

## 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	23/04/2019 09:40
Date Of Accident	22/04/2019 09:00
Exact Location Of Accident	JUNCT RD OF TOH GUAN RD & TOH GUAN RD EAST
Country/State of Loss	SINGAPORE

### DETAILS OF OWN VEHICLE

Vehicle Registration Number	SDY3473U
<b>Insured/Policyholder</b>	
Name Of Registered Owner	CHEW SEONG LING
NRIC No	S0140058D
Email Address	CHEWSLING@GMAIL.COM
Mobile Phone No	(LOCAL) +65-96375174
Alternative Phone No	OFFICE-96375174

### Vehicle Particulars

Manufacturer	MERCEDES-BENZ
Model	300SL CONVERTIBLE-3.0 (A)
Exact Purpose for which vehicle was being used at time of accident	PRIVATE USE
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	VPA/P1757672
Cover Note Number	

### Driver

Name of Driver	CHEW SEONG LING
NRIC No	S0140058D
Date Of Birth	16/02/1950
Occupation	INDOOR
Date Of Driving Pass	15/02/1968
Driving Experience	51 YEARS AND 2 MONTHS
Gender	FEMALE
Mobile Number	(LOCAL) +65-96375174
Fax Number	
Contact Number	OFFICE-96375174
Email Address	CHEWSLING@GMAIL.COM

Address	26 WEST COAST TERRACE
Postcode	127235
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?	NO
If Yes, Please state which Police Station	
Was notice of intended Prosecution given?	NO
If Yes, against whom?	

#### Circumstances of Accident

STATEMENT RECORDED BY LEONG KEAT - PROGRESSIVE CAR CARE PTE LTD (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	XD2799K
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	COMMERCIAL VEHICLE
Name of Driver	GARAGA NAGAVENKATA RAVI KUMAR
NRIC/Passport Number	G7579434M
Contact Number	62873390
Address	
Postcode	
Insurance Company Name	
Nature Of Damage	
No. Of Passenger (Including Driver)	

## 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 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.:

## Sketch Plan #2

### SKETCH PLAN

	<p><b>Vehicle</b></p> <p>A - SDY 3473U</p> <p>B - XD 2799K</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>
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### DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

At about 9:00am, I was at the traffic light stopped at traffic light (red) stationary and my indicator was on +D veer to the right - direction to 1mm. As the lights changed and I was just about to move the truck behind me hit me from behind. The driver obviously did not see me at all. He said 'suntie, I did not see you'. My car is a 1991 SL300 and is quite low. The truck is very high. After the accident I switched off everything and the car overheats very fast when I came out of the car to investigate. Nothing could be done so we exchanged personal details and we left.

### 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.:

DRIVER IC/DL Pg. 1

REPUBLIC OF SINGAPORE  
IDENTITY CARD NO. S0140058D



Name



CHEW SEONG LING

周双玲

Race

CHINESE

Date of Birth

16-02-1950

Sex

F

Country of Birth

SINGAPORE

S0140058D

REPUBLIC OF SINGAPORE DRIVING LICENCE

Portrait photo of Chew Seong Ling

License Number: S0140058D

Name: CHEW SEONG LING

Birth Date: 16 Feb 1950

Issue Date: 29 Jan 2003

Barcode: 000156761G

1297086

Barcode

NRIC No: S0140058D

Fingerprint

Blood Group: B+

Date of issue: 23-09-1993

Address: 26 WEST COAST TERRACE  
SINGAPORE 127235

NRIC No: S0140058D Date: 11-04-2003 No: 4704359

YOU ARE LICENCED TO DRIVE VEHICLES IN THE FOLLOWING CLASS(ES)

Class	Motor Cars and Motor Tractors the weight of which unladen does not exceed 2500 kilograms	PASS DATE
Class 3	Motor Cars and Motor Tractors the weight of which unladen does not exceed 2500 kilograms	15 Feb 1968

NP 428A

Barcode: Licence No: S0140058D



# 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 22/4/19 10:00		2 Exact location of accident Junction of Tan Guan Rd & Tan Guan Rd E		To be signed by BOTH drivers 3 Injuries, even if slight No <input checked="" type="checkbox"/> Yes <input type="checkbox"/>	
4 Material damage To vehicles other than vehicles A and B No <input checked="" type="checkbox"/> Yes <input 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 checked="" type="checkbox"/> Yes <input type="checkbox"/>	

Registration No. (VEHICLE A) **SDY 3473U**

6 Insured / policyholder (see insurance cert.)  
Name **Chen Seong Ling**  
Address \_\_\_\_\_  
NRIC / Passport no. **S0140058D**  
Tel no. (from 9am till 5pm) **96325174**  
HP \_\_\_\_\_  
7 Vehicle  
Make, type \_\_\_\_\_  
8 Insurance company **AXA** ☒ C ☐ TPFT ☐ TPO  
Does the policy cover damage to vehicle A?  
No ☐ Yes ☒  
Policy No. **VPA/P175X672**  
9 Driver ☒ Same as Owner  
Name \_\_\_\_\_  
NRIC / Passport no. **S**  
Class of licence \_\_\_\_\_  
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 Rd
<input type="checkbox"/>	Collision - Opening Door of Vehicle
<input type="checkbox"/>	Collision - Roadblock
<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 Swoop
<input type="checkbox"/>	Truck

Registration No. (VEHICLE B) **XD 2799K**

6 Insured / policyholder (see insurance cert.)  
Name \_\_\_\_\_  
Address \_\_\_\_\_  
NRIC / Passport no. \_\_\_\_\_  
Tel no. (from 9am till 5pm) \_\_\_\_\_  
HP \_\_\_\_\_  
7 Vehicle  
Make, type \_\_\_\_\_  
8 Insurance company ☐ C ☐ TPFT ☐ 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 **Ganaga Naganthak**  
(capital letters) **Ravi Kumar**  
NRIC / Passport no. **G 75A9434M**  
Class of licence \_\_\_\_\_  
HP **62873390**  
Gender: Male ☒ Female ☐

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

11 Visible damage to vehicle A

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

14 My remarks

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

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, attach a map of the area in one of the sketches on page 4.

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

11 Visible damage to vehicle B

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

14 My remarks

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

15 Signatures of drivers

A *Schen*

B \_\_\_\_\_

\* 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> <small>To be completed and submitted within 24 hours to your insurer or Idac or appointed workshop (Use a separate sheet of paper where necessary)</small>		<small>Own Workshop Email / Fax (if any):</small> Email: <u>chewsling@gmail.com</u>																										
<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. _____ If commercial vehicle, state permissible carrying capacity _____ 3. Is driver the owner? Yes <input checked="" type="checkbox"/> No <input 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 checked="" 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 checked="" 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 checked="" type="checkbox"/> No <input type="checkbox"/> If no, state action to be taken: <input type="checkbox"/> Third Party <input type="checkbox"/> Reporting Only <input checked="" 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 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" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="width: 20%;">Date</th> <th style="width: 50%;">Offence</th> <th style="width: 30%;">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																						
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<b>Injured persons</b>	<table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="width: 30%;">10. 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: 20%;">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> <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>			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 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"/>				Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
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<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) _____																											
<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 road's, speed limits, etc. (Refer to attached) _____ 22. State number of Passengers (including Driver): <input type="text"/>																											
<b>Declaration</b>	I/We declare the foregoing particulars are true in every respect Policyholder's signature _____ Date _____ Driver's signature (if driver is not the policyholder) _____ Date _____																											



Accident Photo





Accident Photo



Accident Photo



Accident Photo



Accident Photo





Accident Photo



Accident Photo



Accident Photo





Accident Photo





Accident Photo





Accident Photo

