

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 14:08
Date Of Accident	18/01/2019 02:15
Exact Location Of Accident	ALONG STEVENS RD TWDS PIE TUAS
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SKD8250R
Insured/Policyholder	
Name Of Registered Owner	PECK WEI LE, WILLARD
NRIC No	S9247094F
Email Address	WILLARDPWL@GMAIL.COM
Mobile Phone No	(LOCAL) +65-84992194
Alternative Phone No	OTHERS-84992194

Vehicle Particulars

Manufacturer	HONDA
Model	CIVIC 1.8L A
Exact Purpose for which vehicle was being used at time of accident	PRIVATE
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	GA331304/1
Cover Note Number	

Driver

Name of Driver	PECK WEI LE, WILLARD
NRIC No	S9247094F
Date Of Birth	17/12/1992
Occupation	OUTDOOR
Date Of Driving Pass	21/02/2011
Driving Experience	7 YEARS AND 10 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-84992194
Fax Number	
Contact Number	OTHERS-84992194
Email Address	WILLARDPWL@GMAIL.COM

Address	BLK 690A CHOA CHU KANG CRESCENT #24-112
Postcode	681690
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	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?	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	CHOA CHU KANG NPC
Police Station Address	ROAD: 20 CHOA CHU KANG ST 52 #01-02 , POSTCODE: 689286 , COUNTRY: SINGAPORE
Police Station Contact	TEL NO: - FAX NO:
Was notice of intended Prosecution given?	NO
If Yes, against whom?	

Circumstances of Accident

AS PER POLICE REPORT

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	
Vehicle Make/Model/Colour	
Details Of Properties	TOYOTA / PRIUS / GREY
Vehicle Category	PRIVATE HIRE
Name of Driver	
NRIC/Passport Number	
Contact Number	
Address	
Postcode	
Insurance Company Name	
Nature Of Damage	

No. Of Passenger (Including Driver)

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:

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


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



**SINGAPORE
POLICE FORCE**



T/20190118/2057

Police Station Of Origin:
Choa Chu Kang N.P.C
20 Choa Chu Kang Street 52 #01-02
SINGAPORE 689286
Tel No: 1800-7659999

1 of 3

Report No. T/20190118/2057

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 18/01/2019 11:18	Vide Report No.:	Station Diary No.: 32
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Informant's Particulars

Name of Informant: PECK WEI LE, WILLARD			Address: APT BLK 690A CHOA CHU KANG CRESCENT #24-112 SINGAPORE 681690		
ID Type / ID No.: NRIC NO / S9247094F			Contact No.: Home/Office: Mobile: 84992194		
Nationality: SINGAPORE CITIZEN			Email:		
Sex: Male	Age: 26	Date of Birth: 17/12/1992	Type of Informant: Driver		
Race: Chinese			Language:	Institution / School Name:	
Occupation: Photographer			Driving Licence Information: Class: Date of Expiry:		

General Information of the Accident

Type of Accident:	Non-Injury Attended by Police	Drink Drive: No	Date/Time of Accident: 18/01/2019 02:15	Type of Location:
Location: Along Road 1 STEVENS ROAD Stevens Road towards PIE Tuas				
Weather:		Road Surface:	Road Speed Limit:	
Traffic Flow:		Traffic Control:	Traffic Volume:	
Type of Collision:				Anyone conveyed by ambulance: No

Details of Vehicle Involved

Vehicle No.	Type	Make	Model	Color	Condition	No of Passenger
SKD8250R	Car	HONDA	CIVIC 1.8L A	Black	Slightly Damaged	0

Details of Vehicle Insurance

Vehicle No.	Insurance Company	Insurance No	Effective	Expiry Date
SKD8250R	AXA INSURANCE SINGAPORE PTE LTD	GA331304	09/03/2018	12/04/2019



**SINGAPORE
POLICE FORCE**



T/20190118/2057

2 of 3

Police Station Of Origin:
Choa Chu Kang N.P.C
20 Choa Chu Kang Street 52 #01-02
SINGAPORE 689286
Tel No: 1800-7659999

Report No. T/20190118/2057

CONTINUATION OF REPORT

Brief Details.

On the 18/1/2019 at about 0200-0230 in the morning I was travelling along Stevens road towards PIE tuas on the 2nd lane from the left, in my vehicle bearing registration number SKD8250R. While my vehicle was at the traffic light, the traffic light turn green I move off, there were a merging lane ahead, I make check on my left blind spot before merging in. Suddenly I heard a sound, I make a check on my right side and the vehicle on the right side show hand gesture to me, subsequently both I and the other party vehicle stop at the road side, I alight from my vehicle and did not notice anything damage on my vehicle at first. The other party vehicle left front door dented. The other party claim that my vehicle collided onto his vehicle. I does not remember the other party vehicle plate number as the traffic police officer was at scene and I was place under arrest for drink driving. on the same at about 0600hrs I was release on bail, while retrieving back my vehicle discover my right front fender there were slight scratches. No one was injured during the time of incident. The other party did show me the video from his in car camera and claim that I am the one that collided onto his vehicle. However from the video it was the other party vehicle that collided onto my vehicle.



**SINGAPORE
POLICE FORCE**



T/20190118/2057

Police Station Of Origin:
Choa Chu Kang N.P.C
20 Choa Chu Kang Street 52 #01-02
SINGAPORE 689286
Tel No: 1800-7659999

3 of 3

Report No. T/20190118/2057

CONTINUATION OF REPORT

Sketch Plan

Informant is not able to provide sketch plan

IMPORTANT: Please attach a copy of your vehicle's Insurance Certificate to this report. If you don't have the certificate with you now, please fax a copy to 65474885 stating the report number as reference.

Signature Of Officer Recording The Report:

J /

Sgt 2 SEAH SI HAO

Signature Of Informant:

Signature Of Interpreter:

Not applicable

Date/Time:

18/01/2019 11:18

Officer In Charge Of Case:

TP / GIT /

Staff Sgt SHAFUL NEEZAM BIN ABDUL
SAMAD

Contact No.: 65476180

Classification Of Case:

Authentication Stamp

NP168

Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo

