

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	13/06/2018 14:17
Date Of Accident	12/06/2018 17:30
Exact Location Of Accident	UBI AVENUE 3
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SGB289R
Insured/Policyholder	
Name Of Registered Owner	PEH CHIH TEK
NRIC No	S7611350E
Email Address	XMEN07@HOTMAIL.COM
Mobile Phone No	(LOCAL) +65-97645193
Alternative Phone No	OTHERS-97645193

Vehicle Particulars

Manufacturer	SUBARU
Model	XV
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?	YES
If No, Please state action to be taken	
Vehicle Category	PRIVATE CAR

Insurance Company

Name of Insurance Company	AXA INSURANCE PTE LTD
Type Of Coverage	COMPREHENSIVE
Fleet Policy	NO
Policy Number	GA203445
Cover Note Number	

Driver

Name of Driver	PEH CHIH TEK
NRIC No	S7611350E
Date Of Birth	24/04/1976
Occupation	INDOOR
Date Of Driving Pass	21/01/1997
Driving Experience	21 YEARS AND 4 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-97645193
Fax Number	
Contact Number	OTHERS-97645193
Email Address	XMEN07@HOTMAIL.COM

Address	BLK 428 CLEMENTI AVE 3 #11-454
Postcode	120428
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 - HEAD TO REAR
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	SKG1076H
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	PRIVATE CAR
Name of Driver	CHIN KEE YONG
NRIC/Passport Number	S1802735F
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:

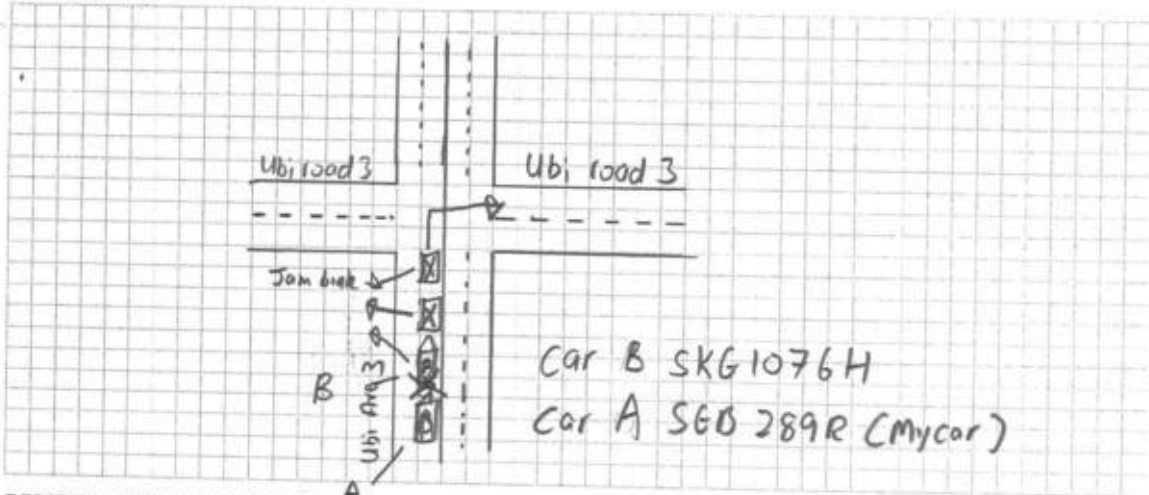
13/6/2018

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



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

My car was stationary at the traffic junction. When the light turned green, the cars in front of me started to move. Suddenly, the first car at the junction stopped, the car (SKG1076H) in front of me managed to stop in time avoiding collision. I was not so lucky, thus my car hit the bumper of SKG1076H. Estimated Speed of travel is 15km/hour.

DECLARATION

I/We declare the foregoing particulars are true in every respect.

Ph 13/6/2018
 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.:

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 8/6/18 - 1730		2 Exact location of accident Ubi Ave 3.		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) <u>Request from 07.</u>	
6 Insured / policyholder (see insurance cert.) Name: <u>Ph Chih Tek.</u> Address: _____ NRIC / Passport no. <u>57611370E</u> Tel no. (from 9am till 5pm) _____ HP <u>97645193</u>		7 Vehicle Make, type <u>Subaru</u>		8 Insurance company <u>AXA</u> <input checked="" type="checkbox"/> C <input type="checkbox"/> TPFT <input type="checkbox"/> TPO Does the policy cover damage to vehicle A? No <input type="checkbox"/> Yes <input checked="" type="checkbox"/> Policy No. <u>GIA 203445</u>	
9 Driver <input checked="" type="checkbox"/> Same as Owner Name: _____ NRIC / Passport no. _____ Class of licence _____ HP _____ Gender Male <input type="checkbox"/> Female <input type="checkbox"/>		10 Indicate the point of initial impact with an arrow (→)		11 Visible damage to vehicle A	

Registration No. (VEHICLE A) <u>SGB 289R</u>	
6 Insured / policyholder (see insurance cert.) Name: <u>Ph Chih Tek.</u> Address: _____ NRIC / Passport no. <u>57611370E</u> Tel no. (from 9am till 5pm) _____ HP <u>97645193</u>	
7 Vehicle Make, type <u>Subaru</u>	
8 Insurance company <u>AXA</u> <input checked="" type="checkbox"/> C <input type="checkbox"/> TPFT <input type="checkbox"/> TPO Does the policy cover damage to vehicle A? No <input type="checkbox"/> Yes <input checked="" type="checkbox"/> Policy No. <u>GIA 203445</u>	
9 Driver <input checked="" type="checkbox"/> Same as Owner Name: _____ NRIC / Passport no. _____ Class of licence _____ HP _____ Gender Male <input type="checkbox"/> Female <input type="checkbox"/>	

12 CIRCUMSTANCES Put a cross (X) in each of the relevant boxes applicable to your vehicle	
01	Chain Collision
02	Collided into Bicyclist
03	Collided into Motorcyclist
04	Collided into Parked Vehicle
05	Collided into Pedestrian
06	Collided into Property
07	Collision - Change/Cross Lane
08	Collision - Cross Junction
09	Collision - Head on Collision
10	Collision - Head to Rear
11	Collision - Major/Minor Rd
12	Collision - Opening Door of Vehicle
13	Collision - Roundabout
14	Collision - U-Turn
15	Drunk Driving / Drug Influence
16	Fire, Explosion or Lightning
17	Flood
18	Hit and Run / Vandalism / Damaged whilst Parked
19	Hit by Fallen Tree / Other Objects
20	No Collision
21	Side Swipe
22	Theft

Registration No. (VEHICLE B) <u>SKG 1076H</u>	
6 Insured / policyholder (see insurance cert.) Name: _____ Address: _____ NRIC / Passport no. _____ Tel no. (from 9am till 5pm) _____ HP _____	
7 Vehicle Make, type _____	
8 Insurance company <input type="checkbox"/> C <input type="checkbox"/> TPFT <input type="checkbox"/> TPO Does the policy cover damage to vehicle B? No <input type="checkbox"/> Yes <input type="checkbox"/> Policy No. (if available) _____	
9 Driver (See driving licence) (if different from Insured B above) Name: <u>Chin Kell Yong</u> NRIC / Passport no. <u>51802735E</u> Class of licence <u>3</u> HP _____ Gender Male <input checked="" type="checkbox"/> Female <input type="checkbox"/>	

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

11 Visible damage to vehicle A

14 My remarks

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

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

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

Reporting Centre: Progressive Automotive Pte Ltd

Page 6 of 12

Owner IC & LIC Pg. 1

REPUBLIC OF SINGAPORE DRIVING LICENCE

Crunch Number: **S7611350E**

Name:
PEH CHIH TEK
(BAI ZHIDE)

Birth Date: **24 Apr 1976**
Issue Date: **01 Apr 2003**

000341771D

REPUBLIC OF SINGAPORE

IDENTITY CARD NO. S7611350E

Name:
PEH CHIH TEK
(BAI ZHIDE)

Race:
CHINESE

Date of birth:
24-04-1976

Sex:
M

Country of birth:
SINGAPORE

S7611350E

YOU ARE LICENSED TO DRIVE VEHICLES IN THE FOLLOWING CLASSES:

Class	Description	PASS DATE
Class 3	Motor Cars and Motor Tractors the weight of which unladen does not exceed 2500 kilograms	21 Jan 1997

NP 428A

Licence No: S7611350E

3875714

NRIC No: **S7611350E**

Date of issue:
08-05-2006

APT BLK 428 CLEMENTI AVENUE 3 #11-454
SINGAPORE 120428

NRIC No: **S7611350E** Date: **17/10/2016**

Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo

