

## 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	14/03/2019 14:35
Date Of Accident	14/03/2019 10:10
Exact Location Of Accident	UBI AVENUE 2
Country/State of Loss	SINGAPORE

### DETAILS OF OWN VEHICLE

Vehicle Registration Number	GBC2055P
<b>Insured/Policyholder</b>	
Name Of Registered Owner	SUKI SUSHI PTE LTD
Co Reg No	20024495W
Email Address	NOEMAIL
Mobile Phone No	
Alternative Phone No	OFFICE-98222563

### Vehicle Particulars

Manufacturer	NISSAN
Model	URVAN-3.0 5MT (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	COMMERCIAL VEHICLE

### Insurance Company

Name of Insurance Company	AXA INSURANCE PTE LTD
Type Of Coverage	COMPREHENSIVE
Fleet Policy	NO
Policy Number	P2252799
Cover Note Number	

### Driver

Name of Driver	CAI XIAOJIAN
NRIC No	G5906848U
Date Of Birth	22/01/1975
Occupation	OUTDOOR
Date Of Driving Pass	21/11/2018
Driving Experience	0 YEAR AND 3 MONTH
Gender	MALE
Mobile Number	(LOCAL) +65-85492118
Fax Number	
Contact Number	
Email Address	NOEMAIL

Address	C/O 26 TAI SENG STREET #03-01 SINGAPORE
Postcode	534057
Was driver an employee of the Insured's Company	YES
If No, Relationship of the Driver with the Insured	
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?	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)	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 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?	NO
Was there any audio recorded?	NO

#### DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	SHC7963P
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	TAXI
Name of Driver	WONG CHEE MENG ANDREW
NRIC/Passport Number	S6931870C
Contact Number	
Address	
Postcode	
Insurance Company Name	
Nature Of Damage	
No. Of Passenger (Including Driver)	

#### DETAILS OF INJURED PERSON 1

Name	CAI XIAOJIAN
------	--------------

Approximate Age

Injuries Sustain

Injured person in which vehicle?

GBC2055P

Were seat belts worn?

Was this injured conveyed to hospital by ambulance?

Address

Postcode

## 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 their lawyers/law firms, may/are permitted to collect, use, disclose and/or process my Personal Information for any 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 any 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: 14/3/17

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

Suki Sushi Pte Ltd  
26 Tai Seng Street #03-01  
Singapore 534057  
Tel: 6838 0880 Fax: 6636 0880  
Co. Reg. No: 200204499W

### Sketch Plan #2

### SKETCH PLAN

665 Ave 2

Sketch View

A hand-drawn sketch of a two-lane road. The road is divided into two lanes by a dashed center line. On the left side of the road, there is an upward-pointing arrow. In the left lane, there are two vehicles: a car labeled 'A' and a motorcycle labeled 'B', both moving in the same direction. On the right side of the road, there is a downward-pointing arrow.

Vehicle  
A - ABC 1234  
B - SHC 7890

Legend  
Vehicle  
Motorcycle

DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

On 14/3/2019, Around 10:10am. I was driving along Ubi Ave 2. Suddenly I felt an impact from behind and I realise that was a taxi (SHC 7763P) hit my van from behind.

## 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:**

14 | 3 | 1

Reporting Centre Personnel's Signature

Name:

NRIC/FIN No.:

**Suki Sushi Pte Ltd**  
26 Tai Seng Street #03-01  
Singapore 534057  
Tel: 6858 0880 Fax: 6636 0880  
Co. Reg. No: 200204495W

# 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

<b>1 Date of accident</b> <b>Time</b> 14/3/19 1010		<b>2 Exact location of accident</b> Ubi Ave 2	<b>3 Injuries even if slight</b> No <input type="checkbox"/> Yes <input checked="" type="checkbox"/>
<b>4 Material damage</b> To vehicles other than vehicles A and B No <input type="checkbox"/> Yes <input type="checkbox"/>		<b>5 Witness' name, address and tel no.</b> (to be undeline if witness is passenger in vehicle A or vehicle B) _____ _____ _____	
To objects other than vehicles No <input type="checkbox"/> Yes <input type="checkbox"/>		<b>Vehicle Video Camera Available</b> No <input checked="" type="checkbox"/> Yes <input type="checkbox"/>	

**Registration No. (VEHICLE A)** ARC 2055P

**6 Insured / policyholder (see insurance cert.)**  
 Name Suti Sathi Pte Ltd  
 (capital letters)  
 Address \_\_\_\_\_  
 NRIC / Passport no 200204495N  
 Tel no. (from 8am till 5pm) \_\_\_\_\_  
 HP 98222563 MR

**7 Vehicle**  
 Make, type Nissan Urvan 30  
5MT

**8 Insurance company**  
AAA ☐ C ☐ TPFT ☐ TPO  
 Does the policy cover damage to vehicle A?  
 No ☐ Yes ☒  
 Policy No. P2252799

**9 Driver** ☐ Same as Owner  
 Name Mr. Xiao Jian  
 (capital letters)  
 NRIC / Passport no 95706848U  
 Class of licence 3  
 HP 85495118  
 Gender Male ☒ Female ☐

