

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	10/08/2018 09:27
Date Of Accident	08/08/2018 17:55
Exact Location Of Accident	PASIR RIS STREET 71
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SKH6608K
Insured/Policyholder	
Name Of Registered Owner	WONG ANSON
NRIC No	S7525095I
Email Address	ANSON_WAB@YAHOO.COM.SG
Mobile Phone No	(LOCAL) +65-90106340
Alternative Phone No	OFFICE-90106340

Vehicle Particulars

Manufacturer	HYUNDAI
Model	TUCSON-1.6 TL GLS (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	VPA/P2134095
Cover Note Number	

Driver

Name of Driver	WONG ANSON
NRIC No	S7525095I
Date Of Birth	24/08/1975
Occupation	INDOOR
Date Of Driving Pass	11/01/1995
Driving Experience	23 YEARS AND 6 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-90106340
Fax Number	
Contact Number	OFFICE-90106340
Email Address	ANSON_WAB@YAHOO.COM.SG

Address	BLK 767 PASIR RIS STREET 71 #12-318
Postcode	510767
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?	YES
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)	4
Passenger 1	NAME: : PASS GENDER: : MALE
Passenger 2	NAME: : PASS GENDER: : MALE
Passenger 3	NAME: : PASS 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

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	FBE2719Y
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	MOTORCYCLE
Name of Driver	RUSYAIID BIN SUKARMAN
NRIC/Passport Number	S9532673J

Contact Number	81577412
Address	
Postcode	
Insurance Company Name	
Nature Of Damage	
No. Of Passenger (Including Driver)	

DETAILS OF INJURED PERSON 1

Name	RUSYAIDI BIN SUKARMAN
Approximate Age	
Injuries Sustain	SLIGHT INJURIES
Injured person in which vehicle?	FBE2719Y
Were seat belts worn?	
Was this injured conveyed to hospital by ambulance?	
Address	
Postcode	

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: 10/8/2018 9:20am

Driver's Signature

(If driver is not the policyholder)
Date & Time: 10/8/2018 9:20am

Reporting Centre Personnel's Signature

Name: Wayne
NRIC/FIN No.:

Sketch Plan #2

SKETCH PLAN

	Vehicle No A - SKH6608 K B - FBE2719 Y
	Legend

DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

I stopped my vehicle as front vehicle stopped. All of a sudden, there was an impact on my rear of vehicle. I realised a motorbike had hit the rear left of my vehicle. My video footage showed that the motorbike lost control and skidded into my vehicle. Police and ambulance came down on scene but rider said he was fine and don't need to go hospital. I was not provided any case number from the police officer.

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: 10/5/18 9.20am	Driver's Signature (If driver is not the policyholder) Date & Time: 10/5/18 9.20am	Reporting Centre Personnel's Signature Name: Wayne 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 8/8/2018		Time 1755		2 Exact location of accident Pasir Ris St 71		3 Injuries even if slight No <input type="checkbox"/> Yes <input checked="" 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 6608 K**

6 Insured / policyholder (see insurance cert.)
Name **Wong Anson**
(capital letters)
Address **Bl 767 Pasir Ris St 71 #12-318 S(910767)**
NRIC / Passport no. **S7525095 I**
Tel no. (from 9am till 5pm)
HP **9010 6340**

7 Vehicle
Make, type **Hyundai**

8 Insurance company
AXA ☒ C ☐ TPFT ☐ TPO
Does the policy cover damage to vehicle A?
No ☐ Yes ☒
Policy No. **VPA/P 2134095**

9 Driver ☒ Same as Owner
Name
(capital letters)
NRIC / Passport no.
Class of licence **3**
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 - 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 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

Registration No. (VEHICLE B) **FBE2719Y**

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
MSIG ☐ 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 **Rusyaidi Bin Sukarman**
(capital letters)
NRIC / Passport no. **S9532613J**
Class of licence
HP **81577412**
Gender Male ☒ Female ☐

State TOTAL number of boxes marked with a cross

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

[Signature]

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: <u>erson-wab@yahoo.com.sg</u>	
	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		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		If no, state where it is at present		Tel no.			
Of which vehicle are you the owner? <input checked="" type="checkbox"/> A <input type="checkbox"/> B	6 Are you claiming under your own insurance policy for repair to your vehicle? <input type="checkbox"/> Yes <input type="checkbox"/> No							
	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)							
	7 Date of birth		Occupation		Date of license pass		Was vehicle driven with the insured's permission?	
	24/8/1975		Indoor / Outdoor		11/1/1995		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							
Driver or person in charge of vehicle at the time of accident (including insured)	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?	
	Rusyaidi Bin Sukarman		Slight		Veh B		Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
							Yes <input type="checkbox"/> No <input type="checkbox"/>	
							Yes <input type="checkbox"/> No <input type="checkbox"/>	
							Yes <input 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							
	If yes, please state which Police station							
	13 Was notice of intended prosecution given? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No							
	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="checkbox"/> km/hr B <input type="checkbox"/> 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							
	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"/> 4							
Declaration	I/We declare the foregoing particulars are true in every respect							
	Policyholder's signature				Date 10/8/2018			
	Driver's signature (if driver is not the policyholder)				Date 10/8/2018			

REPUBLIC OF SINGAPORE
IDENTITY CARD NO. S75250951



Name

WONG ANSON

王安森

Race

CHINESE

Date of birth

24-08-1975

Sex

M

Country of birth

SINGAPORE

S75250951

REPUBLIC OF SINGAPORE DRIVING LICENCE



Licence Number: S75250951

Name:

WONG ANN BOON
(WANG ANWEN)

Birth Date: 24 Aug 1975

Issue Date: 15 Apr 2003



000404010A



NRIC No S75250951



Date of issue

26-09-2005

Address

APT BLK 767 PASIR RIS STREET 71
#12-318
SINGAPORE 510767

3773593

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

Class 3 Motor Cars and Motor Tractors the weight of
which unladen does not exceed 2500 kilograms

PASS DATE

11 Jan 1995



Licence No: S75250951

NP 428A

Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Addendum Sheet



GENERAL INSURANCE ASSOCIATION OF SINGAPORE RECORDS MANAGEMENT CENTRE
6 Raffles Quay #18-00 Singapore 048580
Tel (65) 6224 0010 Fax (65) 6224 0030
Operating Hours : Monday to Friday, 09:00 – 17:00
UEN: S66550020G / GST Reg. No.: M400017735

IMPORTANT NOTE: Please submit the completed Addendum form to the same Authorised Reporting Centre with whom you submitted the Original Report.

ADDENDUM

(A) PARTICULARS OF PERSON MAKING THE AMENDMENTS:

Original Report No : MPA218102931 Vehicle Registration No: SKH6608K
Name (as shown in NRIC) : Wong Anson NRIC/FIN/Passport No : S75250951
(*Vehicle Driver / Vehicle Owner) (*) Please delete as appropriate
Address : Blk 767 Pasir Ris St 71 #12-318 Singapore 510767
Contact (Tel) : _____ Mobile No. : 9010
Email Address : _____
Date of Accident : 8/8/18 Time of Accident : 1715
Place of Accident : Pasir Ris St 71
Insurance Company : AXA Insurance

(B) ADDITIONAL INFORMATION / AMENDMENTS:

I have made a report on the above mentioned accident and would like to include additional information or make the following amendments:

Change reporting to 3rd party claim

[Signature]
Policyholder / Driver's Signature
Date: 10/8/18

[Signature]
Reporting Centre Personnel's Signature
Name: Pearlman
NRIC/FIN No.: 10/8/18
Date: 10/8/18