

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	28/06/2018 13:05
Date Of Accident	28/06/2018 07:30
Exact Location Of Accident	PIE EXIT EUNOS
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SKN3031L
Insured/Policyholder	
Name Of Registered Owner	CHING SHYH HOCK
NRIC No	S2566583Z
Email Address	ELAINEHUANG@SINGNET.COM.SG
Mobile Phone No	(LOCAL) +65-98242192
Alternative Phone No	OTHERS-98242192

Vehicle Particulars

Manufacturer	TOYOTA
Model	WISH-1.8 CVT (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	CN890741
Cover Note Number	

Driver

Name of Driver	CHING SHYH HOCK
NRIC No	S2566583Z
Date Of Birth	17/10/1965
Occupation	INDOOR
Date Of Driving Pass	04/05/1992
Driving Experience	26 YEARS AND 1 MONTH
Gender	MALE
Mobile Number	(LOCAL) +65-98242192
Fax Number	
Contact Number	OTHERS-98242192
Email Address	ELAINEHUANG@SINGNET.COM.SG

Address	BLK 677 CHOA CHU KANG CRESCENT #05-838 SINGAPORE
Postcode	660667
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	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?	NO
Was there any audio recorded?	NO

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	SFY4348T
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 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:

28/6/18

1pm

Driver's Signature

(If driver is not the policyholder)

Date & Time:

Reporting Centre Personnel's Signature

Name:

NRIC/FIN No.:

permen

Vehicle No
A - SKW300
B - SFY434

PIE expressway exits Euros

Legend
Vehicle
Bike

On 28/June/2018, around 7.30am
 PLE express exit Eunos. I stopped at Junction,
 I accidentally kissed to the vehicle. B

Note: After accident, Vehicle B driver asked to
 compensate him S\$200/
 After that, he changed the mind and
 wanted to claim.

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.

GIARMC SketchPlanForm_V3

Date & Time:

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 Time 28/6/2018 7:30am		2 Exact location of accident PIE expressway exits Eurof		To be signed by BOTH drivers	
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"/>		3 Injuries even if slight 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) SKN 3031 L

6 Insured / policyholder (see insurance cert.)
Name CHING SHYH HOOR
(capital letters)
Address _____
NRIC / Passport no. S256683E
Tel no. (from 9am till 5pm) _____
HP 98242192

7 Vehicle
Make, type Toyota Wish

8 Insurance company
AXA ☐ C ☐ TPFT ☐ TPO
Does the policy cover damage to vehicle A?
No ☐ Yes ☐
Policy No. CN890741

9 Driver ☐ Same as Owner
Name as above
(capital letters)
NRIC / Passport no. _____
Class of licence _____
HP _____
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 Bicycle
<input type="checkbox"/>	Collided into Motorcycle
<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"/>	Drunk Driving / Drug Influence
<input type="checkbox"/>	Fire, Explosion or Lightning
<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

State TOTAL number of boxes marked with a cross

Registration No. (VEHICLE B) SFY 4348T

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 A

13 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: ☐

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

11 Visible damage to vehicle B

13 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 a 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: <u>elainehuang@sig.net.sg</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 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	
	Indoor <input type="checkbox"/> Outdoor <input type="checkbox"/>		Was vehicle driven with the insured's permission? Yes <input type="checkbox"/> No <input type="checkbox"/>	
	Was driver an employee of the insured's company? Yes <input type="checkbox"/> No <input type="checkbox"/>			
	8 Give details of any pre-existing impairment of sight or hearing and of any other disability			
Injured persons	9 Full details of all driving convictions including pending prosecutions in the last 36 months			
	Date	Offence	Penalty	
Damage to property & vehicles (other than vehicles A and B)	10 Name(s), address(es) and approximate age(s)	Injuries sustained	If vehicle occupants, state in which vehicle	
			Were seat belts being worn? Yes <input type="checkbox"/> No <input type="checkbox"/>	
			Yes <input type="checkbox"/> No <input type="checkbox"/>	
			Yes <input type="checkbox"/> No <input type="checkbox"/>	
Police action	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)	
Accident details	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?			
	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/this 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"/>				
Declaration	I/We declare the foregoing particulars are true in every respect			
	Policyholder's signature <u>[Signature]</u>		Date <input type="text"/>	
	Driver's signature (if driver is not the policyholder) <u>[Signature]</u>		Date <input type="text"/>	


DRIVER NRIC & LICENSE Pg. 1

REPUBLIC OF SINGAPORE
IDENTITY CARD NO. S2566583Z



Name
CHING SHYH HOCK
庄士福
Race
CHINESE
Date of Birth
17-10-1965 Sex
M
Country of Birth
MALAYSIA


REPUBLIC OF SINGAPORE DRIVING LICENCE
S2566583Z




CHING SHYH HOCK
Birth Date: 17 Oct 1965
Issue Date: 07 Feb 2003

000181339C

8229916



NRIC No. S2566583Z



Nationality
MALAYSIAN
Blood Group
O+ Date of Issue
03-01-1997

APT DLK 677 CHOA CHU KANG CRESCENT #05-638
SINGAPORE 680677
NRIC No: S2566583Z Date: 02-11-1998 No: 8169956

YOU ARE LICENSED TO DRIVE VEHICLES IN THE FOLLOWING CLASS(ES)

Class	Description	PASS DATE
Class 2B	Motorcycles not exceeding 200 cc	04 May 1992
Class 3	Motor Cars and Motor Tractors the weight of which unladen does not exceed 2500 kilograms	04 May 1992

Licence No. S2566583Z

NP 428A

Accident Photo



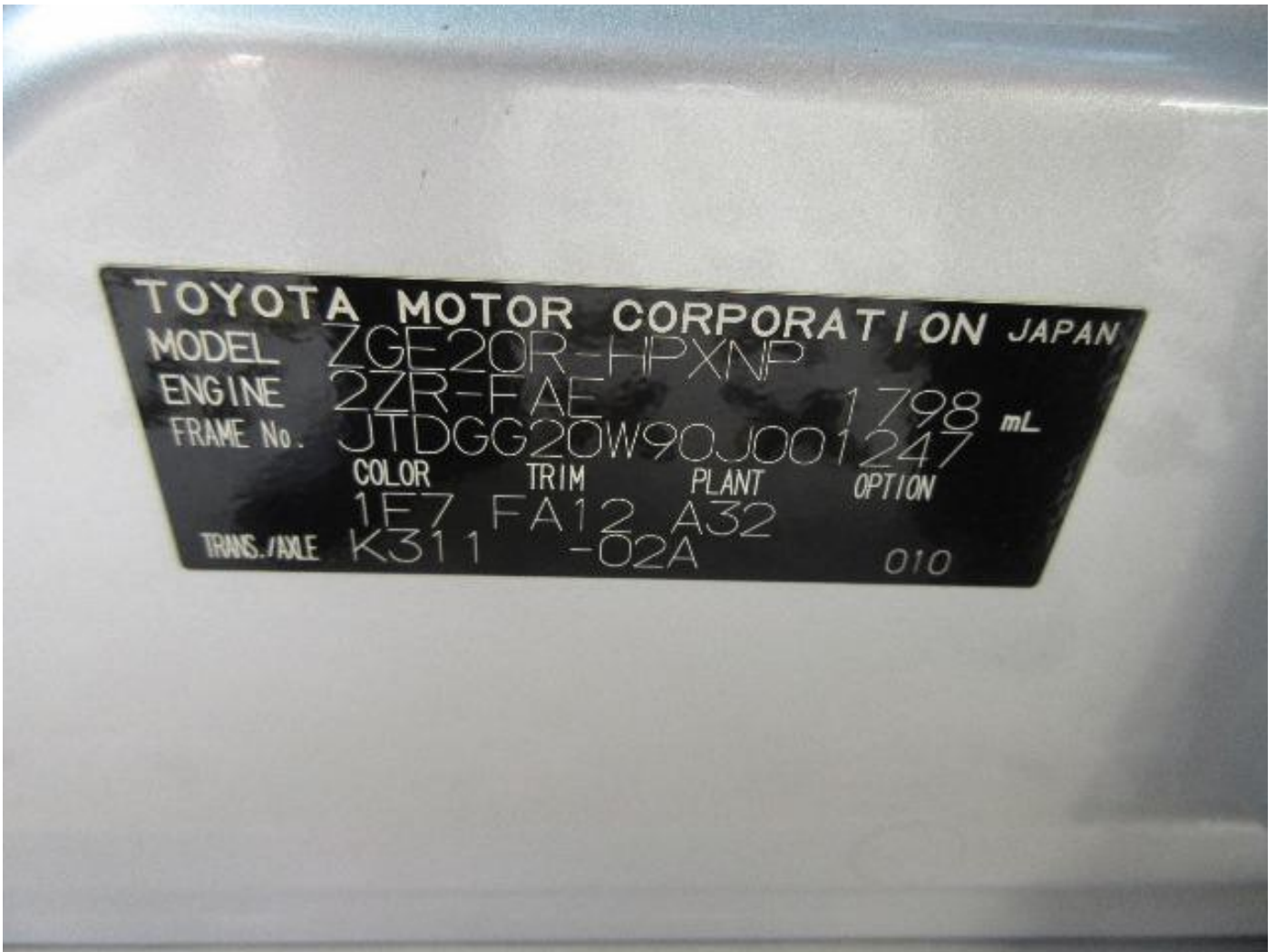
Accident Photo



Accident Photo



Accident Photo



Accident Photo

