

## 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	18/01/2019 10:14
Date Of Accident	17/01/2019 18:05
Exact Location Of Accident	PIE BEFORE LORNIE ROAD EXIT
Country/State of Loss	SINGAPORE

### DETAILS OF OWN VEHICLE

Vehicle Registration Number	SKT3911R
<b>Insured/Policyholder</b>	
Name Of Registered Owner	JACINTHA TAN SHI QI (CHEN SHIQI)
NRIC No	S8934015B
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-81332251
Alternative Phone No	OTHERS-81332251

### Vehicle Particulars

Manufacturer	HONDA
Model	ACCORD-2.4 (A)
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	GA386490
Cover Note Number	

### Driver

Name of Driver	ANG WEI JIE (HONG WEIJIE)
NRIC No	S8934015B
Date Of Birth	31/10/1988
Occupation	INDOOR
Date Of Driving Pass	02/04/2007
Driving Experience	11 YEARS AND 9 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-93871943
Fax Number	
Contact Number	
Email Address	NOEMAIL

Address	BLK 333A ANCHORVALE LINK #16-340 SINGAPORE
Postcode	541333
Was driver an employee of the Insured's Company	NO
If No, Relationship of the Driver with the Insured	SPOUSE
Vehicle Registration Number of Driver's Own Vehicle	- - -
Insurance Company of Driver's Own Vehicle	- - -

#### General Information of the Accident

Type Of Accident	CHAIN COLLISION
Weather Conditions	RAINING
Road Surface	WET

#### 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?	YES
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: : JACINTHA TAN SHI QI (CHEN SHIQI) 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 THE ATTACH STATEMENT RECORDED BY PEI WEN - PROGRESSIVE CAR CARE PTE LTD TEL 6741 5336

#### Attachment(s)

Are accident photos available for attachment?	YES
Was there any video captured by Car Camera?	YES
Was there any audio recorded?	NO

#### DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	SCV6919J
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)

#### DETAILS OF OTHER VEHICLE PROPERTY 2

Vehicle Registration Number SH8566P

Vehicle Make/Model/Colour

Details Of Properties

Vehicle Category TAXI

Name of Driver

NRIC/Passport Number

Contact Number

Address

Postcode

Insurance Company Name

Nature Of Damage

No. Of Passenger (Including Driver)

#### DETAILS OF INJURED PERSON 1

Name JACINTHA TAN SHI QI (CHEN SHIQI)

Approximate Age

Injuries Sustain

Injured person in which vehicle? SKT3911R

Were seat belts worn?

Was this injured conveyed to hospital by ambulance?

Address

Postcode

#### DETAILS OF INJURED PERSON 2

Name ANG WEI JIE (HONG WEIJIE)

Approximate Age

Injuries Sustain

Injured person in which vehicle? SKT3911R

Were seat belts worn?

Was this injured conveyed to hospital by ambulance?

Address

Postcode

## Sketch Plan

### SKETCH PLAN

#### 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. The 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 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.:

18/1/19  
10:35am

pawen

## Sketch Plan #2

### SKETCH PLAN

	<p><b>Vehicle</b></p> <p>A - CKT3911R</p> <p>B - SCV6919J</p> <p>C - SH8566P</p> <p><b>Legend</b></p> <div style="display: flex; justify-content: space-around;"> <div style="text-align: center;">               Vehicle         </div> <div style="text-align: center;">               Motorcycle         </div> </div>
---	--

### DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

Was travelling along PIE when the taxi made a sudden brake and did a ~~complete~~ a complete stop. The road was wet due to rain and the traffic was heavy. I managed to ~~be~~ stop in time without hitting any the taxi (car C), but car B did not managed to stop in time and ~~hit~~ hit me in the back. Due to the impact, my car moved forward and hit the Car C.

Both myself and (1) passenger went to the doctor on that evening due to pain of neck back and head.

### 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:

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

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

10:35am  
 18/1/19

perman

# Common Statement

SH 8566P

## 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 17/1/19	Time 1805	2 Exact location of accident PIE b/p Lornie Road Ext.	To be signed by BOTH drivers	
4 Material damage To vehicles other than vehicles A and B No <input type="checkbox"/> Yes <input checked="" type="checkbox"/>			3 Injuries even if slight No <input type="checkbox"/> Yes <input checked="" 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 type="checkbox"/> Yes <input checked="" type="checkbox"/>	

Registration No. (VEHICLE A) SKT3911R

6 Insured / policyholder (see insurance cert.)  
Name Jacintha Tan  
(capital letters) Shi Qi  
Address (Chen Shi Qi)  
NRIC / Passport no. S5934015B  
Tel no. (from 9am till 5pm)  
HP 8133 2251  
7 Vehicle  
Make, type Honda Accord  
8 Insurance company  
AXA ☐ TFPT ☐ TPO  
Does the policy cover damage to vehicle A?  
No ☐ Yes ☒  
Policy No. GA 386490  
9 Driver ☐ Stated as Driver  
Name Ang Wei Jie  
(capital letters) (Hong Wei Jie)  
NRIC / Passport no. S8841213C  
Class of licence  
HP 93871943  
Gender Male ☒ Female ☐

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

A	Chain Collision
C1	Collided into Object
C2	Collided into Motorcyclist
C3	Collided into Motorcyclist
C4	Collided into Parked Vehicle
C5	Collided into Pedestrian
C6	Collided into Property
C7	Collision - Change/Cross Lane
C8	Collision - Cross Junction
C9	Collision - Head on Collision
C10	Collision - Head to Rear
C11	Collision - Major/Minor Ref.
C12	Collision - Opening Door of Vehicle
C13	Collision - Rear End
C14	Collision - U-Turn
C15	Over Drinking / Drug Influence
C16	Ph. Exhibition / Upturning
C17	Revol
C18	Hit and Run / Vanishing / Drugged whilst Parked
C19	Hit by Falling Tree / Other Objects
C20	No Collision
C21	Pole Entry
C22	Theft

Registration No. (VEHICLE B) SCV6919J

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 ☐ TFPT ☐ 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 ☐

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

11 Visible damage to vehicle A

13 My remarks

22 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

14 Signature of driver A

A

14 My remarks

B

\* In the event of injuries or in the event of damage to property other than to vehicles A and B, give information nearest

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?	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	If no, State Relationship of Driver with owner <u>Spouse</u>												
	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														
Of which vehicle are you the owner?	5 Is the vehicle still in use? Yes <input 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 checked="" type="checkbox"/> Third Party <input type="checkbox"/> Reporting Only <input type="checkbox"/> Third Party (Own Workshop)														
Driver or person in charge of vehicle at the time of accident (including insured)	7 Date of birth	Occupation	Date of license pass												
	31/10/88	Indoor	Outdoor												
	2/4/2007		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"> <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 person	10 Name(s), address(es) and approximate age(s)	Injuries sustained	If vehicle occupants, state in which vehicle												
	Owner & driver		Were seat belts being worn? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>												
			Were injured conveyed to hospital by ambulance? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>												
Location to property of vehicle (other than vehicles A and B)	11 Name(s) and address(es) of owner(s)	Vehicle registration no. or details of property	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 type="checkbox"/> Raining <input checked="" type="checkbox"/> Others													
	15 Road surface	Wet <input checked="" type="checkbox"/> Dry <input type="checkbox"/> Others													
	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 (Refer to attached)															
22 State number of Passengers (including Driver) <u>2</u> Owner															
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) <u> </u> Date _____														

REPUBLIC OF SINGAPORE  
IDENTITY CARD NO. S8934015B



Name  
JACINTHA TAN SHI QI  
(CHEN SHIQI)  
陳詩淇

Race  
CHINESE

Date of birth  
05-10-1989

Sex  
F

Country of birth  
SINGAPORE



58934015B

3620469



NRIC No. S8934015B



Date of issue  
05-10-2004

APT BLK 333A ANCHORVALE LINK #16-340  
SINGAPORE 541333  
NRIC No: S8934015B Date: 31/12/2014



DRIVER NRIC & LICENSE Pg. 1

REPUBLIC OF SINGAPORE DRIVING LICENCE

License Number: S8841213C

Name: ANG WEI JIE (HONG WEIJIE)

Birth Date: 31 Oct 1988

Issue Date: 02 Apr 2007

0014905018

REPUBLIC OF SINGAPORE

IDENTITY CARD NO. S8841213C

Name: ANG WEI JIE (HONG WEIJIE)

洪伟傑

Race: CHINESE

Date of birth: 31-10-1988

Sex: M

Country/Place of birth: SINGAPORE

5226580

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

Class 3 Motor Cars=<3000kg with =<7 passengers, exclusive of the driver; and other motor vehicles =< 2500kg

PASS DATE

02 Apr 2007

Licence No: S8841213C

NP 428A



5226580

NRIC No. S8841213C



Date of issue  
19-09-2013

APT BLK 333A ANCHORVALE LINK #16-340  
SINGAPORE 541333

NRIC No: S8841213C

Date: 31/12/2014

Accident Photo



Accident Photo





Accident Photo



Accident Photo



Accident Photo





Accident Photo



Accident Photo



Accident Photo



Accident Photo





Accident Photo



Accident Photo





Accident Photo



Accident Photo



Accident Photo



Accident Photo

