

## 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 ability
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 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	25/08/2014 16:46
Date Of Accident	24/08/2014 17:10
Exact Location Of Accident	OUTRAM ROAD
Country/State of Loss	Singapore

### DETAILS OF OWN VEHICLE

Vehicle Registration Number	SKG8423T
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#### Insured/Policyholder

Name Of Registered Owner	YI FAN ENGINEERING
Co Reg No	NA

#### Vehicle Particulars

Manufacturer	MITSUBISHI
Model	LANCER 2.0L MIVEC GT 6-CVT
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	Commercial Vehicle

#### Insurance Company

Name of Insurance Company	AXA Insurance Singapore Pte Ltd
Type Of Coverage	Comprehensive
Fleet Policy	No
Policy Number	P1365837
Cover Note Number	

#### Driver

Name of Driver	TAN KIM LENG
NRIC No	S7207249I
Date Of Birth	01/03/1972
Occupation	Indoor
Date Of Driving Pass	06/02/1997
Driving Experience	17 Years And 6 Months
Gender	Male
Mobile Number	(Local) +65-96105767
Fax Number	(Local) +65-67458669
Contact Number	
EEmail Address	88DATABASE@GMAIL.COM
Address	42 SENOKO ROAD
Postcode	758113
Was driver an employee of the Insured's Company	No

If No, Relationship of the Driver with the Insured	Other - EMPLOYEE
Vehicle Registration Number of Driver's Own Vehicle	-
	-
	-
Insurance Company of Driver's Own Vehicle	-
	-
	-

#### General Information of the Accident

Type Of Accident	Unknown - REFER TO ATTACHED
Weather Conditions	Clear
Road Surface	Dry

#### Other Information

Was any foreign vehicle involved in this accident?	No
Was any body injured in the Accident?	No
Was any other material or property damaged?	Yes
Was there any video captured by Car Camera?	No

#### 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 SIJIE - PROGRESSIVE AUTOMOTIVE PTE LTD TEL:6741 5336

Are accident photos available for attachment?	Yes
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#### DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	SHD9644S
Vehicle Make/Model/Colour	
Details Of Properties	
Name of Driver	
NRIC/Passport Number	
Contact Number	
Address	
Postcode	
Insurance Company Name	
Nature Of Damage	
No. Of Passenger (Including Driver)	

#### Details of Witness

Name	
Phone Number	
Email Address	

# Sketch Plan

## SKETCH PLAN

### IMPORTANT NOTICE

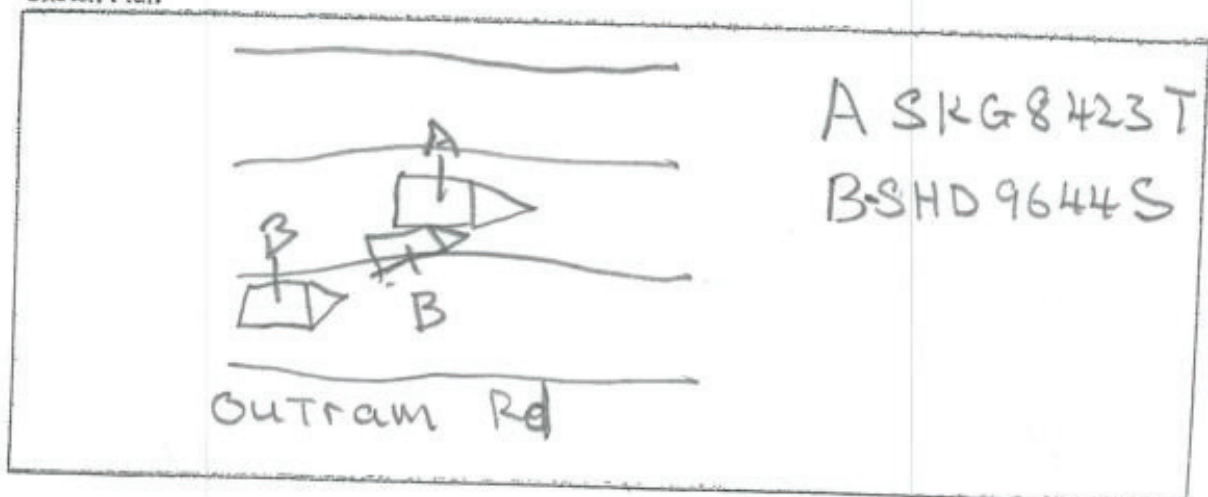
1. Please report correctly the details of the accident to speed up the claims process.
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7. By the lodgement of this report to the insurers, you hereby consent to the archiving of this report at the centre and to copies of the report being made available aforesaid.
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.

