

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 12:11
Date Of Accident	02/10/2018 08:45
Exact Location Of Accident	BLK102 HOUGANG AVE CARPARK
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SJU1531Z
Insured/Policyholder	
Name Of Registered Owner	TAN SHOU WEI ALLEN
NRIC No	S1167185C
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-96322963
Alternative Phone No	OFFICE-96322963

Vehicle Particulars

Manufacturer	HYUNDAI
Model	AVANTE 1.6 AT ABS D/AB 2WD 4DR
Exact Purpose for which vehicle was being used at time of accident	PRIVATE USED
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	GA03354/1
Cover Note Number	

Driver

Name of Driver	PANG HYIK FOONG
NRIC No	S1270588C
Date Of Birth	04/11/1957
Occupation	INDOOR
Date Of Driving Pass	20/02/1984
Driving Experience	34 YEARS AND 7 MONTHS
Gender	FEMALE
Mobile Number	(LOCAL) +65-81893228
Fax Number	
Contact Number	OFFICE-81893228
Email Address	NOEMAIL

Address	NIL
Postcode	
Was driver an employee of the Insured's Company	NO
If No, Relationship of the Driver with the Insured	PAID DRIVER
Vehicle Registration Number of Driver's Own Vehicle	-
	-
	-
Insurance Company of Driver's Own Vehicle	-
	-
	-

General Information of the Accident

Type Of Accident	COLLIDED INTO MOTORCYCLIST
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

PLEASE REFER TO STATEMENT

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	FBM814B
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)	

Accident Sketch Plan


SKETCH PLAN


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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.

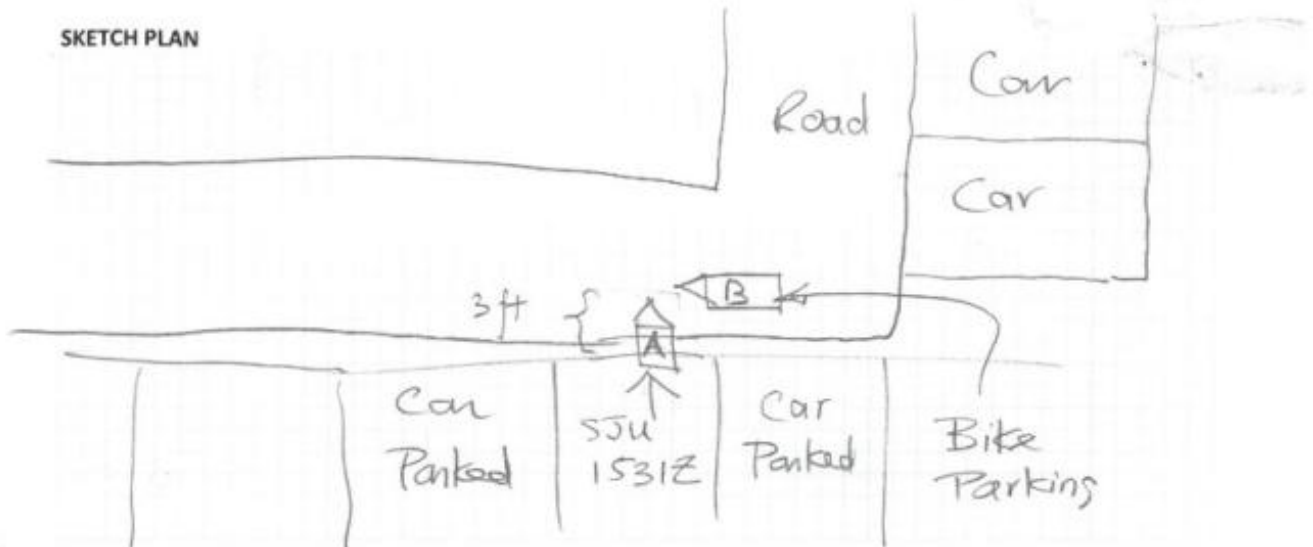

Policyholder's Signature
Date & Time:


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


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

Accident Sketch Plan

SKETCH PLAN



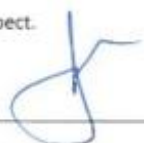
DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

Area for describing the circumstances of the accident, containing horizontal lines for text entry. The area is crossed out with a large diagonal line and the word 'Owner' is written across it.

DECLARATION

I/We declare the foregoing particulars are true in every respect.


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

☐ Owner
☐ Driver

ACCIDENT STATEMENT

Date of Accident

Time

Location of Accident

02/10/18

8:45am

Blk 102 Henggang Ave. Carpark.

INSURED/ POLICY HOLDER (VEHICLE A)

Vehicle Registration Number

Name of Policyholder

NRIC/ FIN/ Passport/ ROC (if Policyholder is company)

Address

Contact Number

Occupation

Tel

Hp

SJU 15312.

Tan Shou Wei Allen.

S 116718SC

963 22963.

VEHICLE PARTICULARS (VEHICLE A)

Vehicle Make / Model

Type of Vehicle

Exact Purpose for which vehicle was being used at the time of accident

Are you claiming under your own insurance policy?

Vehicle category

☒ Saloon ☐ MPV ☐ CRV ☐ Van ☐ Lorry ☐ Bus ☐ Motorcycle ☐ Others

Private use

☐ Yes

☒ Private

☒ No

☐ Commercial

Remarks

☐ Motorcycle

TP.

INSURANCE COMPANY (VEHICLE A)

Name of Insurance Company

Type of Policy

Fleet Policy

Policy Number

☒ Comprehensive

☐ Yes

Axa.

☐ TP Fire & Theft

☐ No

GA03354/1

Pang Ngik Fong.

S 1270668C.

04/11/1957.

Indoor.

20/02/1984.

☐ Male

Tel

☒ Female

Hp

8189 3228.

DRIVER

Name of Driver

NRIC/ FIN/ Passport

Date of Birth

Occupation

Driving Pass Date

Gender

Contact Number

Address

Email Address

Was driver an employee of the Insured's Company?

If No, relationship of Driver with the Insured

Vehicle Number of Driver's Own Vehicle (if applicable)

Insurance of Driver's Own Vehicle (if applicable)

GENERAL INFORMATION OF THE ACCIDENT

Type of Collision (E.g. Chain Collision/ Head-On, etc)

Weather Conditions

Road Surface

Damage Area

☐ Yes

☒ No

☒ Clear

☐ Wet

☐ Raining

☒ Dry

☐ Others

☐ Others

OTHER INFORMATION

Was there any foreign vehicle(s) involved?

Was anybody injured in the accident? (Including Witness)

Was any other vehicle(s) or property damaged?

Was there any camera video footage (in car)?

DETAILS OF POLICE ACTION

Was the accident reported to the Police?

If Yes, please state which police station & Report No

Was notice of intended Prosecution given?

If Yes, against whom?

☒ No

☒ No

☐ No

☒ No

☒ No

☐ No

☒ No

☐ Yes

☒ Yes

☒ Yes

☐ Yes

☐ Yes

☐ Yes

☐ Yes

1 page.

Common Statement

OWN VEHICLE REGISTRATION NUMBER _____

DETAILS OF OTHER VEHICLES OR PROPERTY DAMAGED

Other Vehicle or Property 1 (VEHICLE B)

Vehicle Registration Number

Vehicle Make/ Model/ Colour

Details of Properties (If Other Party is not a Vehicle)

Damage Area

Name of Driver

NRIC/ FIN/ Passport

Contact Number / Email Address

Address

Name of Insurance Company

Other Vehicle or Property 2

Vehicle Registration Number

Vehicle Make/ Model/ Colour

Details of Properties (If Other Party is not a Vehicle)

Damage Area

Name of Driver

NRIC/ FIN/ Passport

Contact Number / Email Address

Address

Name of Insurance Company

DETAILS OF WITNESS

Name

Phone / Email Address

Address

NRIC/ FIN/ Passport

DETAILS OF INJURED PERSON 1

Name

NRIC/ FIN/ Passport

Address

Approximate Age

Injuries Sustained

If Vehicle Occupants, state in which vehicle?

Were Seat Belts Worn?

☐ Yes

☐ No

Was Injured conveyed to hospital by ambulance?

☐ Yes

☐ No

DETAILS OF INJURED PERSON 2

Name

NRIC/ FIN/ Passport

Address

Approximate Age

Injuries Sustained

If Vehicle Occupants, state in which vehicle?

Were Seat Belts Worn?

☐ Yes

☐ No


Was Injured conveyed to Hospital by Ambulance?

☐ Yes

☐ No

Declaration

I/We declare that the above particulars & information provided above are true in every aspect.


Signature of Policy Holder
(Company Chop if applicable)

Date & Time


Signature of Driver / Date & Time
(If Driver is not the Policy Holder)

Date & Time

Individual Statement

BHAS - Jacelyn Loh

From: Allen S W Tan <ASWTAN@outlook.com>
Sent: Wednesday, 3 October 2018 10:32 AM
To: BHAS - Jacelyn Loh
Subject: Fwd: Accident 2 Oct 18

Regards Allen Tan

Begin forwarded message:

From: Allen S W Tan <ASWTAN@outlook.com>
Date: 3 October 2018 at 6:58:02 AM SGT
To: Allen S W Tan <ASWTAN@outlook.com>
Subject: Accident 2 Oct 18

Location of accident: At the car park behind Blk 102, Hougang Ave, Singapore

Condition: Clear sky and good visibility, 8.45 am, 2 October 2018.

I was in my car park lot eating some breakfast. My car engine was on and running. My parked lot was around Number 63 or 64. My right and left side were taken up by parked cars. Refer to Photo A.

The view to exit my car park lot was as per the Photo B. My view to the right was obscured by the car parked to my right.

After the event, I took a photo of the view of the parked motor cycle. Refer to Photo C. There was clearly ample exit space to safely get out from her bike lots if she drives properly.

After I finished my breakfast, I eased out of my lot slowly after checking that the path was clear.

Almost instantly I had to step on my brake as I moved slightly out of my lot. In a split second I saw the bike hit my car as the bike also fell. I was only about three feet out of my lot at the impact point.

I stood out to ask if she is alright, she said that she is fine and visibly not injured.

Damages to my car and her bike were minor surface scratches. My car's front bumper towards the right is scratched.

After the event I realised that she had not taken proper precaution to exit her lot. There was clearly ample space to avoid all parked cars. Instead she speeded out so close to the parked car that I had no chance to avoid her. If she is not reckless, the accident could have been avoided. She is the main cause of the collusion.

AXA FROM

1/27/2010 10:00 AM

Date: 03/10/2018

To: Owner of Vehicle Number: SSA 153/2

The following has been advised to you via your worksheet, BH Auto Learning through the staff: Jacey

Please tick the applicable box if you had been advised by the controller as seen below

- ☐ You had been advised by the workshop that in the case that you wish to claim against your own policy there is a fourteen (14) days clause whereby the claim must be made within the stipulated timeframe from the day of occurrence.
- ☐ You had been advised by the workshop on the liability and merits of the case accordingly.
- ☐ You had been advised by the workshop on the claims procedure for the type of claim that you will be making due to this accident.
- ☐ There will be delay to your vehicle repair due to the unavailability of spare parts locally and there is no other option except to import it from overseas.
- ☐ There will be no cancellation/withdrawal of the Own Damage claim once the order of the spare parts have been placed. If you wish to cancel/withdraw the claim, you shall bear all costs, expenses &/or related charges incurred directly &/or indirectly to the procurement of the spare parts.
- ☐ The estimated waiting time for the spare parts to arrive is _____. The estimated arrival time does not include the repair period.
- ☐ You will be giving the vehicle out despite being advised by the workshop mechanic/personnel that the vehicle may not be road worthy.
- ☐ For vehicles below Three (3) years old, your insurance Company will use only genuine original parts to repair your vehicle.
- ☐ For vehicles above Three (3) years old, your insurance Company will be carrying out repairs using any combination of genuine original parts and/or original equipment manufacturer (OEM) parts.
- ☐ You had been advised by the workshop of the Twelve (12) months warranty for Own Damage repair on workmanship related to the accident.
- ☐ For vehicles that are under warranty with a local distributor, you have been advised by the workshop to check with your local distributor on any effect to your warranty prior to making this Own Damage claim.

Date: _____ TC Atkins @ BH Auto Workshop


High school-aged and college-aged females

Age and nature of gold-phosphorothiocic acid drive

Prima and variation of workplace participation initiatives: emergency plans

Driving License

REPUBLIC OF SINGAPORE
IDENTITY CARD NO. S1167185C



TAN SHOU WEI ALLEN
陳少偉
Race
CHINESE
Date of Birth
10-12-1956
Country of Birth
SINGAPORE

REPUBLIC OF SINGAPORE DRIVING LICENCE
S1270588C



DATE OF BIRTH
04 Nov 1957
EXPIRY DATE
17 Feb 2013



REPUBLIC OF SINGAPORE
IDENTITY CARD NO. S1270588C




PANG NYM FOONG
彭月紅
Race
CHINESE
Date of Birth
04-11-1957
Country of Birth
SINGAPORE

YOU ARE LICENSED TO DRIVE VEHICLES IN THE FOLLOWING CLASSES

Class	Description	Issue Date
Class 1	Motor Cars and Motor Tractors the weight of which (combined) does not exceed 2500 kilograms	20 Feb 1994

AP 429A



2884218



NRIC No. S1167185C



Sex
M
Date of Birth
10-12-1956

Address
50 PORTLAND STREET ANEMUT
SINGAPORE 060340
NRIC No. S1167185C Date: 25/01/2013 No. 7222279

2810442



NRIC No. S1270588C



Sex
F
Date of Birth
04-11-1957

Address
50 PORTLAND STREET ANEMUT
SINGAPORE 060340
NRIC No. S1270588C Date: 21/01/2013 No. 7265449

Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo

