

## 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	11/09/2018 10:31
Date Of Accident	07/09/2018 15:10
Exact Location Of Accident	PIE EXIT BEDOK NORTH
Country/State of Loss	SINGAPORE

### DETAILS OF OWN VEHICLE

Vehicle Registration Number	FBM9073M
<b>Insured/Policyholder</b>	
Name Of Registered Owner	NOHD BASRI BIN SIAS
NRIC No	S6906892H
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-97291324
Alternative Phone No	OTHERS-97291324

### Vehicle Particulars

Manufacturer	HONDA
Model	FS150F
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	MOTORCYCLE

### Insurance Company

Name of Insurance Company	AXA INSURANCE PTE LTD
Type Of Coverage	THIRD PARTY FIRE AND/OR THEFT
Fleet Policy	NO
Policy Number	AN3164758
Cover Note Number	

### Driver

Name of Driver	NOHD BASRI BIN SIAS
NRIC No	S6906892H
Date Of Birth	05/03/1969
Occupation	OUTDOOR
Date Of Driving Pass	05/05/1997
Driving Experience	21 YEARS AND 4 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-97291324
Fax Number	
Contact Number	OTHERS-97291324
Email Address	NOEMAIL

Address	BLK 266 BUKIT BATOK EAST AVE 4 #04-238
Postcode	650266
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	SIDE SWIPE
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?	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 CAR CARE PTE LTD 67415336

#### 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	SKJ767U
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:

11/9/18.

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

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

Vehicle  
A - FBm 90  
B - SKJ 70

PiE

EXIT

B

Redox North

A

Legend

Vehicle

Motorcycle

While turning from the Slip Rd. I hit  
the left ~~rear~~ of Car 3. near the left  
door.

I/We declare the foregoing particulars are true in every respect.  
Please be advised that your insurer may have a fourteen (14) days clause whereby the claim against own policy must be made within the stipulated timeframe from the day of occurrence. Kindly check your policy for more details.

14/9/18

**Date & Time:**

NRIC/FIN No.:



# Common Statement

## ACCIDENT STATEMENT (Part I)

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 7/9/18 1510		2 Exact location of accident PIE Exit Bedok NTH		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 checked="" type="checkbox"/> Yes <input type="checkbox"/>	

Registration No. (VEHICLE A) FBM 9073M

6 Insured / policyholder (see insurance card.)  
Name (capital letters) Mohd Basri Bin Sias  
Address \_\_\_\_\_  
NRIC / Passport no. S69068924  
Tel no. (from 9am till 5pm) 97891324  
HP \_\_\_\_\_

7 Vehicle  
Make, type Honda FS150F

8 Insurance company  
AXA ☐ C ☒ TPFT ☐ TPO  
Does the policy cover damage to vehicle A?  
No ☒ Yes ☐  
Policy No. AN3164758

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 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 Offence                    |
| <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   |

← State TOTAL number of boxes marked with a cross →

Registration No. (VEHICLE B) SKJ 7674

6 Insured / policyholder (see insurance card.)  
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

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, press a mark reference to one of the sketches on page 4

15 Signatures of drivers

A Basri

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

11 Visible damage to vehicle 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

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 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 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	
	5/3/69	Indoor	Outdoor	5/5/97
	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			
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? Yes <input type="checkbox"/> No <input type="checkbox"/>	
			Was injured conveyed to hospital by ambulance? 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? 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?			
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? 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="checkbox"/>			
	I/We declare the foregoing particulars are true in every respect			
	Policyholder's signature <u>Bash</u> Date _____			
Driver's signature (if driver is not the policyholder) _____ Date _____				



Accident Photo



Accident Photo





Accident Photo



Accident Photo



Accident Photo