Policyholder's Signature / Date & Time

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

Witnessed by Reporting Centre Personnel

Sketch Plan



# Sketch Plan #2

## Describe Circumstances of the Accident

DATE OF ACCIDENT: 24/08/2014.

TIME OF ACCIDENT: 1710 hrs.

On 24th August around 1710hrs. I was driving along outtram road. A vehicle (SHD 964 49) from right hand lane cut onto my lane and hit onto my right hand portion.

## Declaration

We declare the foregoing particulars are true in every respect.

PLEASE NOTE THAT YOUR INSURER MAY HAVE 14 DAYS TIMEFRAME FOR YOU TO SUBMIT AN OWN DAMAGE CLAIM UNDER YOUR OWN POLICY. KINDLY CHECK YOUR POLICY FOR MORE DETAILS

Policyholder's Signature / Date & Time

Driver's Signature (if driver is not the policyholder) / Date & Time

Witnessed by Reporting Centre Personnel

# 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 24/08/2014	Time 1710	2 Exact location of accident Outram Road	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)	

Registration No. SKC84357  
(VEHICLE A)

6 Insured / policyholder (see insurance cert.)

Name YI FAN ENGINEER  
(capital letters) RING

Address 42 SEAVOKE ROAD

NRIC / Passport no.

Tel no. (from 9am till 5pm)

HP 9610 5767

7 Vehicle

Make, type MIT SUBISHI

LANCER 2.0

8 Insurance company

AXA

Does the policy cover damage to vehicle A?

No ☐ Yes ☒

Policy No. (if available) P1365837

9 Driver (See driving licence)

(if different from insured A above)

Name TAN KIM LENG

(capital letters)

NRIC / Passport no. S72072491

Class of licence Class 3

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

11 Visible damage to vehicle A

14 My remarks

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

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## Individual Statement

FAX: 6745 8669

INDIVIDUAL STATEMENT (Part II)																	
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>88 database @ gmail . com</u>																
	2. Vehicle registration no. _____		C.C. _____ If commercial vehicle, state permissible carrying capacity _____														
	3. Is driver the owner? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> If no, state the vehicle number and name of insurer of driver's own vehicle (where applicable) <u>Employee</u>																
	4. Exact purpose for which vehicle was being used at time of accident: <input type="checkbox"/> Private use <input checked="" type="checkbox"/> Commercial use <input type="checkbox"/> Hire & reward <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? <u>No. TP Claim own workshop.</u> If no, state action to be taken _____																
Driver or person in charge of vehicle at the time of accident (including insured)	7. Date of birth _____		Occupation (If more than one, state all) _____		Years of driving experience _____												
	01-03-1972				06 Feb 1997												
					Was vehicle driven with the insured's permission? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>												
					Was driver an employee of the insured's company? 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																	
<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? 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? 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 <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? 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 (use separate sheet of paper where necessary)																	
Declaration																	
I/We declare the foregoing particulars are true in every respect																	
Policyholder's signature <u>[Signature]</u>					Date <u>25/08/2014</u>												
Driver's signature (If driver is not the policyholder) <u>[Signature]</u>					Date _____												

Accident Photo





Accident Photo



Accident Photo



Accident Photo

