

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	06/08/2018 11:27
Date Of Accident	04/08/2018 09:10
Exact Location Of Accident	TELOK AYER ST / BOON TAT STREET
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SKH8919A
Insured/Policyholder	
Name Of Registered Owner	SERENE LIM YEN CHEUN
NRIC No	S8033352H
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-98807571
Alternative Phone No	OTHERS-98807571

Vehicle Particulars

Manufacturer	VOLKSWAGEN
Model	SHARAN-2.0 (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	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	GA309776
Cover Note Number	

Driver

Name of Driver	SERENE LIM YEN CHEUN
NRIC No	S8033352H
Date Of Birth	23/10/1980
Occupation	INDOOR
Date Of Driving Pass	20/01/2000
Driving Experience	18 YEARS AND 6 MONTHS
Gender	FEMALE
Mobile Number	(LOCAL) +65-98807571
Fax Number	
Contact Number	OTHERS-98807571
EEmail Address	NOEMAIL

Address	331 EAST COAST ROAD #04-05
Postcode	429100
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 - MAJOR/MINOR RD
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)	2
Passenger 1	NAME: : PAX 1 GENDER: : MALE

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
Was there any audio recorded?	NO

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	SFC9555U
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

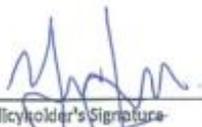
IMPORTANT NOTICE

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:


6/8/18
11:10 am

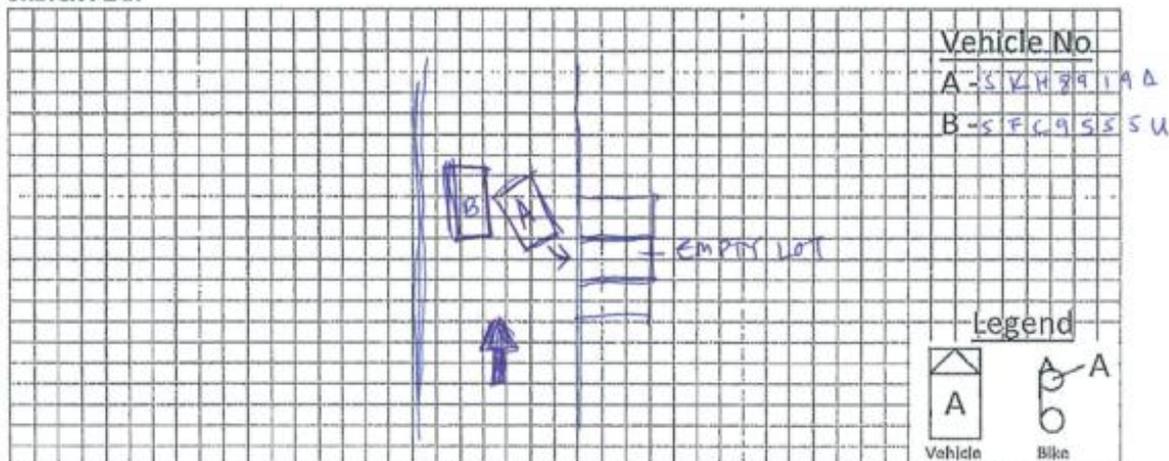
Driver's Signature
(if driver is not the policyholder)
Date & Time:

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



Sketch Plan #2

SKETCH PLAN



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

I was driving on Telok Street and wanted to park at the empty middle lot. Shifted my car towards the right side of road as a white car is coming through. I turn on 2 Hazard light and from my rear mirror, i only saw a car behind me. So, i've decided to let the car pass before i move into the lot.

As i move into the lot, the accident happened.

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: 6/8/18 11:10am

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

To be signed by BOTH drivers

1) Date of accident 7/8/18 0910	2) Exact location of accident Telok Ayer St / Boon Tat A	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 type="checkbox"/> Yes <input checked="" type="checkbox"/>

Registration No. (VEHICLE A) SKH 8919A

6) Insured / policyholder (see insurance cert.)
Name: Serene Lim
(capital letters) Ren Chan

Address: _____

NRIC / Passport no. 2803332H

Tel no. (from 9am till 5pm) _____

HP 98807577

7) Vehicle
Make, type Volkswagen Sharan 2.0

8) Insurance company AXA C TPFT TPO

Does the policy cover damage to vehicle A?
No Yes

Policy No. GA309716

9) Driver Same as Insured

Name: _____
(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 Motorcyclist
<input type="checkbox"/>	Collided into Parked Vehicle
<input type="checkbox"/>	Collided into Pedestrian
<input type="checkbox"/>	Collided into Property
<input type="checkbox"/>	Collision - Clang/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 - Rear/side
<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 / Verbal Abuse / 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

13) State TOTAL number of boxes marked with a cross

Registration No. (VEHICLE B) SFC 9555 U

6) Insured / policyholder (see insurance cert.)

10) Name: _____
(capital letters)

Address: _____

NRIC / Passport no. _____

7) 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)

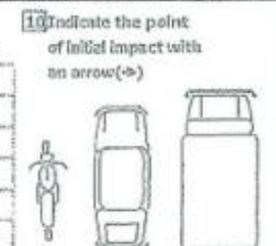
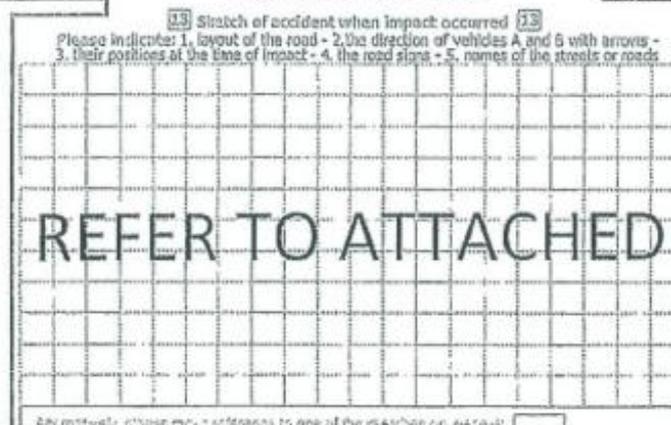
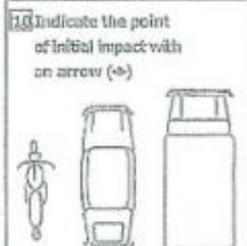
Name: _____
(capital letters)

NRIC / Passport no. _____

Class of licence _____

HP _____

Gender: Male Female



11) Visible damage to vehicle A

11) Visible damage to vehicle B

14) My remarks

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 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? <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 checked="" 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 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? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/>		Was driver an employee of the insured's company? <input checked="" 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 _____		
	9 Full details of all driving convictions including pending prosecutions in the last 36 months		
		Date	Offence
		Penalty	
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? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
			Was injured conveyed to hospital by ambulance? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
			<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
			<input type="checkbox"/> Yes <input checked="" 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? <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? _____		
Accident details	14 Weather conditions <input checked="" type="checkbox"/> Clear <input type="checkbox"/> Raining <input type="checkbox"/> Others _____		
	15 Road surface <input type="checkbox"/> Wet <input checked="" type="checkbox"/> Dry <input type="checkbox"/> Others _____		
	16 Speed of vehicles A _____ km/hr B _____ km/hr		
	17 What warnings were given by driver or other party? _____		
	18 Were street lights illuminated? <input type="checkbox"/> Yes <input checked="" 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="checkbox"/> 2 <input type="checkbox"/> Pass (K/F)			
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 _____

Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo

