

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	20/06/2018 17:08
Date Of Accident	18/06/2018 22:25
Exact Location Of Accident	JOO CHIAT ROAD
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SJY1388A
Insured/Policyholder	
Name Of Registered Owner	JIMMY TEXTILES
Co Reg No	22265100L
Email Address	JIMMYTEXTILES@YAHOO.COM.SG
Mobile Phone No	
Alternative Phone No	OFFICE-94561625

Vehicle Particulars

Manufacturer	MERCEDES-BENZ
Model	AVANT
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	GA263572
Cover Note Number	

Driver

Name of Driver	SAW HUAN CHEONG
NRIC No	S1196521J
Date Of Birth	14/05/1956
Occupation	INDOOR
Date Of Driving Pass	26/12/1975
Driving Experience	42 YEARS AND 5 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-94561625
Fax Number	
Contact Number	
EEmail Address	JIMMYTEXTILES@YAHOO.COM.SG

Address	131C JOO CHIAT TERRACE
Postcode	427278
Was driver an employee of the Insured's Company	YES
If No, Relationship of the Driver with the Insured	
Vehicle Registration Number of Driver's Own Vehicle	-
	-
	-
Insurance Company of Driver's Own Vehicle	-
	-
	-

General Information of the Accident

Type Of Accident	COLLISION - CHANGE/CROSS LANE
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?	YES
If Yes, Please state which Police Station	
Police Station Name	TRAFFIC POLICE DIVISION HQ
Police Station Address	ROAD: 10 UBI AVENUE 3 , POSTCODE: 408865 , COUNTRY: SINGAPORE
Police Station Contact	TEL NO: 65470000 - FAX NO:
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
Was there any audio recorded?	NO

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	FBG234G
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	MOTORCYCLE
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:
20/06/08.


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

Refer To Attached Police Report.

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.:

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		2 Exact location of accident Joo chiat Rd.		To be signed by BOTH drivers	
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"/>		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 type="checkbox"/> Yes <input checked="" type="checkbox"/>	

Registration No. (VEHICLE A) **8JY1388A**

6 Insured / policyholder (see insurance cert.)
Name **Jimmy Textiles**
Address _____
NRIC / Passport no. **222651001**
Tel no. (from 9am till 5pm) _____
HP _____

7 Vehicle **MYRIZE 200**
Make, type **AVANT**

8 Insurance company **AXA** ☒ C ☐ TPFT ☐ TPO
Does the policy cover damage to vehicle A?
No ☐ Yes ☒
Policy No. **GA263572**

9 Driver ☐ Same as Chaper
Name **Sam Huan**
(capital letters) **cheong**
NRIC / Passport no. **511965117**
Class of licence **3**
HP **94561025**
Gender Male ☒ Female ☐

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

<input type="checkbox"/>	Chain Collision
<input type="checkbox"/>	Collided into Bicyclist
<input type="checkbox"/>	Collided into Motorcyclist
<input type="checkbox"/>	Collided into Parked Vehicle
<input type="checkbox"/>	Collided into Pedestrian
<input type="checkbox"/>	Collided into Property
<input type="checkbox"/>	Collision - Change/Cross Lane
<input type="checkbox"/>	Collision - Cross Junction
<input type="checkbox"/>	Collision - Head on Collision
<input type="checkbox"/>	Collision - Head to Rear
<input type="checkbox"/>	Collision - Major/Minor Rd
<input type="checkbox"/>	Collision - Opening Door of Vehicle
<input type="checkbox"/>	Collision - Roundabout
<input type="checkbox"/>	Collision - U-Turn
<input type="checkbox"/>	Drink Driving / Drug Influence
<input type="checkbox"/>	Fire, Explosion or Lightening
<input type="checkbox"/>	Flood
<input type="checkbox"/>	Hit and Run / Vandalism / Damaged whilst Parked
<input type="checkbox"/>	Hit by Fallen Tree / Other Objects
<input type="checkbox"/>	No Collision
<input type="checkbox"/>	Side Swipe
<input type="checkbox"/>	Theft

Registration No. (VEHICLE B) **FB62346**

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 _____ ☐ 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 ☐

State TOTAL number of boxes marked with a cross

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

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:

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

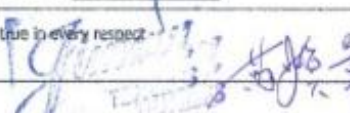

In the event of injuries or in the event of damage to property other than to vehicles A and B, give information overleaf

