

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	03/12/2018 13:36
Date Of Accident	03/12/2018 07:30
Exact Location Of Accident	TPE TO AIRPORT
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SMD4267X
Insured/Policyholder	
Name Of Registered Owner	MOHAMAD ZAKIR NORDIN
NRIC No	S7403099H
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-91790665
Alternative Phone No	OTHERS-91790665

Vehicle Particulars

Manufacturer	HYUNDAI
Model	ELANTRA

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? YES

If No, Please state action to be taken

Vehicle Category	PRIVATE CAR
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Insurance Company

Name of Insurance Company	AXA INSURANCE PTE LTD
Type Of Coverage	COMPREHENSIVE
Fleet Policy	NO
Policy Number	P2172481
Cover Note Number	

Driver

Name of Driver	MOHAMAD ZAKIR NORDIN
NRIC No	S7403099H
Date Of Birth	10/02/1974
Occupation	INDOOR
Date Of Driving Pass	22/02/1995
Driving Experience	23 YEARS AND 9 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-91790665
Fax Number	
Contact Number	OTHERS-91790665
Email Address	NOEMAIL

Address	BLK 322A SUMANG WALK #03-897
Postcode	821322
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	SLA5084C
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 (a) 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:

3/12/18

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

Vehicle
A - SMD 4267X
B - SLA 5084C

Legend

Vehicle

Motorcycle

DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

ACCIDENT HAPPEN ON 3RD DECEMBER MORNING AT 0730 HRS.
WHILE DRIVING ON TPE TOWARDS AIRPORT, I MET WITH AN ACCIDENT
WITH A TOYOTA ALTIS SLA5084C (BLACK COLOR).

DECLARATION

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

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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.:

3/12/18.

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

1 Date of accident Time 3/12/18 0730		2 Exact location of accident TPE TO AIP.		To be signed by BOTH drivers 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. **SMD 4267X** ↓
(VEHICLE A)

6 Insured / policyholder (see insurance cert.)
Name **Mohamad Zaki Nordin**
(capital letters)
Address
NRIC / Passport no.
Tel no. (from Stern till 5pm)
HP **9179 0665**

7 Vehicle
Make, type **Hyundai Elantra**

8 Insurance company
AXA ☒ C ☐ TPFT ☐ TPO
Does the policy cover damage to vehicle A?
No ☐ Yes ☒
Policy No. **P2172481**

9 Driver ☒ Same 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"/> | Chain Collision |
| <input type="checkbox"/> | Collided into Bicycle |
| <input type="checkbox"/> | Collided into Motorcyclist |
| <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 R/C |
| <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 Influence |
| <input type="checkbox"/> | The Driver was Entering Road |
| <input type="checkbox"/> | Hit and Run / Vanishing / Damaged - Effect Parties |
| <input type="checkbox"/> | Hit by Fallen Tree / Other Objects |
| <input type="checkbox"/> | No Collision |
| <input type="checkbox"/> | Side Swipe |
| <input type="checkbox"/> | Theft |

Registration No. **SJA 5084C** ↓
(VEHICLE B)

6 Insured / policyholder (see insurance cert.)
Name
(capital letters)
Address
NRIC / Passport no.
Tel no. (from Stern 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 →

13 Sketch of accident when impact occurred

Sketch with details: 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

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

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

14 My remarks

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

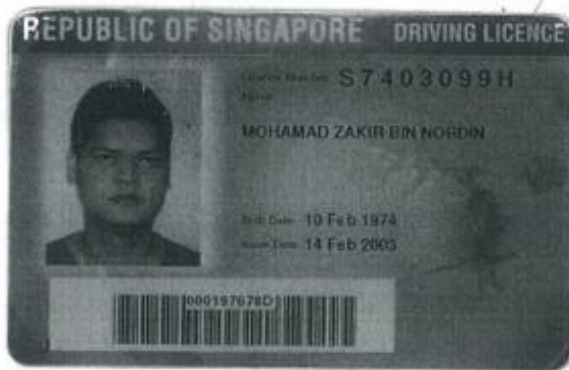
Do not alter anything in the statement after signing. Subsequently, each driver should take one copy

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

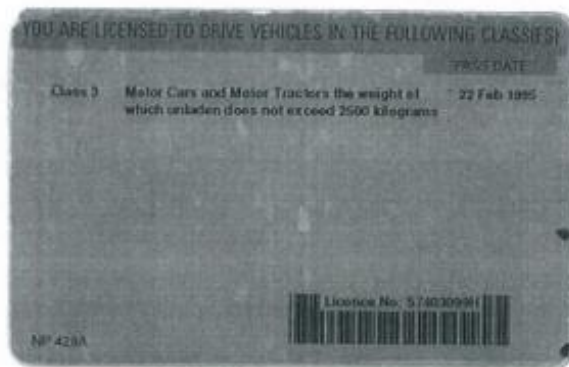
Individual Statement

INDIVIDUAL STATEMENT (Part II) <small>To be completed and submitted within 24 hours to your insurer or Idac or appointed workshop (Use a separate sheet of paper where necessary)</small>		<small>Own Workshop Email / Fax (If any)</small> _____																										
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 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 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 checked="" type="checkbox"/> No <input type="checkbox"/> Kamgo Co. If no, state action to be taken <input type="checkbox"/> Third Party <input type="checkbox"/> Reporting Only <input type="checkbox"/> Third Party (Own Workshop) _____																											
Of which vehicle are you the owner? <input checked="" type="checkbox"/> A <input type="checkbox"/> B																												
Driver or person in charge of vehicle at time of accident (including insured)	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"/> 10/2/74 Indoor Outdoor 22/2/95 - 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;"> <thead> <tr> <th style="width: 15%;">Date</th> <th style="width: 55%;">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;"> <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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Damage to property & vehicles (other than vehicles A and B)	<table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="width: 25%;">11. Name(s) and address(es) of owner(s)</th> <th style="width: 20%;">Vehicle registration no. or details of property</th> <th style="width: 30%;">Nature of damage</th> <th style="width: 25%;">Insurer's name and address (if known)</th> </tr> </thead> <tbody> <tr><td> </td><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td><td> </td></tr> </tbody> </table>			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)																					
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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 _____ 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"/> 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



bluesbros74@gmail.com



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



