

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	19/12/2018 11:31
Date Of Accident	17/12/2018 18:00
Exact Location Of Accident	JB CHECKPOINT TO SINGAPORE
Country/State of Loss	MALAYSIA/JOHOR DARUL TAKZIM

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SMC4820D
Insured/Policyholder	
Name Of Registered Owner	LEW KIAN YONG
NRIC No	S7915479B
Email Address	LEWKIANYONG@GMAIL.COM
Mobile Phone No	(LOCAL) +65-96636788
Alternative Phone No	OTHERS-96636788

Vehicle Particulars

Manufacturer	HONDA
Model	ODYSSEY HYBRID
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	GA389708
Cover Note Number	

Driver

Name of Driver	LEW KIAN YONG
NRIC No	S7915479B
Date Of Birth	22/05/1979
Occupation	INDOOR
Date Of Driving Pass	20/12/1999
Driving Experience	18 YEARS AND 11 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-96636788
Fax Number	
Contact Number	OTHERS-96636788
Email Address	LEWKIANYONG@GMAIL.COM

Address	BLK 53 NEW UPP CHANGI ROAD #09-1476
Postcode	461053
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 - CHANGE/CROSS LANE
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)	1

Details of Police Action

Was the accident reported to the police?	YES
If Yes, Please state which Police Station	
Police Station Name	PASIR RIS NEIGHBOURHOOD POLICE CENTRE
Police Station Address	ROAD: 1 PASIR RIS DRIVE 4 , POSTCODE: 519457 , COUNTRY: SINGAPORE
Police Station Contact	TEL NO: 1800-5852999 - FAX NO: 65855261
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	SFJ9304G
Vehicle Make/Model/Colour	BMW
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: 19/12/18
11 am.

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


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

Sketch Plan #2

SKETCH PLAN

Vehicle
A - 5MC4820D
B - SKJ93046

The diagram shows a road layout with a dashed line indicating a lane. A vehicle labeled 'A' is positioned in the lane, and a vehicle labeled 'B' is positioned to its right. A legend at the bottom right identifies the symbols for 'Vehicle' and 'Motorcycle'.

Legend

Vehicle: A rectangle with a triangle on top.

Motorcycle: A circle with a triangle on top.

DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

Refur To Attach Police Report.

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:

19/12/18.

Driver's Signature

(If driver is not the policyholder)

Date & Time:

Reporting Centre Personnel's Signature

Name:

NRIC/FIN No.:

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 17/12/18 1800		2 Exact location of accident JB - check point.		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. **SMC48800**
(VEHICLE A)

6 Insured / policyholder (see insurance cert.)
Name **Lew Kian Yong**
(capital letters)
Address _____
NRIC / Passport no. **S7915479B**
Tel no. (from 9am till 5pm) _____
HP **96636788**

7 Vehicle
Make, type **Honda odyssey**

8 Insurance company
AXA ☒ TPFT ☐ TPO
Does the policy cover damage to vehicle A?
No ☐ Yes ☒
Policy No. **GA 38 9708**

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 Rd |
| <input type="checkbox"/> | Collision - Opening Door of Vehicle |
| <input type="checkbox"/> | Collision - Roundabout |
| <input type="checkbox"/> | Collision - U-Turn |
| <input type="checkbox"/> | Drink Driving / Drug Influence |
| <input type="checkbox"/> | Fire, Explosion or Lightening |
| <input type="checkbox"/> | Flood |
| <input type="checkbox"/> | Hit and Run / Vandalism / Damaged whilst Parked |
| <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. **SKJ93044**
(VEHICLE B)

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

REFER TO ATTACHED

Alternatively, please mark reference to one of the sketches on page 4

15 Signatures of drivers

A

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:		
	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 checked="" type="checkbox"/> Third Party <input type="checkbox"/> Reporting Only <input type="checkbox"/> Third Party (Own Workshop)				
	7 Date of birth	Occupation	Date of license pass	Was vehicle driven with the insured's permission?	
	22/5/79	Indoor	20/12/99	Yes <input checked="" 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				
Driver or person in charge of vehicle at the time of accident (including insured)	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 <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"/>
				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 checked="" type="checkbox"/> Yes <input type="checkbox"/> No		Pasir Ris NPL.		
	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 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) 1				
	Declaration	I/We declare the foregoing particulars are true in every respect			
Policyholder's signature			Date 19/1/18		
Driver's signature (if driver is not the policyholder)			Date		



**SINGAPORE
POLICE FORCE**



G/20181217/2201

1 of 2

POLICE REPORT (NP299)


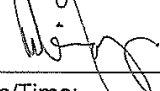
Report No. G/20181217/2201

Police Station Of Origin
Pasir Ris N.P.C
1 Pasir Ris Drive 4 #01-01 SINGAPORE
519457
Tel No: 1800-5852999

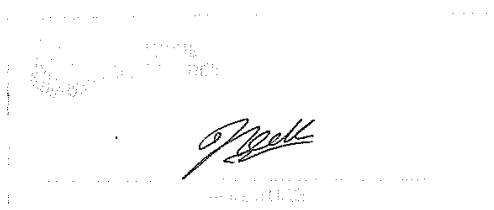
Date/Time Report Made 17/12/2018 21:04	Vide Report No.	Station Diary No. 217		
Name Of Informant LEW KIAN YONG	Address APT BLK 53 NEW UPPER CHANGI ROAD #09-1476 SINGAPORE 461053			
ID Type / ID No. NRIC NO / S7915479B	Contact No. Home/Office	Mobile 96636788		
Nationality <u>SINGAPORE CITIZEN</u>	Email Address			
Occupation SALES ENGINEER	Sex Male	Age 39	Date of Birth 22/05/1979	Race Chinese
Institution/School Name	Language English			
Date/Time Of Incident 17/12/2018 18:00	Location Of Incident Johor Bharu, at the Checkpoint before crossing Woodlands Causeway MALAYSIA			

Brief details.

On 17/12/2018 at about 6:00pm, I was traveling in my vehicle (SMC4820D) heading towards Woodlands Causeway bridge at the Malaysian Customs Checkpoint in Johor Bharu. The traffic was heavy and the vehicles were moving very slowly. I was stuck in traffic and came to a stop waiting in queue behind other vehicles in front clearing the Customs.

Signature Of Officer Recording The Report: G / Sgt 2 LECK WEN HAO, DANIEL 	Signature Of Informant: 
Signature Of Interpreter: Not applicable	Date/Time: 17/12/2018 21:04
Officer In-Charge Of Case: G / Bedok Police Divisional Investigation Branch / ASP JAGANESON S/O JAYAGOPALAN Contact No.: 62447200	Classification Of Case:

Authentication Stamp





**SINGAPORE
POLICE FORCE**



G/20181217/2201

2 of 2

POLICE REPORT (NP299)


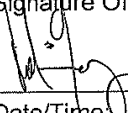
CONTINUATION OF REPORT

Report No. G/20181217/2201

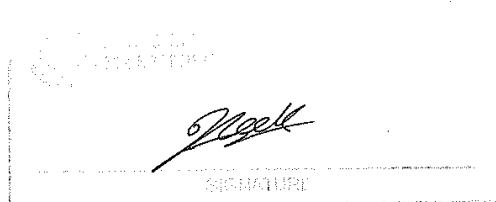
Suddenly, I heard a loud knock on my car from the rear right side of my car. I then immediately got out of my vehicle to make a check. After I came out I saw that a gray-ish blue B.M.W (SKJ9304G) had knocked into my vehicle on the right side near to the rear right wheel. I then went to confront the driver about the accident, he did not leave his vehicle. As I step forward to speak to him he still tried to inch away but I managed to get him to stop. I observed that he was trying to squeeze his vehicle in between lanes. I checked for damages and saw that my car received serious paint damages around the rear right wheel area.

When I enquired for his particulars he was rude and refused to provide me with anything details. He only blabbered his name and contact number which I was unable to note down. He and his 3 other passengers kept demanding me to get back in my car and not block the traffic flow. I suspect these three are Americans from overseas as one of the passengers mentioned that he was from California, USA. I then returned to my car and proceeded back to Singapore.

I am lodging this report as instructed by my insurance agent as to help me facilitate insurance claims for damages to my vehicle.

Signature Of Officer Recording The Report: G / Sgt 2 LECK WEN HAO, DANIEL 	Signature Of Informant: 
Signature Of Interpreter: Not applicable	Date/Time: 17/12/2018 21:04
Officer In-Charge Of Case: G / Bedok Police Divisional Investigation Branch / ASP JAGANESON S/O JAYAGOPALAN Contact No.: 62447200	Classification Of Case:

Authentication Stamp



SIGNATURE

Scene pic



Scene pic



Scene pic



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo

