

## 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             | 23/02/2019 11:07    |
| Date Of Accident           | 22/02/2019 17:30    |
| Exact Location Of Accident | KPE TO PIE (CHANGI) |
| Country/State of Loss      | SINGAPORE           |

### DETAILS OF OWN VEHICLE

|                             |                      |
|-----------------------------|----------------------|
| Vehicle Registration Number | SFX66M               |
| <b>Insured/Policyholder</b> |                      |
| Name Of Registered Owner    | HEE THIAM SOON       |
| NRIC No                     | S1523934D            |
| Email Address               | TSHEE@STARHUB.COM    |
| Mobile Phone No             | (LOCAL) +65-98558145 |
| Alternative Phone No        | OTHERS-92379660      |

### 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? YES

If No, Please state action to be taken

|                  |             |
|------------------|-------------|
| Vehicle Category | PRIVATE CAR |
|------------------|-------------|

### Insurance Company

|                           |                       |
|---------------------------|-----------------------|
| Name of Insurance Company | AXA INSURANCE PTE LTD |
| Type Of Coverage          | COMPREHENSIVE         |
| Fleet Policy              | NO                    |
| Policy Number             | GA133155              |
| Cover Note Number         |                       |

### Driver

|                      |                      |
|----------------------|----------------------|
| Name of Driver       | MOLLY TAN LEE JOO    |
| NRIC No              | S1603426F            |
| Date Of Birth        | 26/10/1963           |
| Occupation           | INDOOR               |
| Date Of Driving Pass | 27/12/2007           |
| Driving Experience   | 11 YEARS AND 1 MONTH |
| Gender               | FEMALE               |
| Mobile Number        | (LOCAL) +65-92379660 |
| Fax Number           |                      |
| Contact Number       |                      |
| EMail Address        | NOEMAIL              |

|   |                             |
|---|-----------------------------|
| Address   | 181 TANJONG RHU ROAD #08-19 |
| Postcode  | 436922                      |
| 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 | 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                         | 4   |
| 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?  | 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         | SJS6772X    |
| 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 | SGS9840A |
|-----------------------------|----------|

Vehicle Make/Model/Colour

Details Of Properties

Vehicle Category

PRIVATE CAR

Name of Driver

VEH C

NRIC/Passport Number

Contact Number

Address

Postcode

Insurance Company Name

Nature Of Damage

No. Of Passenger (Including Driver)

### DETAILS OF OTHER VEHICLE PROPERTY 3

Vehicle Registration Number

Vehicle Make/Model/Colour

Details Of Properties

Vehicle Category

NA/UNKNOWN

Name of Driver

VEH D

NRIC/Passport Number

Contact Number

Address

Postcode

Insurance Company Name

Nature Of Damage

No. Of Passenger (Including Driver)

## Sketch Plan

### SKETCH PLAN

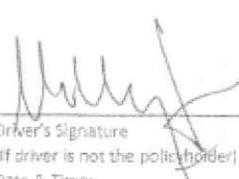
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7. By the lodgment of this report to the Insurers, you hereby consent to the archiving of this report at the centre and to copies of the report being made available aforesaid.
8. Consent under the Personal Data Protection Act (PDPA)

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:

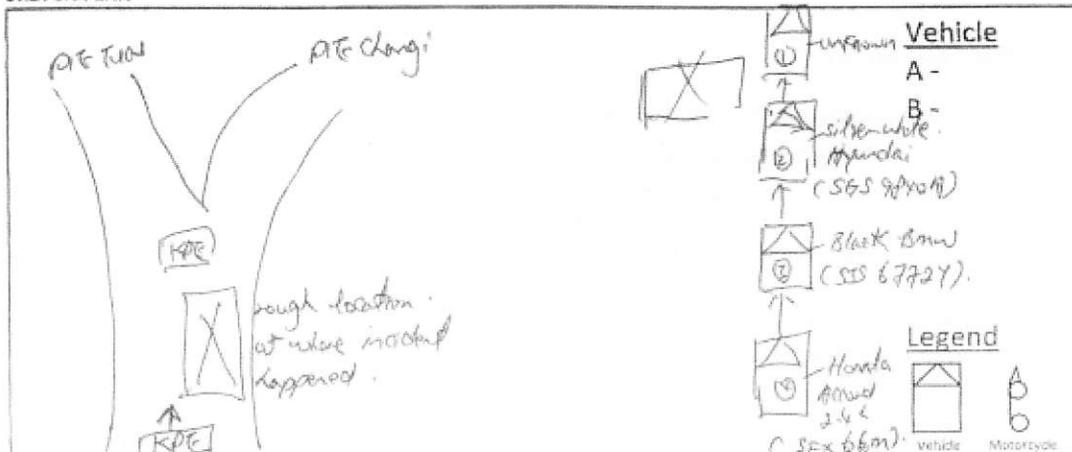
  
\_\_\_\_\_  
Driver's Signature  
(If driver is not the policyholder)  
Date & Time:

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

23/2/19.

Sketch Plan #2

SKETCH PLAN



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

Date = 20/2/19, Area = Mollie Tan Lee Joo, Driver's vehicle no: SFX6607.  
 Car model = Honda Accord 2.4L, Time of incident = about 5:30pm.

I was driving along KPE heading towards PIE Chang, the first vehicle in front of me (SJS 67727, Black BMW), suddenly came to a stop and I had to immediately do an emergency brake but my vehicle collided onto the rear of SJS 67727. Pls refer to diagram showed above for reference.

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.:

23/2/19.

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: 22/11/19 Time: 1930 **2** Exact location of accident: KPE To PE (Changi)

**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)** SFX66M

**6** Insured / policyholder (see insurance cert.):  
Name: Hee Thiam Son  
Address: \_\_\_\_\_  
NRIC / Passport no: S1523934D  
Tel no. (from Sam Hill Eng): \_\_\_\_\_  
HP: 98558145

**7** Vehicle:  
Make, type: Honda Accord

**8** Insurance company: AXA  
Does the policy cover damage to vehicle A? No  Yes   
Policy No: GA133125

**9** Driver:  Same as Owner  
Name: Mally Tan Lee Joo  
NRIC / Passport no: S1603426A  
Class of licence: 02379660  
HP: \_\_\_\_\_  
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 Bicycle                           |
| <input type="checkbox"/> | Collided into Motorcycle                        |
| <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 Junction                      |
| <input type="checkbox"/> | Collision - Head on Collision                   |
| <input type="checkbox"/> | Collision - Head to Rear                        |
| <input type="checkbox"/> | Collision - Major/Minor Ad                      |
| <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 Swipe                                      |
| <input type="checkbox"/> | Theft   |

← State TOTAL number of boxes marked with a cross →

**Registration No. (VEHICLE B)** ST50772

**6** Insured / policyholder (see insurance cert.):  
Name: \_\_\_\_\_  
Address: \_\_\_\_\_  
NRIC / Passport no: \_\_\_\_\_  
Tel no. (from Sam Hill Eng): \_\_\_\_\_  
HP: \_\_\_\_\_

**7** Vehicle:  
Make, type: \_\_\_\_\_

**8** Insurance company: \_\_\_\_\_  
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 (→)

**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 a reference to one of the sketches on page 2

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

**11** Visible damage to vehicle A

\_\_\_\_\_

**11** Visible damage to vehicle B

\_\_\_\_\_

**14** My remarks

\_\_\_\_\_

**15** Signatures of drivers

A *Mally Tan Lee Joo*

B \_\_\_\_\_

**14** 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

| <b>INDIVIDUAL STATEMENT (Part II)</b>  |  | Own Workshop Email / Fax (if any) |  |  |  |  |   |  |  |  |  |
|--|--|-----------------------------------|--|--|--|--|---|--|--|--|--|
| <b>To be completed and submitted within 24 hours to your insurer or Idac or appointed workshop (Use a separate sheet of paper where necessary)</b> |  |                                   |  |  |  |  |   |  |  |  |  |
| <b>Insured</b><br><br>Of which vehicle are you the owner?<br><br><input checked="" type="checkbox"/> A<br><br><input type="checkbox"/> B           | 1 Occupation (If more than one, state all) _____ <b>Email:</b> _____   |                                   | 2 Vehicle registration no. <u>CC</u> 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 checked="" type="checkbox"/> Private use <input type="checkbox"/> Commercial use <input type="checkbox"/> Fire & reward <input type="checkbox"/> Private Hire <input type="checkbox"/> Others - please specify _____         |  |  |  |   |  |  |  |  |
|  | 5 Is the vehicle still in use? Yes <input type="checkbox"/> No <input checked="" 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 type="checkbox"/> If no, state action to be taken <input type="checkbox"/> Third Party <input type="checkbox"/> Reporting Only <input type="checkbox"/> Third Party [Own Workshop] |  |  |  |   |  |  |  |  |
|  | 7 Date of birth <u>26/10/63</u> Occupation <u>Indoor</u> Date of license pass <u>27/12/07</u> Was vehicle driven with the insured's permission? No <input checked="" type="checkbox"/> Yes <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   |                                   |  |  |  |  |   |  |  |  |  |
|  | Date   |                                   | Offence  |  | Penalty  |  |   |  |  |  |  |
| <b>Injured persons</b>   | 10 Name(s), address(es) and approximate age(s)   |                                   | Injuries sustained   |  | If vehicle occupants, state in which vehicle   |  | Were seat belts being worn?   |  | Was injured conveyed to hospital by ambulance?           |  |  |
|  |  |                                   |  |  |  |  | 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"/>                              |  | Yes <input type="checkbox"/> No <input type="checkbox"/> |  |  |
| <b>Damage to property &amp; vehicles (other than vehicles A and B)</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)                    |  |  |
|  | <u>VW C</u>  |                                   | <u>SKJ 940A</u>  |  | <u>Wrecked</u>   |  |   |  |  |  |  |
| <b>Police action</b>   | 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? _____   |  |  |  |   |  |  |  |  |
|  |  |                                   |  |  |  |  |   |  |  |  |  |
| <b>Accident details</b>  | 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 checked="" 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) <input type="text" value="1"/>  |                                   |  |  |  |  |   |  |  |  |  |
|  | 23 We declare the foregoing particulars are true in every respect  |                                   |  |  |  |  |   |  |  |  |  |
|  | Policyholder's signature <u>[Signature]</u> Date _____   |                                   |  |  |  |  |   |  |  |  |  |
|  | Driver's signature (if driver is not the policyholder) <u>[Signature]</u> Date _____   |                                   |  |  |  |  |   |  |  |  |  |