

## 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	03/07/2018 12:12
Date Of Accident	02/07/2018 21:00
Exact Location Of Accident	EXIR RD OF HWA CHONG INTERNATIONAL SCHOOL
Country/State of Loss	SINGAPORE

### DETAILS OF OWN VEHICLE

Vehicle Registration Number	SJW3093Y
<b>Insured/Policyholder</b>	
Name Of Registered Owner	JOHN TAN KIT YONG
NRIC No	S1471494D
Email Address	CK.TAN888@LIVE.COM.SG
Mobile Phone No	(LOCAL) +65-92320055
Alternative Phone No	OFFICE-92320055

### Vehicle Particulars

Manufacturer	TOYOTA
Model	COROLLA-1.6 (A)
Exact Purpose for which vehicle was being used at time of accident	PRIVATE USE
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	VCX/P1742573
Cover Note Number	

### Driver

Name of Driver	JOHN TAN KIT YONG
NRIC No	S1471494D
Date Of Birth	19/03/1961
Occupation	INDOOR
Date Of Driving Pass	31/10/1983
Driving Experience	34 YEARS AND 8 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-92320055
Fax Number	
Contact Number	OFFICE-92320055
Email Address	CK.TAN888@LIVE.COM.SG

Address	BLK 635 VEERASAMY ROAD #06-158
Postcode	200635
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	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?	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

STATEMENT RECORDED BY SOO - PROGRESSIVE AUTOMOTIVE PTE LTD (6741 5336)

#### Attachment(s)

Are accident photos available for attachment?	YES
Was there any video captured by Car Camera?	YES
Remarks/ Reasons:	TAKE FROM DRIVER
Was there any audio recorded?	NO

#### DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	SHB6354J
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	TAXI
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:

\_\_\_\_\_  
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

Hwa Chong International School

Vehicle No  
A - SJW 3093 Y  
B - SHB 6354 J

Legend

Vehicle A

Bike B

### DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

On Date 02/07/2018 Time 9.01pm  
Vehicle A

I was Driving from Hwa Chong International School  
go out to nanly Ave, I was slow down to the Lamp  
suddenly Vehicle B come to hit my vehicle rear  
portion.

### 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 time frame 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 27/1/18		Time 2100		2 Exact location of accident Exit Road of Hua Chong International School		To be signed by BOTH drivers	
4 Material damage To vehicles other than vehicles A and B No <input type="checkbox"/> Yes <input checked="" type="checkbox"/>		To objects other than vehicles No <input type="checkbox"/> Yes <input checked="" type="checkbox"/>		5 Witness' name, address and tel no. (to be underlined if he/she is passenger in vehicle A or vehicle B) TAKE FROM DRIVER		3 Injuries even if slight No <input checked="" type="checkbox"/> Yes <input type="checkbox"/>	
						Vehicle Video Camera Available No <input type="checkbox"/> Yes <input checked="" type="checkbox"/>	

Registration No. (VEHICLE A) SJW 3093Y

6 Insured / policyholder (see insurance cert.)

Name John Tan Kit  
(capital letters) Yung

Address

NRIC / Passport no. S197494D

Tel no. (from 9am till 5pm)

HP 9232 0055

7 Vehicle

Make, type

8 Insurance company

AVA ☒ C ☐ TPFT ☐ TPO

Does the policy cover damage to vehicle A?

No ☐ Yes ☐

Policy No. VCX/P1742573

9 Driver ☒ Same as Owner

Name

(capital letters)

NRIC / Passport no.

Class of licence

HP

Gender Male ☒ Female ☐

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

## 12 CIRCUMSTANCES

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

A  
01  
02  
03  
04  
05  
06  
07  
08  
09  
10  
11  
12  
13  
14  
15  
16  
17  
18  
19  
20  
21  
22

- 01 Chalk 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 Drink 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

← 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

Registration No. (VEHICLE B) SHB 6354J

6 Insured / policyholder (see insurance cert.)

Name  
(capital letters)

Address

NRIC / Passport no.

Tel no. (from 9am till 5pm)

HP

7 Vehicle

Make, type Taxi

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 (→)

\* 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: <u>ck.tan888@live.com.sg</u>
	2 Vehicle registration no. <u>C.C.</u>		If commercial vehicle, state permissible carrying capacity
	3 Is driver the owner? <input checked="" type="checkbox"/> Yes <input 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? <input checked="" type="checkbox"/> Yes <input 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? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> 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)		
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 checked="" type="checkbox"/> Outdoor <input type="checkbox"/>		Was vehicle driven with the insured's permission? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/>
	Was driver an employee of the insured's company? <input type="checkbox"/> 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? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/>
			Was injured conveyed to hospital by ambulance? <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? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> If yes, please state which Police station		
	13 Was notice of intended prosecution given? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> If yes, against whom?		
	14 Weather conditions	<input checked="" type="checkbox"/> Clear <input type="checkbox"/> Raining <input type="checkbox"/> Others	
	15 Road surface	<input checked="" type="checkbox"/> Wet <input type="checkbox"/> Dry <input type="checkbox"/> Others	
	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? <input type="checkbox"/> 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)		
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 _____		Date _____
	Driver's signature (if driver is not the policyholder) _____		Date _____

**REPUBLIC OF SINGAPORE**  
IDENTITY CARD NO. **S1471494D**





Name  
**JOHN TAN KIT YONG**


**陈吉荣**  
Race  
**CHINESE**

Date of Birth **19-03-1961** Sex **M**

Country of Birth  
**SINGAPORE**





**REPUBLIC OF SINGAPORE DRIVING LICENCE**




Licence Number **S1471494D**  
Name  
**JOHN TAN KIT YONG**


Birth Date **19 Mar 1961**  
Issue Date **11 Aug 2003**



0829926



NRIC No **S1471494D**



Blood Group **O+** Date of issue **15-03-1993**

APT BLK 635 VEERASAMY ROAD #06-158  
SINGAPORE 200635  
NRIC No: **S1471494D** Date: **15/07/2011** No: **6783736**

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

		PASS DATE
Class 3	Motor Cars and Motor Tractors the weight of which unladen does not exceed 2500 kilograms	31 Oct 1983

NP 428A





Accident Photo





Accident Photo



Accident Photo



Accident Photo





Accident Photo

