

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	31/01/2019 17:06
Date Of Accident	30/01/2019 08:25
Exact Location Of Accident	BLK278B COMPASSVALE BOW
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SGF7960T
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Insured/Policyholder

Name Of Registered Owner	MANO FREE LANCE VIDEO & PHOTO
Co Reg No	53016495K
Email Address	NOEMAIL
Mobile Phone No	
Alternative Phone No	OFFICE-96245100

Vehicle Particulars

Manufacturer	TOYOTA
Model	COROLLA 1.6
Exact Purpose for which vehicle was being used at time of accident	WORK USED
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	COMMERCIAL VEHICLE

Insurance Company

Name of Insurance Company	AXA INSURANCE PTE LTD
Type Of Coverage	COMPREHENSIVE
Fleet Policy	NO
Policy Number	P/17858106
Cover Note Number	

Driver

Name of Driver	G MANOKARAN
NRIC No	S2205789H
Date Of Birth	09/12/1947
Occupation	OUTDOOR
Date Of Driving Pass	20/03/1978
Driving Experience	40 YEARS AND 10 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-96245100
Fax Number	
Contact Number	
EEmail Address	NOEMAIL

Address	BLK223 BISHAN ST 23 #08-133
Postcode	570223
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 - 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)	1

Details of Police Action

Was the accident reported to the police?	YES
If Yes, Please state which Police Station	
Police Station Name	BISHAN NEIGHBOURHOOD POLICE CENTRE
Police Station Address	ROAD: 20 BISHAN STREET 23 , POSTCODE: 579757 , COUNTRY: SINGAPORE
Police Station Contact	TEL NO: 1800-5529999 - FAX NO: 65561905
Was notice of intended Prosecution given?	NO
If Yes, against whom?	

Circumstances of Accident

PLEASE REFER TO STATEMENT

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	SME6593K
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)

Accident 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.

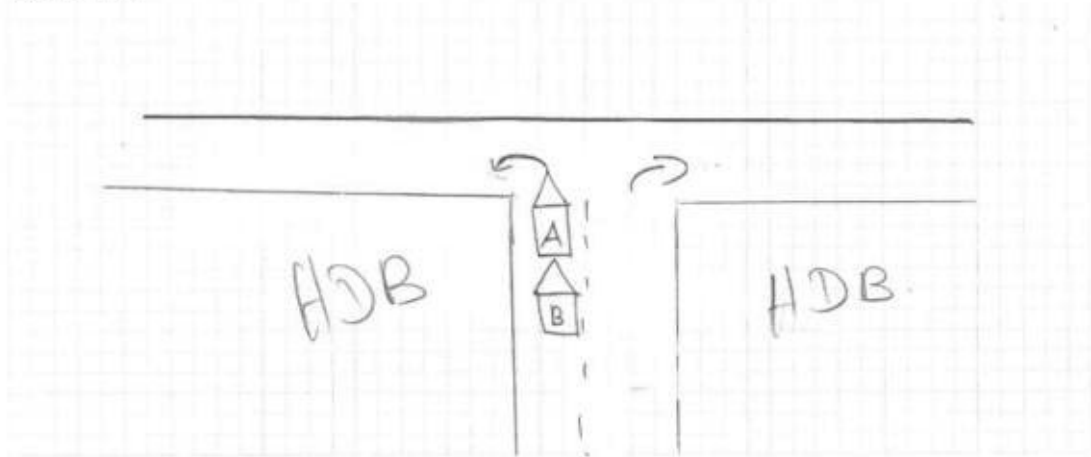

Policyholder's Signature
Date & Time:


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


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

Accident Sketch Plan

SKETCH PLAN



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

A large rectangular area with horizontal lines for text. A diagonal line runs from the bottom-left corner to the top-right corner. The words "Police report." are written in a cursive script across the middle of the page, following the diagonal line.

DECLARATION

I/We declare the foregoing particulars are true in every respect.


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.:

Common Statement

☐ Owner
☐ Driver

ACCIDENT STATEMENT

Date of Accident 30/01/19 Time 08:29 Location of Accident Blk 278 B Compassvale Bow.

INSURED/ POLICY HOLDER (VEHICLE A)

Vehicle Registration Number
Name of Policyholder
NRIC/ FIN/ Passport/ ROC (if Policyholder is company)
Address
Contact Number
Occupation

SGT 7960T.
MANO FREE LANCE VIDEO & PHOTO.
53016495K.

Tel: Hp:

VEHICLE PARTICULARS (VEHICLE A)

Vehicle Make / Model
Type of Vehicle
Exact Purpose for which vehicle was being used at the time of accident.

☒ Saloon ☐ MPV, CRV, Van, Lorry, Bus ☐ M/cycle, Others.

Work use

Are you claiming under your own insurance policy?
Vehicle category

☐ Yes ☒ No Remarks Reporting.
☐ Private ☒ Commercial ☐ Motorcycle

INSURANCE COMPANY (VEHICLE A)

Name of Insurance Company
Type of Policy
Fleet Policy
Policy Number

☒ Comprehensive ☐ TP Fire & Theft ☐ Third party
☐ Yes ☒ No
PI758106.

DRIVER

Name of Driver
NRIC/ FIN/ Passport
Date of Birth
Occupation
Driving Pass Date
Gender
Contact Number
Address
Email Address

G MANOKARAN.
S2205789H
09/12/1947.
outdoor.
20/03/1978.
96245100

☒ Male ☐ Female
Tel: Hp:

Was driver an employee of the Insured's Company?
If No, relationship of Driver with the Insured.
Vehicle Number of Driver's Own Vehicle (if applicable)
Insurance of Driver's Own Vehicle (if applicable)

☐ Yes ☒ No

GENERAL INFORMATION OF THE ACCIDENT

Type of Collision (E.g. Chain Collision/ Head-On, etc)
Weather Conditions
Road Surface
Damage Area

☒ Clear ☐ Raining ☐ Others.
☐ Wet ☒ Dry ☐ Others.

OTHER INFORMATION

Was there any foreign vehicle(s) involved?
Was anybody injured in the accident? (Including Witness)
Was any other vehicle(s) or property damaged?
Was there any camera video footage (in car)?

☒ No ☐ Yes
☒ No ☐ Yes
☒ No ☐ Yes
☒ No ☐ Yes

DETAILS OF POLICE ACTION

Was the accident reported to the Police?
If Yes, please state which police station & Report No.
Was notice of intended Prosecution given?
If Yes, against whom?

☐ No ☒ Yes
☒ No ☐ Yes

manohalli@gmail.com

Common Statement

OWN VEHICLE REGISTRATION NUMBER _____

DETAILS OF OTHER VEHICLES OR PROPERTY DAMAGED

Other Vehicle or Property 1 (VEHICLE B)

Vehicle Registration Number _____

Vehicle Make/ Model/ Colour _____

Details of Properties (If Other Party is not a Vehicle) _____

Damage Area _____

Name of Driver _____

NRIC/ FIN/ Passport _____

Contact Number / Email Address _____

Address _____

Name of Insurance Company _____

Other Vehicle or Property 2

Vehicle Registration Number _____

Vehicle Make/ Model/ Colour _____

Details of Properties (If Other Party is not a Vehicle) _____

Damage Area _____

Name of Driver _____

NRIC/ FIN/ Passport _____

Contact Number / Email Address _____

Address _____

Name of Insurance Company _____

DETAILS OF WITNESS

Name _____

Phone / Email Address _____

Address _____

NRIC/ FIN/ Passport _____

DETAILS OF INJURED PERSON 1

Name _____

NRIC/ FIN/ Passport _____

Address _____

Approximate Age _____

Injuries Sustained _____

If Vehicle Occupants, state in which vehicle? _____

Were Seat Belts Worn? _____

☐ Yes

☐ No

Was Injured conveyed to hospital by ambulance? _____

☐ Yes

☐ No

DETAILS OF INJURED PERSON 2

Name _____

NRIC/ FIN/ Passport _____

Address _____

Approximate Age _____

Injuries Sustained _____

If Vehicle Occupants, state in which vehicle? _____

Were Seat Belts Worn? _____

☐ Yes

☐ No

Was Injured conveyed to Hospital by Ambulance? _____

☐ Yes

☐ No

Declaration

I/We declare that the above particulars & information provided above are true in every aspect.



Signature of Policy Holder
(Company Chop if applicable)

Date & Time _____

Signature of Driver / Date & Time
(If Driver is not the Policy Holder)

Date & Time _____

Police Report

Annex D

NOTICE OF REPORTING

This is to confirm that G. Manokaran, NRIC/FIN: S2205789H, staying at Blk 223 Bishan St 23 HP: 96245100 has reported to the Police a non-injury traffic accident which occurred near Blk 278B Compassvale Bow on 30/01/2019 at about 0824hrs involving the following vehicles:

V1) SGF7960T (Complainant's vehicle)

V2) SME6593K (Other party's vehicle)

On 30/01/2019, at about 8.24am, I picked up a passenger from B/ 278B Compassvale Bow. As I was turning right, the passenger told me to turn left suddenly. So I reversed my car a little. I did not notice a car SME 6593K which was behind and too close to my car. My car hit onto the bonnet of that car and was slightly dented. I did not take down the other party particulars.

There was no injury on anyone.

If this accident was reported to the Police within 24 hours of its occurrence, then he/she has complied with Sec 84(2) of the Road Traffic Act, Cap 276.

Rank/Name of Issuing Officer: SSSgt Azmi Bin Mohamed Hamzah

Date: 30/01/2019 Time: 1618hrs

S/D Ref: gSD J22

Police Post/Unit: Bishan NPC

BISHAN NPC
20 BISHAN STREET 23
SINGAPORE 579757
Tel: 1800-5529999


SSSGT Azmi

Original - to be issued to informant

Duplicate - to be submitted to Traffic Police

ASURANCE PTE LTD
 100, Robinson Road, #24-01
 Tower, Singapore 068811
 Customer Service Centre #01-01
 Tel: (65) 63387285 Fax: (65) 63382522
 Website: www.aaa.com.sg
 GST Registration Number: 199610812M
 customer.service@aaa.com.sg



Commercial Individual Cars
 POLICY SCHEDULE
 RENEWAL
 Original

POLICY INFORMATION		Policy No. : VCE/P1758106	
Source	: 13201	AOM SINGAPORE PTE LTD	
Insured	: HANO FREE LANCE VIDEO & PHOTO		
Address	: BLK 223 BISHAN STREET 23 #08-133 SINGAPORE 570223		
Business/Profession	: AS PER MEMO <i>Carrying on or engaged in the business or profession last declared and no other for the purpose of this insurance.</i>		
Period of Insurance : From 14/04/2018 To 13/04/2019 (Both Dates Inclusive) Any subsequent period for which the Insured shall pay and the Company shall agree to accept a renewal premium.			
PREMIUM			
Premium After 15.00 MCD	: SGD 1,786.19		
Extra Coverage	: SGD 33.96		
GST 7.00%	: SGD 129.49		
Annual Premium	: SGD 1,979.24		
Total Payable	: SGD 1,979.24		
RISK DETAILS THE MOTOR VEHICLE			
Type of Cover	: Comprehensive		
Regn. No.	: SG979607		
Type Of Use	: Hire Car		
Make/Model	: TOYOTA COROLLA 1.6		
Year of Manufacture	: 2006		
Seating Cap. (Excl. Driver)	: 5		
Body Type	: SALOON		
Engine No.	: 3E34557369	Engine C.C.:	1598
Chassis No.	: MR0532XC107116916		
	: Market Value At The Time Of Loss (including Accessories and Spare Parts)		
Limitations as to Use	: As specified in Certificate of Insurance		
Extra Coverage/Premium Breakdown		Limits (SGD)	Premium (SGD)
PAB to Driver		100,000.00	31.78
Medical Expenses		5,000.00	31.78
Excess Applicable			
All Claims-Any Author'd Driver		: SGD 2,000.00	

Continuation page 1

Driving License



AXA FROM

Refining: 2/01/19

Date: 2/01/19

To: Owner of Vehicle Number SCF 79607

The following has been advised to you via your workshop, BH Auto Workshop through their staff, Jacelyn.

Please tick the applicable box if you had been advice on the content as seen below:

- ☐ You had been advised by the workshop that in the case that you wish to claim against your own policy, there is a Fourteen (14) days clause whereby the claim must be made within the stipulated timeframe from the day of occurrence.
 - ☐ You had been advised by the workshop on the liability and merits of the case accordingly.
 - ☐ You had been advised by the workshop on the claims procedure for the type of claim that you will be making due to this accident.
 - ☐ There will be delay to your vehicle repair due to the unavailability of spare parts locally and there is no other option except to indent it from overseas.
 - ☐ There will be no cancellation/withdrawal of the Own Damage claim once the order of the spare parts have been placed. If you wish to cancel/withdraw the claim, you shall bear all costs, expenses &/or related charges incurred directly &/or indirectly to the procurement of the spare parts.
 - ☐ The estimated waiting time for the spare parts to arrive is _____ The estimated arrival time does not include the repair period.
 - ☐ You will be driving the vehicle out despite being advised by the workshop mechanic/personnel that the vehicle may not be road worthy.
 - ☐ For vehicles below Three (3) years old, your Insurance Company will use only genuine original parts to repair your vehicle.
- For vehicles above Three (3) years old, your Insurance Company will be carrying out repairs using any combination of genuine original parts and/or original equipment manufacturer (OEM) parts.
- ☐ You had been advised by the workshop of the Twelve (12) months warranty for Own Damage repairs on workmanship related to the accident.
 - ☐ For vehicles that are under warranty with a local distributor, you have been advised by the workshop to check with your local distributor on any effect to your warranty prior to making this Own Damage claim.

Others: Reporting only @ BH Auto Workshop

Signed and acknowledge by



Name and signature of policyholder/authorised driver



Name and signature of workshop personnel including company stamp

Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