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)		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 type="checkbox"/> No <input checked="" 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												
	14/5/56	Indoor	Outdoor	26/12/75											
	Was vehicle driven with the insured's permission? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>														
	Was driver an employee of the insured's company? 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															
<table border="1"> <thead> <tr> <th>Date</th> <th>Offence</th> <th>Penalty</th> </tr> </thead> <tbody> <tr><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td></tr> </tbody> </table>				Date	Offence	Penalty									
Date	Offence	Penalty													
Injured persons	10 Name(s), address(es) and approximate age(s)	Injuries sustained	If vehicle occupants, state in which vehicle												
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												
Police action	12 Was the accident reported to the Police? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> If yes, please state which Police station TP HQ.														
	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="text"/> km/hr B <input type="text"/> 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 type="text"/>														
	I/We declare the foregoing particulars are true in every respect														
	Policyholder's signature  Date 20/6/08. Driver's signature (if driver is not the policyholder)  Date														



**SINGAPORE
POLICE FORCE**



T/20180618/2217

Police Station Of Origin:
Traffic Police Division HQ
10 Ubi Avenue 3 SINGAPORE 408865
Tel No: 65470000

1 of 3

Report No. T/20180618/2217

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 18/06/2018 23:34		Vide Report No.: G/20180618/0217		Station Diary No.:	
Informant's Particulars					
Name of Informant: SAW HUAN CHEONG			Address: 131C JOO CHIAT TER SINGAPORE 427278		
ID Type / ID No.: NRIC NO / S1196521J			Contact No.: Home/Office: Mobile: 94561625		
Nationality: SINGAPORE CITIZEN			Email:		
Sex: Male	Age: 62	Date of Birth: 14/05/1956	Type of Informant: Driver		
Race: Chinese		Language: English		Institution / School Name:	
Occupation: SELF-EMPLOYED		Driving Licence Information: Class:		Date of Expiry:	

General Information of the Accident				
Type of Accident:	Injury Conveyed By Ambulance	Drink Drive: No	Date/Time of Accident: 18/06/2018 22:25	Type of Location:
Location: Along Road 1 JOO CHIAT ROAD				
Weather:		Road Surface:		Road Speed Limit:
Traffic Flow:		Traffic Control:		Traffic Volume:
Type of Collision:				Anyone conveyed by ambulance: Yes

Details of Vehicle Involved						
Vehicle No.	Type	Make	Model	Color	Condition	No of Passenger
FBG234G	Motorcycle					0
SJY1388A	Car					0



**SINGAPORE
POLICE FORCE**



T/20180618/2217

Police Station Of Origin:
Traffic Police Division HQ
10 Ubi Avenue 3 SINGAPORE 408865
Tel No: 65470000

2 of 3

Report No. T/20180618/2217

CONTINUATION OF REPORT

Brief Details.

ON THE ABOVE MENTIONED DATE TIME AND LOCATION

I WAS TRAVELLING ON THE LEFT LANE OF THE 2-LANE ROAD AND SAW THAT THERE WAS A TAXI ON THE LEFT LANE ALIGHTING PASSENGERS. SO I DECIDED TO FILTER TO THE RIGHT AND OVERTAKE THE TAXI. WHILE I WAS FILTERING TO THE RIGHT, SUDDENLY A MOTORCYCLE(FBG234G) CAME AND COLLIDED INTO THE FRONT RIGHT SIDE OF MY CAR. THE COLLISION MADE THE MOTORCYCLIST FELL AND THE MOTORCYCLIST ALSO HIT THE TAXI THAT WAS ALIGHTING THE PASSENGERS. AMBULANCE CAME AND CONVEYED THE MOTORCYCLIST THE HOSPITAL.



SINGAPORE
POLICE FORCE



T/20180618/2217

Police Station Of Origin:
Traffic Police Division HQ
10 Ubi Avenue 3 SINGAPORE 408865
Tel No: 65470000

3 of 3

Report No. T/20180618/2217

CONTINUATION OF REPORT

Sketch Plan

Informant is not able to provide sketch plan

IMPORTANT: Please attach a copy of your vehicle's Insurance Certificate to this report. If you don't have the certificate with you now, please fax a copy to 65474885 stating the report number as reference.

Signature Of Officer Recording The Report:
TP /
MUHAMMAD SYUKRI BIN ABU BAKAR

Signature Of Interpreter:
Not applicable

Officer In Charge Of Case:
TP / GIT /
Staff Sgt LEE GUANG HUI
Contact No.: 65476138

Authentication Stamp
NP168

Signature Of Informant:

Date/Time:
18/06/2018 23:34

Classification Of Case:



SINGAPORE
POLICE FORCE

Signature: _____

Driver IC & LIC



Jimmytertiles@yahoo.com.sg



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo