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

<input type="checkbox"/>	Over Collision
<input type="checkbox"/>	Collided into Barrier
<input type="checkbox"/>	Collided into Motorcyclist
<input type="checkbox"/>	Collided into Pedestrian
<input type="checkbox"/>	Collision into Pedestrian
<input type="checkbox"/>	Collided into Pedestrian
<input type="checkbox"/>	Collision into Pedestrian
<input type="checkbox"/>	Collision - Change/Over 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 T-B
<input type="checkbox"/>	Collision - Opening Door of Vehicle
<input type="checkbox"/>	Collision - Roadblock
<input type="checkbox"/>	Collision - R/Turn
<input type="checkbox"/>	Reck Driving / Eng in Race
<input type="checkbox"/>	Fire, Explosion or Lightning
<input type="checkbox"/>	Force
<input type="checkbox"/>	Hit and Run / Violation / Damaged whilst Parked
<input type="checkbox"/>	Other Traffic Law / Other Offence
<input type="checkbox"/>	No Collision
<input type="checkbox"/>	Self Damage
<input type="checkbox"/>	Theft

**Registration No. (VEHICLE B)** SHC 7963P

**10 Insured / policyholder (see insurance cert.)**  
 Name \_\_\_\_\_  
 (capital letters)  
 Address \_\_\_\_\_  
 NRIC / Passport no \_\_\_\_\_  
 Tel no. (from 8am till 5pm) \_\_\_\_\_  
 HP \_\_\_\_\_

**11 Vehicle**  
 Make, type \_\_\_\_\_

**12 Insurance company**  
☐ C ☐ TPFT ☐ TPO  
 Does the policy cover damage to vehicle B?  
 No ☐ Yes ☐  
 Policy No. (if available) \_\_\_\_\_

**13 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 (→)**

**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. these positions at the time of impact - 4. the road signs - 5. names of the streets or roads

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

**REFER TO ATTACHED**

**11 Visible damage to vehicle A**

**11 Visible damage to vehicle B**

**14 My remarks**

**15 Signatures of drivers**

**14 My remarks**

A

B

\* In the event of repairs 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> <span style="float: right; font-size: small;">Own Workshop (mail / fax (if any))</span>																									
<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>  Of which vehicle are you the owner?  <input checked="" type="checkbox"/> A  <input type="checkbox"/> B	1 Occupation (if more than one, state all) _____		2 Vehicle registration no. _____ C.C. _____ <div style="float: right; font-size: small;">             Email: _____              If commercial vehicle, state permissible carrying capacity           </div>																						
	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 type="checkbox"/> Private Hire <input type="checkbox"/> Others - please specify _____																								
	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 type="checkbox"/> Third Party <input type="checkbox"/> Reporting Only <input type="checkbox"/> Third Party (Own Workshop)																								
<b>Driver or person in charge of vehicle at the time of accident (including insured)</b>	7 Date of birth _____ Occupation _____		Date of license pass _____		Was vehicle driven with the insured's permission? 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: 40%;">Offence</th> <th style="width: 40%;">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																						
10 Name(s), address(es) and approximate age(s) _____ Injuries sustained _____ If vehicle occupants, state in which vehicle _____ Were seat belts being worn? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> Was injured conveyed to hospital by ambulance? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>																									
<b>Injured persons</b>	<table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="width: 30%;">Name(s), address(es) and approximate age(s)</th> <th style="width: 20%;">Injuries sustained</th> <th style="width: 20%;">If vehicle occupants, state in which vehicle</th> <th style="width: 10%;">Were seat belts being worn?</th> <th style="width: 10%;">Was injured conveyed to hospital by ambulance?</th> </tr> </thead> <tbody> <tr> <td> </td><td> </td><td> </td><td>Yes <input type="checkbox"/> No <input checked="" type="checkbox"/></td><td>Yes <input type="checkbox"/> No <input checked="" type="checkbox"/></td></tr> <tr> <td> </td><td> </td><td> </td><td>Yes <input type="checkbox"/> No <input checked="" type="checkbox"/></td><td>Yes <input type="checkbox"/> No <input checked="" type="checkbox"/></td></tr> <tr> <td> </td><td> </td><td> </td><td>Yes <input type="checkbox"/> No <input checked="" type="checkbox"/></td><td>Yes <input type="checkbox"/> No <input checked="" type="checkbox"/></td></tr> </tbody> </table>					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 checked="" type="checkbox"/>	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>				Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>				Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
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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) _____																									
<b>Damage to property &amp; vehicles (other than vehicles A and B)</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>Police action</b>	14 Weather conditions Clear <input checked="" type="checkbox"/> Rainy <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)? _____																								
<b>Accident details</b>	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) <span style="border: 1px solid black; border-radius: 50%; padding: 2px 5px;">1</span>																								
	Declaration: We declare the foregoing particulars are true in every respect																								
<b>Declaration</b>	Policyholder's signature _____		Suki Sushi Pte Ltd 25 Tai Seng Street #03-01 Singapore 834057 Tel: 6858 0880 Fax: 6636 0880 Reg. No: 200204495W																						
	Driver's signature (if driver is not the policyholder) _____		Date _____																						