

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	27/12/2018 13:11
Date Of Accident	26/12/2018 16:00
Exact Location Of Accident	GEYLANG TOWARDS PIE
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SJR5441P
Insured/Policyholder	
Name Of Registered Owner	KENT AUTO SERVICES
Co Reg No	52974332M
Email Address	NOEMAIL
Mobile Phone No	
Alternative Phone No	OFFICE-91195441

Vehicle Particulars

Manufacturer	CHEVROLET
Model	OPTRA 1.6
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	THIRD PARTY
Fleet Policy	NO
Policy Number	P2167709
Cover Note Number	

Driver

Name of Driver	NG TECK LYE
NRIC No	S7836644C
Date Of Birth	05/12/1978
Occupation	INDOOR
Date Of Driving Pass	20/10/1997
Driving Experience	21 YEARS AND 2 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-91195441
Fax Number	
Contact Number	
EEmail Address	JERREL.MJC@GMAIL.COM

Address	BLK 389 BUKIT BATOK WEST AVENUE 5 #10-396
Postcode	650389
Was driver an employee of the Insured's Company	NO
If No, Relationship of the Driver with the Insured	OTHER - HIRER
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 (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)	3
Passenger 1	NAME: : PAX 1 GENDER: : MALE
Passenger 2	NAME: : PAX 2 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

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	SJX133K
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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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:



27/12/18

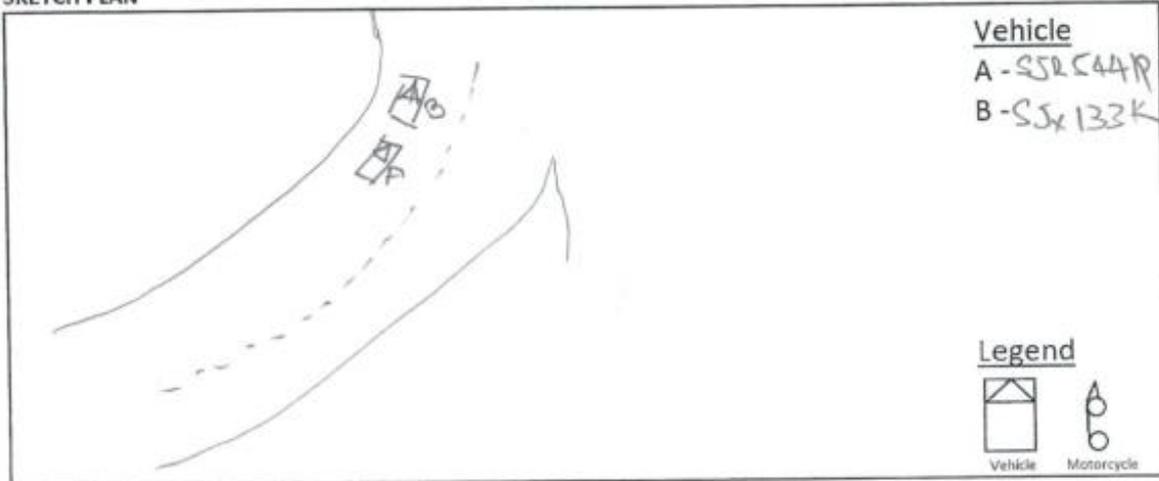
Driver's Signature
(if driver is not the policyholder)
Date & Time:

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

Sketch Plan #2

P1E KPE

SKETCH PLAN



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

While filtering out to P1E, and checking for traffic on my right, did not notice that Car B was already half way out of the stop line and suddenly stop. And I hit the rear of Car B.

