

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 16:41
Date Of Accident	01/12/2018 14:45
Exact Location Of Accident	T-JUNCT OF BT BATOK ROAD & BT BATOK WEST AVE 2
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SJN3141P
Insured/Policyholder	
Name Of Registered Owner	OH WEI LING
NRIC No	S7309368F
Email Address	WEILINGZ@GMAIL.COM
Mobile Phone No	(LOCAL) +65-98590784
Alternative Phone No	OFFICE-98590784

Vehicle Particulars

Manufacturer	MERCEDES-BENZ
Model	SLK 200K-1.8 (A)
Exact Purpose for which vehicle was being used at time of accident	PRIVATE USE
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	VA1/GA162906
Cover Note Number	

Driver

Name of Driver	OH WEI LING
NRIC No	S7309368F
Date Of Birth	12/03/1973
Occupation	INDOOR
Date Of Driving Pass	23/06/1992
Driving Experience	26 YEARS AND 5 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-98590784
Fax Number	
Contact Number	OFFICE-98590784
Email Address	WEILINGZ@GMAIL.COM

Address	20 PAVILION CIRCLE
Postcode	658490
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	SLIGHTLY WET

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)	2
Passenger 1	NAME: : TAN SOH ENG
	GENDER: : FEMALE

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

STATEMENT RECORDED BY SOO - PROGRESSIVE CAR CARE PTE LTD (6741 5336)

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	SJS7172Y
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	PRIVATE CAR
Name of Driver	SEE SEOW PENG
NRIC/Passport Number	S7220360G
Contact Number	96736117
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:

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

SKETCH PLAN

The sketch plan shows a road layout with a central lane and two side lanes. A vehicle, labeled 'A', is positioned in the central lane. A motorcycle, labeled 'B', is positioned to the left of the vehicle. Arrows indicate the direction of travel for both the vehicle and the motorcycle. The vehicle is moving forward, and the motorcycle is moving backward. The road is bounded by a solid line on the left and a dashed line on the right. The vehicle is represented by a rectangle with a triangle on top, and the motorcycle is represented by a circle with a triangle on top.

Vehicle
A - SJN 3141P
B - SJS 7172Y

Legend

Vehicle: 
Motorcycle: 

DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

My car, ^(A) was travelling at the centre lane & Car B has stopped in front. My car (A) speed was 30~40 km/h & bump into Car (B) in front. It was after getting down, I noticed there was small dent at the bumper of Car (B). My car (A) was not damaged.

DECLARATION

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

1/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.:

REPUBLIC OF SINGAPORE
IDENTITY CARD NO. S7309368F





Name
OH WEI LING
(HU WEILING)
胡偉靈

Race
CHINESE

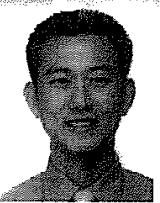
Date of Birth
12-03-1973

Country of Birth
SINGAPORE

Sex
M

REPUBLIC OF SINGAPORE DRIVING LICENCE




Licence Number
S7309368F

Name
OH WEI LING
(HU WEILING)

Birth Date: **12 Mar 1973**

Issue Date: **19 Jun 2003**



000583084E



NRIC No **S7309368F**



Blood Group
B+

Date of issue
25-06-1993

20 PAVILION CIRCLE
SINGAPORE 658490

S7309368F

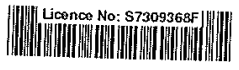
10755.

YOU ARE LICENSED TO DRIVE VEHICLES IN THE FOLLOWING CLASS(ES)

Class 3	Motor Cars and Motor Tractors the weight of which unladen does not exceed 2500 kilograms	PASS DATE 23 Jun 1992
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NP 428A

Licence No: S7309368F



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 1/12/18	Time 1445	2 Exact location of accident T-junct of Bt Satok Rd & Bt. Satok West Ave 2	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"/>		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"/>	
To objects other than vehicles No <input checked="" type="checkbox"/> Yes <input type="checkbox"/>			

Registration No. (VEHICLE A) **GN3141P**

6 Insured / policyholder (see insurance cert.)
Name **Oh Wei Ling**
(capital letters)
Address _____
NRIC / Passport no. **S7309368F**
Tel no. (from 9am till 5pm) _____
HP **9859 0784**

7 Vehicle
Make, type _____

8 Insurance company
AXA ☒ C ☐ TPFT ☐ TPO
Does the policy cover damage to vehicle A?
No ☐ Yes ☐
Policy No. **VA1/BA162906**

9 Driver ☒ Same as Owner
Name _____
(capital letters)
NRIC / Passport no. _____
Class of licence **3**
HP _____
Gender Male ☒ Female ☐

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

<input type="checkbox"/> A1	Chain Collision
<input type="checkbox"/> A2	Collided into Roadside
<input type="checkbox"/> A3	Collided into Motorcyclist
<input type="checkbox"/> A4	Collided into Parked Vehicle
<input type="checkbox"/> A5	Collided into Pedestrian
<input type="checkbox"/> A6	Collided into Property
<input type="checkbox"/> A7	Collision - Change/Cross Lane
<input type="checkbox"/> A8	Collision - Cross Junction
<input type="checkbox"/> A9	Collision - Head on Collision
<input type="checkbox"/> A10	Collision - Head to Rear
<input type="checkbox"/> A11	Collision - Major/Minor Rd
<input type="checkbox"/> A12	Collision - Opening Door of Vehicle
<input type="checkbox"/> A13	Collision - Roundabout
<input type="checkbox"/> A14	Collision - U-Turn
<input type="checkbox"/> A15	Quick Driving / Stop Insurance
<input type="checkbox"/> A16	The Defendant is applying
<input type="checkbox"/> A17	Road
<input type="checkbox"/> A18	Hit and Run / Vanishing / Damaged whilst Parked
<input type="checkbox"/> A19	Hit by Fallen Tree / Other Objects
<input type="checkbox"/> A20	No Collision
<input type="checkbox"/> A21	Self-Suicide
<input type="checkbox"/> A22	Theft

State TOTAL number of boxes marked with a cross

Registration No. (VEHICLE B) **SJS7172Y**

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 **SEE SEOW PENH**
(capital letters)
NRIC / Passport no. **S7220360G**
Class of licence **3**
HP **96736117**
Gender Male ☐ Female ☒

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

13 Sketch of accident when impact occurred
Please refer to: 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 (→)

11 Visible damage to vehicle A

14 My remarks

13 Signatures of drivers

A *Oh Wei Ling*

B *See Seow Penh*

11 Visible damage to vehicle 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

INDIVIDUAL STATEMENT (Part II)						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)								
Insured	1 Occupation (if more than one, state all)						Email: <u>weilingz@idac.com</u>	
	2 Vehicle registration no.		C.C.		If commercial vehicle, state permissible carrying capacity			
	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.							
Of which vehicle are you the owner?	<input checked="" type="checkbox"/> A							
	<input type="checkbox"/> B							
	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)							
	7 Date of birth							
	Occupation							
Driver or person in charge of vehicle at the time of accident (including insured)	Date of license pass		Was vehicle driven with the insured's permission?		Was driver an employee of the insured's company?			
	Indoor <input checked="" type="checkbox"/> Outdoor <input type="checkbox"/>		Yes <input type="checkbox"/> No <input type="checkbox"/>		Yes <input type="checkbox"/> No <input 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							
	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?	
							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"/>	
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							
Accident details	If yes, against whom?							
	14 Weather conditions <input checked="" type="checkbox"/> Clear <input type="checkbox"/> Raining <input type="checkbox"/> Others							
	15 Road surface <input type="checkbox"/> Wet <input type="checkbox"/> Dry <input type="checkbox"/> Others <u>Slightly wet</u>							
	16 Speed of vehicles A <input type="checkbox"/> km/hr B <input type="checkbox"/> km/hr							
	17 What warnings were given by driver or other party?							
	18 Were street lights illuminated? <input type="checkbox"/> Yes <input 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) <u>1) Tan Soh Eng (F)</u>							
	22 State number of Passengers (Including Driver) <u>2</u>							
Declaration	I/We declare the foregoing particulars are true in every respect							
	Policyholder's signature <u>[Signature]</u>						Date	
	Driver's signature (if driver is not the policyholder) <u>[Signature]</u>						Date	

Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo





Accident Photo

