

## 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	03/10/2018 09:53
Date Of Accident	02/10/2018 18:05
Exact Location Of Accident	ALONG JURONG TOWN HALL ROAD
Country/State of Loss	SINGAPORE

### DETAILS OF OWN VEHICLE

Vehicle Registration Number	SJE7655U
<b>Insured/Policyholder</b>	
Name Of Registered Owner	TAN BAK CHOON
NRIC No	S1255563F
Email Address	BAKCHOONTAN@GMAIL.COM
Mobile Phone No	(LOCAL) +65-97558581
Alternative Phone No	OTHERS-97558581

### Vehicle Particulars

Manufacturer	HONDA
Model	CIVIC
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	GA349318
Cover Note Number	

### Driver

Name of Driver	TAN BAK CHOON
NRIC No	S1255563F
Date Of Birth	05/10/1957
Occupation	INDOOR
Date Of Driving Pass	22/09/1978
Driving Experience	40 YEARS AND 0 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-97558581
Fax Number	
Contact Number	OTHERS-97558581
Email Address	BAKCHOONTAN@GMAIL.COM

Address	BLK 642B PUNGGOL DRIVE #13-359
Postcode	822642
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?	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	SKT6761L
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	PRIVATE CAR
Name of Driver	TERESA KHOO
NRIC/Passport Number	S1385309F
Contact Number	90171091
Address	
Postcode	
Insurance Company Name	
Nature Of Damage	
No. Of Passenger (Including Driver)	

## Sketch Plan

### SKETCH PLAN

#### IMPORTANT NOTICE

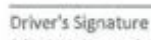
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7. By the lodgment of this report to the Insurers, you hereby consent to the archiving of this report at the centre and to copies of the report being made available aforesaid.
8. **Consent under the Personal Data Protection Act (PDPA)**


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:

3/10/19

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

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

Refer To Attached.

Vehicle  
A -  
B -

Legend

 Vehicle

 Motorcycle

stop at traffic light  
in front cars stop I stop  
Her <sup>car</sup> hit my car rear.

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.

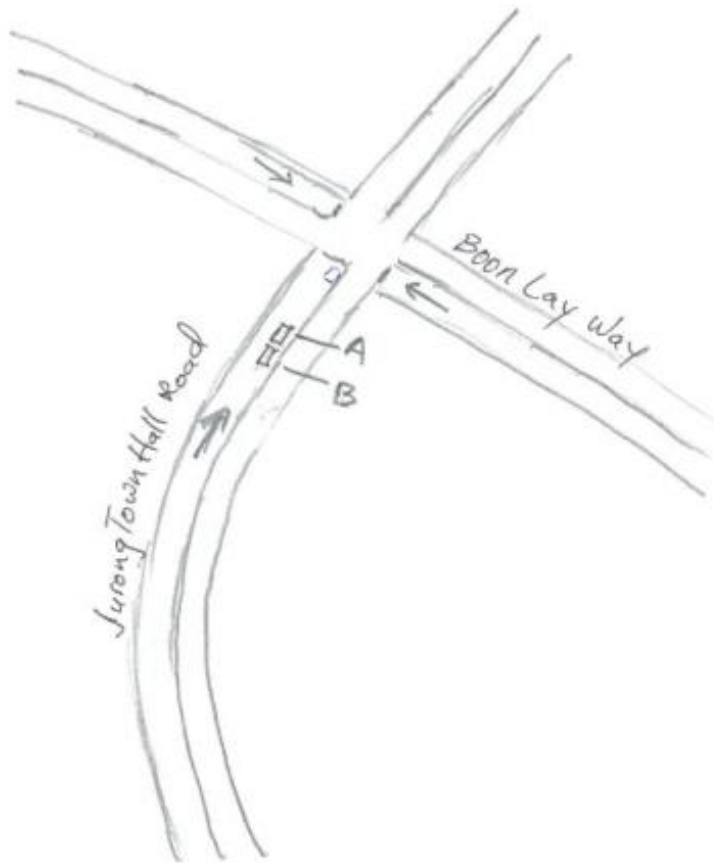
Date & Time:

3/10/18.

(If driver is not the policyholder)  
Date & Time:

Name: \_\_\_\_\_  
NRIC/FIN No.: \_\_\_\_\_

# Accident Sketch Plan



(A) SJE 7655 U  
HONDA CIVIL

(B) SKT 6761 L  
MAZDA 3

TAN BAK CHOON  
S12 55563 F

TERESA KHOO  
S13 85 309 F  
9017 1091

# 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

1 Date of accident Time 21/10/18, 1805		2 Exact location of accident Along Jurong Town Hall Rd		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 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) SJE768U

6 Insured / policyholder (see insurance cert.)  
Name Tan Bak Chan  
(capital letters)  
Address \_\_\_\_\_  
NRIC / Passport no. S125563F  
Tel no. (from 9am till 5pm) \_\_\_\_\_  
HP 9455 8581

7 Vehicle  
Make, type Honda Civic

8 Insurance company  
AXA ☒ TPFT ☐ TPO  
Does the policy cover damage to vehicle A?  
No ☐ Yes ☒  
Policy No. GA349318

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 (→)



11 Visible damage to vehicle A

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

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

- |   |    |   |
|---|----|---|
| A | 1  | Chain Collision                                 |
|   | 2  | Collided into Bicyclist                         |
|   | 3  | Collided into Motorcyclist                      |
|   | 4  | Collided into Parked Vehicle                    |
|   | 5  | Collided into Pedestrian                        |
|   | 6  | Collided into Property                          |
|   | 7  | Collision - Change/Cross Lane                   |
|   | 8  | Collision - Cross Junction                      |
|   | 9  | 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

15 Signatures of drivers

A

B

14 My remarks

For insured's Individual Statement (Part II) see overleaf →

Registration No. (VEHICLE B) SKT676L

6 Insured / policyholder (see insurance cert.)  
Name \_\_\_\_\_  
(capital letters)  
Address \_\_\_\_\_  
NRIC / Passport no. \_\_\_\_\_  
Tel no. (from 9am till 5pm) \_\_\_\_\_  
HP \_\_\_\_\_

7 Vehicle  
Make, type Mazda 3

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 Terisa Khoo  
(capital letters)  
NRIC / Passport no. S1385304F  
Class of licence 3  
HP \_\_\_\_\_  
Gender Male ☐ Female ☒

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



11 Visible damage to vehicle B

## Individual Statement

<b>INDIVIDUAL STATEMENT (Part II)</b>				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)																														
<b>Insured</b>	1. Occupation (if more than one, state all) _____ Email: _____ 2. Vehicle registration no. _____ C.C. _____ If commercial vehicle, state permissible carrying capacity _____																													
Of which vehicle are you the owner? <input checked="" type="checkbox"/> A <input type="checkbox"/> B	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 type="checkbox"/> Reporting Only <input checked="" type="checkbox"/> Third Party (Own Workshop)																													
<b>Driver or person in charge of vehicle at the time of accident (including insured)</b>	7. Date of birth _____ Occupation _____ Date of license pass _____ Was vehicle driven with the insured's permission? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Was driver an employee of the insured's company? Yes <input type="checkbox"/> No <input checked="" 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 <table border="1" style="width: 100%; border-collapse: collapse; font-size: x-small;"> <thead> <tr> <th style="width: 15%;">Date</th> <th style="width: 45%;">Offence</th> <th style="width: 40%;">Penalty</th> </tr> </thead> <tbody> <tr><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td></tr> </tbody> </table>					Date	Offence	Penalty																						
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<b>Injured persons</b>	<table border="1" style="width: 100%; border-collapse: collapse; font-size: x-small;"> <thead> <tr> <th style="width: 25%;">10. Name(s), address(es) and approximate age(s)</th> <th style="width: 20%;">Injuries sustained</th> <th style="width: 20%;">If vehicle occupants, state in which vehicle</th> <th style="width: 15%;">Were seat belts being worn?</th> <th style="width: 20%;">Was injured conveyed to hospital by ambulance?</th> </tr> </thead> <tbody> <tr> <td> </td> <td> </td> <td> </td> <td>Yes <input type="checkbox"/> No <input type="checkbox"/></td> <td>Yes <input type="checkbox"/> No <input type="checkbox"/></td> </tr> <tr> <td> </td> <td> </td> <td> </td> <td>Yes <input type="checkbox"/> No <input type="checkbox"/></td> <td>Yes <input type="checkbox"/> No <input type="checkbox"/></td> </tr> <tr> <td> </td> <td> </td> <td> </td> <td>Yes <input type="checkbox"/> No <input type="checkbox"/></td> <td>Yes <input type="checkbox"/> No <input type="checkbox"/></td> </tr> <tr> <td> </td> <td> </td> <td> </td> <td>Yes <input type="checkbox"/> No <input type="checkbox"/></td> <td>Yes <input type="checkbox"/> No <input type="checkbox"/></td> </tr> </tbody> </table>					10. Name(s), address(es) and approximate age(s)	Injuries sustained	If vehicle occupants, state in which vehicle	Were seat belts being worn?	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"/>	Yes <input type="checkbox"/> No <input 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"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>
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<b>Police action</b>	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? _____																													
<b>Accident details</b>	14. Weather conditions Clear <input checked="" type="checkbox"/> Raining <input type="checkbox"/> Others _____ 15. Road surface Wet <input type="checkbox"/> Dry <input checked="" 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? 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 checked="" type="checkbox"/>																													
<b>Declaration</b>	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



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Accident Photo



Accident Photo