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:



27/12/18

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

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

[Handwritten signature]

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 26/12/19 Time 4pm 2 Exact location of accident Geylang towards PIE 3 Injuries even if slight
 No Yes *
 4 Material damage
 To vehicles other than vehicles A and B No Yes *
 To objects other than vehicles No Yes *
 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 Yes

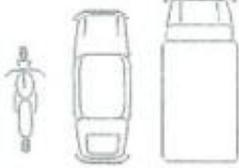
Registration No. (VEHICLE A) SJR5441P
 6 Insured / policyholder (see insurance cert.)
 Name Kent Auto Services
 Address _____
 NRIC / Passport no. S2974332M
 Tel no. (from 9am till 5pm) _____
 HP _____
 7 Vehicle
 Make, type Chevrolet
 8 Insurance company
AXA - C TPFT TPO
 Does the policy cover damage to vehicle A?
 No Yes
 Policy No. P2167709
 9 Driver Same as Owner
 Name Ng Teck. Lye
 NRIC / Passport no. S7836644
 Class of licence _____
 HP 9119.5441
 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 Stray/dirt
<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 function
<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"/>	Drunk Driving / Drug Influence
<input type="checkbox"/>	Fire, Explosion or Lightning
<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 Squeeze
<input type="checkbox"/>	Theft

State TOTAL number of boxes marked with a cross

Registration No. (VEHICLE B) SJX 1331K
 6 Insured / policyholder (see insurance cert.)
 Name _____
 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 _____
 NRIC / Passport no. _____
 Class of licence _____
 HP _____
 Gender: Male Female

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 make reference to one of the pictures on page 2

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

 11 Visible damage to vehicle B

 15 Signatures of drivers
 A 
 B _____
 16 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) <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 Of which vehicle are you the owner? <input type="checkbox"/> A <input type="checkbox"/> B	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 checked="" 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 checked="" 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 type="checkbox"/> No <input checked="" type="checkbox"/> 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 _____ Date of license pass _____ 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 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: 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										10. Name(s), address(es) and approximate age(s) _____ Injuries sustained _____ If vehicle occupant, state in which vehicle _____ Were seat belts being worn? Yes <input type="checkbox"/> No <input type="checkbox"/> Was injured conveyed to hospital by ambulance? Yes <input type="checkbox"/> No <input type="checkbox"/>
Date	Offence	Penalty													
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) _____		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? _____		14. Weather conditions Clear <input checked="" type="checkbox"/> Raining <input type="checkbox"/> Others _____ 15. Road surface Wet <input type="checkbox"/> Dry <input checked="" 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? 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) <u>3</u> Pax 1 (F)													
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 _____															

Driver IC & LIC

REPUBLIC OF SINGAPORE
IDENTITY CARD NO. S7836644C



Name
NG TECK LYE
(HUANG DELAI)
黄德来

Race
CHINESE

Date of Birth
05-12-1978

Country/Place of Birth
SINGAPORE

Sex
M

57836644C



REPUBLIC OF SINGAPORE DRIVING LICENCE

Identity Card No. S7836644C

NAME NG TECK LYE

Date of Birth 05 Dec 1978

Issue Date 20 Aug 2016

002836726J




Land Transport Authority

VOCATIONAL LICENCE

Licence No. S7836644C

Name NG TECK LYE

Issue Date 10/11/2016

Please visit www.lta.gov.sg to check the status of this vocational licence



Jessel.MJC@gmail.com

5999467

NRIC No. S7836644C

Date of Issue
13-08-2018

Address
APT BLK 389 BUKIT BATAK WEST AVENUE 5
#10-396
SINGAPORE 650389




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

CLASS	DESCRIPTION	EFFECTIVE DATE
Class 2B	Motorcycles <= 200 cc	04 Sep 1997
Class 2A	Motorcycles between 201 cc and 400 cc	17 Nov 1998
Class 2	Motorcycles > 400 cc	25 Jan 2000
Class 3	Motor cars with unladen weight <= 3000kg with <= 7 passengers, exclusive of driver; and other motor vehicles with unladen weight > 2500kg	20 Oct 1997
Class 4	Motor vehicles which are constructed to carry load or passengers and the unladen weight > 2500kg	10 May 2000
Class 5	Motor vehicles which are not constructed to carry load or passengers and the unladen weight <= 7250kg	05 Jul 2000
	Motor vehicles not constructed to carry any load and the unladen weight > 7250kg	

NP 425A

Licence No: S7836644C



This card is not transferable and is the property of the Land Transport Authority (LTA). It must be surrendered to the LTA on request. If found, please return to LTA, 10 Sin Ming Drive, Singapore 575761.

Type	Description	Issue Date
02	TAXI VL	10/11/2016



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo

