

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 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. 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	27/10/2018 12:45
Date Of Accident	25/10/2018 22:00
Exact Location Of Accident	ALONG STADIUM DRIVE
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SGY1717U
Insured/Policyholder	
Name Of Registered Owner	VICTOR HARTONO
NRIC No	SXXXX501J
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-96190662
Alternative Phone No	OTHERS-81232103

Vehicle Particulars

Manufacturer	HONDA
Model	VEZEL-1.5 (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	P2134074
Cover Note Number	

Driver

Name of Driver	PEH YING YU KRISTIN
NRIC No	SXXXX876I
Date Of Birth	05/10/1988
Occupation	INDOOR
Date Of Driving Pass	03/09/2007
Driving Experience	11 YEARS AND 1 MONTH
Gender	FEMALE
Mobile Number	(LOCAL) +65-81232103
Fax Number	
Contact Number	
Email Address	KRISTIN.PEH@GMAIL.COM

Address	BLK 773 BEDOK RESERVOIR VIEW #18-131
Postcode	470773
Was driver an employee of the Insured's Company	NO
If No, Relationship of the Driver with the Insured	PARENT
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 (including own vehicle) involved in the accident	2
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: : VICTOR HARTONO 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 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	SHC6884R
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	TAXI
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:

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

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

27/10/18

Sketch Plan #2

SKETCH PLAN

		Vehicle No A - SST 1717U B - SHC 6884R
		Legend Vehicle Bike

DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

I was along Stadium Drive on the left lane as I was travelling straight the road is made due to construction working, so I on my signal and change lane. After a few second vehicle B rounded it's turn to warn me, I then stop immediately to let him go pass. However, he misjudge and collided onto my wing mirror.

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:

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

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

GIAPAC Sketch Plan Form V2

27/10/18.

2

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

Reporting Centre: Progressive Automotive Pte Ltd

1 Date of accident 25/10/18		Time 2130-2100		2 Exact location of accident Along stadium drive		To be signed by BOTH drivers 3 Injuries even if slight No ☒ Yes ☐	
4 Material damage To vehicles other than vehicles A and B No ☒ Yes ☐		To objects other than vehicles No ☒ Yes ☐		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 ☒ Yes ☐	

REGISTRATION NO. (VEHICLE A) **STY197U**

6 Insured / policyholder (see insurance cert.)
Name **Victor Hurtano**
(capital letters)
Address **Blk 773 Bedok Reservoir View #18-131**
NRIC / Passport no. **S79275013**
Tel no. (from 9am till 5pm) **9690662**
HP _____

7 Vehicle
Make, type **Honda veez**

8 Insurance company
Ax A ☐ C ☐ TPFT ☐ TPO
Does the policy cover damage to vehicle A?
No ☐ Yes ☐
Policy No. **P2134074**

9 Driver ☐ Same as Owner
Name **Ph King Yu, Kristin**
(capital letters)
NRIC / Passport no. **S8839876I**
Class of licence **3**
HP **81232103**
Gender Male ☐ Female ☒

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

- Chain Collision
Collided into Bicyclist
Collided into Motorcyclist
Collided into Parked Vehicle
Collided into Pedestrian
Collided into Property
Collision - Change/Cross Lane
Collision - Cross Junction
Collision - Head on Collision
Collision - Head to Rear
Collision - Major/Minor Rd
Collision - Opening Door of Vehicle
Collision - Roundabout
Collision - U-Turn
Lost Driving / Drug Influence
Fire, Explosion or Lightning
Flood
Hit and Run / Vandalism / Damaged whilst Parked
Hit by Fallen Tree / Other Objects
Rear Collision
Side Swipe
Theft

REGISTRATION NO. (VEHICLE B) **SHC6884R**

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

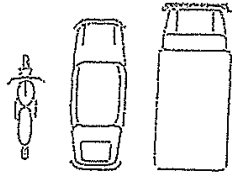
7 Vehicle
Make, type _____

8 Insurance company
☐ 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 ☐

State TOTAL number of boxes marked with a cross

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

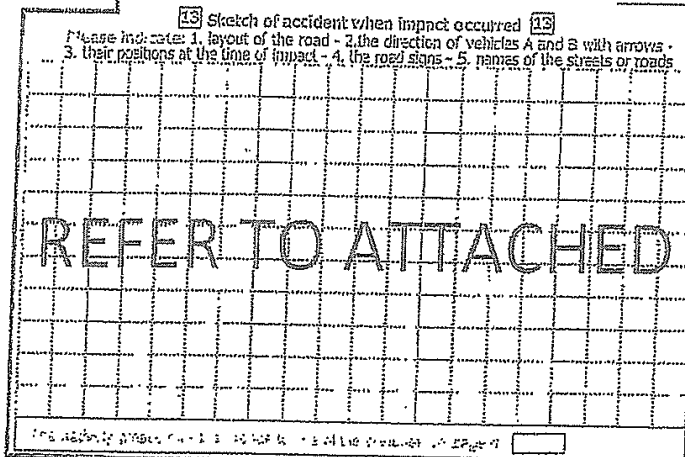


11 Visible damage to vehicle A

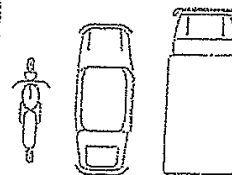
14 My remarks

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



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



11 Visible damage to vehicle B

14 My remarks

15 Signatures of drivers

A

B

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 Pg. 1

Reporting Centre: Progressive Automotive PLS Ltd

INDIVIDUAL STATEMENT (Part II)

Own Workshop Email / Fax (If any)

kristin.pel@gmail.com

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 ☐ No ☒		If no, State Relationship of Driver with owner													
	4. Exact purpose for which vehicle was being used at time of accident		state the vehicle number and name of insurer of driver's own vehicle (where applicable)													
	5. Is the vehicle still in use? Yes ☒ No ☐		Tel no.													
Of which vehicle are you the owner?	6. Are you claiming under your own insurance policy for repair to your vehicle? Yes ☐ No ☒															
	If no, state action to be taken ☐ Third Party ☐ Reporting Only ☒ 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?	Was driver an employee of the insured's company?											
	05/10/1988	Indoor	03/09/2007	Yes ☒ No ☐	Yes ☒ No ☐											
	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"> <thead> <tr> <th>Date</th> <th>Offence</th> <th>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								
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?	Was injured conveyed to hospital by ambulance?											
				Yes ☐ No ☐	Yes ☐ No ☐											
				Yes ☐ No ☐	Yes ☐ No ☐											
				Yes ☐ No ☐	Yes ☐ No ☐											
				Yes ☐ No ☐	Yes ☐ No ☐											
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 ☐ No ☒															
	13. Was notice of intended prosecution given? Yes ☐ No ☐															
Accident details	14. Weather conditions Clear ☒ Raining ☐ Others ☐															
	15. Road surface Wet ☐ Dry ☒ 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 ☐ 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)															
Declaration	22. State number of Passengers (Including Driver) 2 (m) Victor															
	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 _____															

Letter of Authorise

LETTER OF AUTHORIZATION

Accident involving vehicles Nos. :-

SJY 1717 U. & SHC 6884R.
on 25/10/18.

I Victor Hartono NRIC No. 57977501J.
owner of vehicle no. SJY 1717 U. hereby
authorize Kristin Pen NRIC No. 58839876I.
to log an accident report with regards to the above accident.

I hereby also release my full authorization and give permission
to Kristin Pen NRIC No. 58839876I.
to drive my vehicle SJY 1717 U.

Signature of Owner of vehicle:-



Name of Owner of vehicle:-

Victor Hartono.

NRIC No.:-

57977501J.

Owner of vehicle no.:-

SJY 1717 U.

REPUBLIC OF SINGAPORE
IDENTITY CARD NO. S88398761



Name
PEH YING YU, KRISTIN
白映宇

Race
CHINESE

Date of birth
05-10-1988

Sex
F

Country of birth
SINGAPORE



3991391



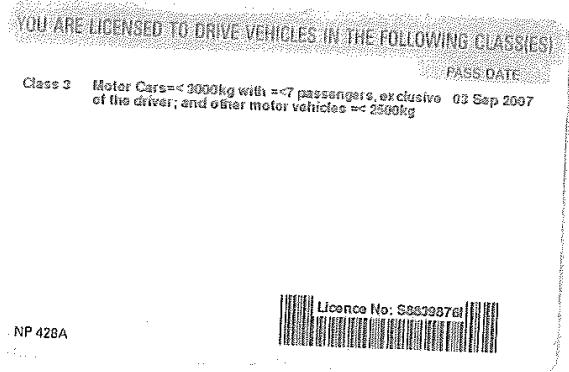
NRIC No. S88398761



Date of Issue
03-01-2007

APT BLK 773 BEDOK RESERVOIR VIEW #18-131
SINGAPORE 470773

NRIC No: S88398761 Date: 12/07/2017



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: S665500206 / 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 : MPA218139562 Vehicle Registration No: SGY1717U
Name (as shown in NRIC) : Peh Ying Yu, Kristin NRIC/FIN/Passport No : 588398761
(*Vehicle Driver / Vehicle Owner) (*) Please delete as appropriate
Address : _____ Singapore ()
Contact (Tel) : _____ Mobile No. : 81232103
Email Address : _____
Date of Accident : 25/10/2018 Time of Accident : 2200
Place of Accident : Stadium Drive
Insurance Company : AXA

(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:

vehicle No should be → SGY1717U

Policyholder / Driver's Signature
Date: 16/1/2020

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