributor on any effect to your warranty prior to making this Own Damage claim.
- ☐ Others _____

Signed and acknowledge by:

Name and signature of policyholder/authorised driver

Name and signature of workshop personnel including company stamp

Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



TP DAMAGED PHOTO



TP DAMAGED PHOTO



TP DAMAGED PHOTO

