

## 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	19/10/2018 15:26
Date Of Accident	19/10/2018 10:50
Exact Location Of Accident	TOA PAYOH EXIT PIE
Country/State of Loss	SINGAPORE

### DETAILS OF OWN VEHICLE

Vehicle Registration Number	SGD3625Z
<b>Insured/Policyholder</b>	
Name Of Registered Owner	DAVID HO @ IMRAN DAUD HO
NRIC No	S2197418H
Email Address	IMRANDAUDHO@GMAIL.COM
Mobile Phone No	(LOCAL) +65-98438535
Alternative Phone No	OTHERS-98438535

### Vehicle Particulars

Manufacturer	HYUNDAI
Model	GETZ
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	PRIVATE CAR

### Insurance Company

Name of Insurance Company	AXA INSURANCE PTE LTD
Type Of Coverage	COMPREHENSIVE
Fleet Policy	NO
Policy Number	GA018031
Cover Note Number	

### Driver

Name of Driver	DAVID HO @ IMRAN DAUD HO
NRIC No	S2197418H
Date Of Birth	19/08/1968
Occupation	INDOOR
Date Of Driving Pass	12/07/1995
Driving Experience	23 YEARS AND 3 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-98438535
Fax Number	
Contact Number	OTHERS-98438535
E-Mail Address	IMRANDAUDHO@GMAIL.COM

Address	BLK 470 SEGAR ROAD #10-234
Postcode	670470
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?	YES
Remarks/ Reasons:	REQUEST FROM OWNER
Was there any audio recorded?	NO

#### DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	SJS3418R
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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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)

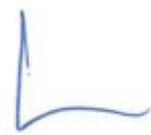
I understand, acknowledge, agree and consent that:

- (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:

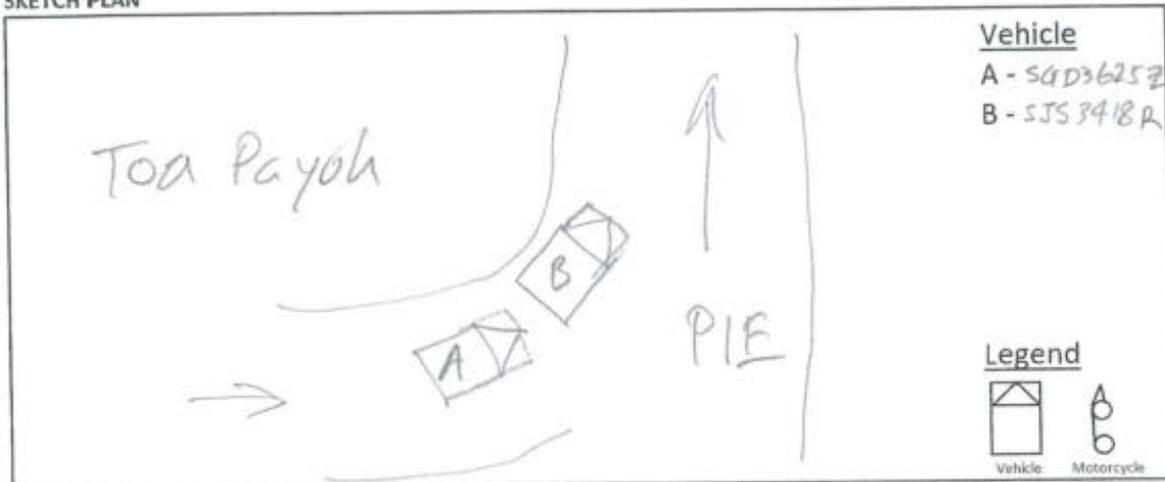
19/10/18.

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

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

Sketch Plan #2

SKETCH PLAN



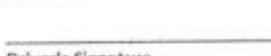
DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

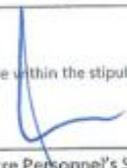
Coming out from Toa Payoh Lor 2 towards PIE.  
 Slip road exiting and going into PIE.  
 Looking right for on-coming vehicles, but front car 'B' did not make turning in time. I accelerated and bump into car 'B'.  
 Drive car by the side and exchange details.

DECLARATION

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.

  
 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.:

19/10/18.

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 19/10/19	Time 1050	2 Exact location of accident Toa Payoh Exit PIE.	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) Request from OI.	Vehicle Video Camera Available No <input type="checkbox"/> Yes <input checked="" type="checkbox"/>

Registration No. (VEHICLE A) SAD3625Z

6 Insured / policyholder (see insurance cert.)  
Name David Ho @  
(capital letters) Muan Daud HO.  
Address \_\_\_\_\_  
NRIC / Passport no. S2197418H  
Tel no. (from 9am till 5pm) \_\_\_\_\_  
HP 98438535.

7 Vehicle  
Make, type Hyundai Getz

8 Insurance company  
AXA  C  TPFT  TPO  
Does the policy cover damage to vehicle A?  
No  Yes   
Policy No. GA 01 8031.

9 Driver  Name as Owner  
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"/>	01 Other Collision
<input type="checkbox"/>	02 Collided into Bicycle
<input type="checkbox"/>	03 Collided into Motorcyclist
<input type="checkbox"/>	04 Collided into Parked vehicle
<input type="checkbox"/>	05 Collided into Pedestrian
<input type="checkbox"/>	06 Collided into Property
<input type="checkbox"/>	07 Collision - Change/Cross Lane
<input type="checkbox"/>	08 Collision - Cross Junction
<input type="checkbox"/>	09 Collision - Head on Collision
<input type="checkbox"/>	10 Collision - Head to Rear
<input type="checkbox"/>	11 Collision - Major/Minor Hit
<input type="checkbox"/>	12 Collision - Opening Door of Vehicle
<input type="checkbox"/>	13 Collision - Rear-end
<input type="checkbox"/>	14 Collision - U-Turn
<input type="checkbox"/>	15 Drunk Driving / Drug Influence
<input type="checkbox"/>	16 Fire, Explosion or Lightning
<input type="checkbox"/>	17 Flood
<input type="checkbox"/>	18 Hit and Run / Vandals / Damaged whilst Parked
<input type="checkbox"/>	19 Hit by Fallen Tree / Other Object
<input type="checkbox"/>	20 No Collision
<input type="checkbox"/>	21 Side Swipe
<input type="checkbox"/>	22 Theft

Registration No. (VEHICLE B) SJS3418R

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 (→)

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

Handwritten sketch area with grid lines.

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

11 Visible damage to vehicle A

\_\_\_\_\_

\_\_\_\_\_

11 Visible damage to vehicle B

\_\_\_\_\_

\_\_\_\_\_

14 My remarks

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

15 Signatures of drivers

A David Ho

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 →

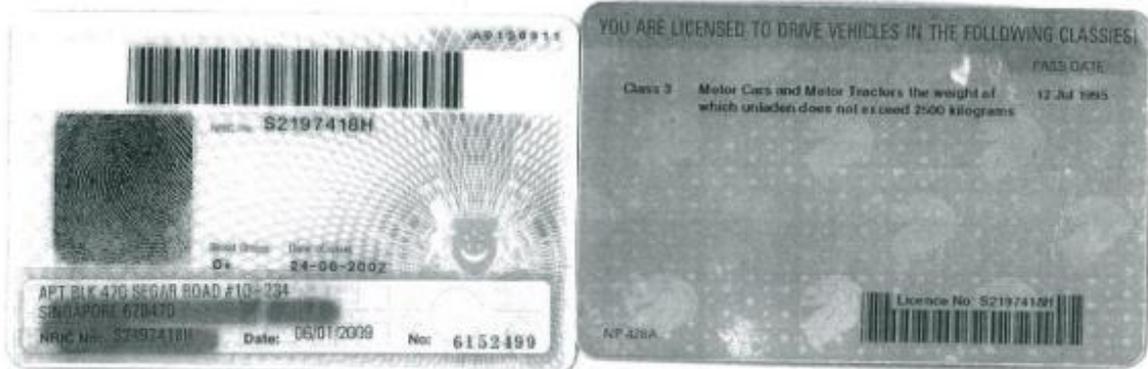
## Individual Statement

<b>INDIVIDUAL STATEMENT (Part II)</b> <span style="float: right; font-size: small;">Own Workshop Email / Fax (if any) _____</span>																										
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 _____																									
Of which vehicle are you the owner? <input checked="" type="checkbox"/> A <input type="checkbox"/> B	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. _____ 6 Are you claiming under your own insurance policy for repair to your vehicle? <input type="checkbox"/> Yes <input checked="" 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)																									
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? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No Was driver an employee of the insured's company? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> 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" style="width: 100%; border-collapse: collapse; font-size: x-small;"> <thead> <tr> <th style="width: 20%;">Date</th> <th style="width: 50%;">Offence</th> <th style="width: 30%;">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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Injured persons	<table border="1" style="width: 100%; border-collapse: collapse; font-size: x-small;"> <thead> <tr> <th style="width: 30%;">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: 10%;">Were seat belts being worn?</th> <th style="width: 10%;">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>	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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			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 <input checked="" type="checkbox"/> Clear <input type="checkbox"/> Raining <input type="checkbox"/> Others _____ 15 Road surface <input type="checkbox"/> Wet <input checked="" type="checkbox"/> Dry <input 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? <input type="checkbox"/> Yes <input checked="" 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"/> 1																									
Declaration	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 _____																									

Owner IC & LIC



*imrandaudho@gmail.com*



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo

