

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 ability.
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 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	20/05/2014 10:40
Date Of Accident	17/05/2014 22:00
Exact Location Of Accident	JUNCTION OF SIMS AVE AND JALAN EUNOS
Country/State of Loss	Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SGS6600X
Insured/Policyholder	
Name Of Registered Owner	LIM TAI KHECK
NRIC No	S0098729H

Vehicle Particulars

Manufacturer	HONDA
Model	HONDA CRV
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	Reporting Only
Vehicle Category	Private Car

Insurance Company

Name of Insurance Company	AIG Asia Pacific Insurance Pte. Ltd.
Type Of Coverage	Comprehensive
Fleet Policy	No
Policy Number	2100364077
Cover Note Number	

Driver

Name of Driver	LIM CHAN YIN ADELIN
NRIC No	S8824520B
Date Of Birth	15/07/1988
Occupation	Indoor
Date Of Driving Pass	14/06/2012
Driving Experience	1 Year And 11 Months
Gender	Female
Mobile Number	(Local) +65-91726140
Fax Number	
Contact Number	
E-Mail Address	NOEMAIL
Address	3 SERAYA RD #01-02
Postcode	S437235

Was driver an employee of the Insured's Company	No
If No, Relationship of the Driver with the Insured	Children
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	Clear
Road Surface	Dry

Other Information

Was any foreign vehicle involved in this accident?	No
Was any body injured in the Accident?	No
Was any other material or property damaged?	Yes
Was there any video captured by Car Camera?	No

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

PLEASE REFER TO ATTACHMENT. STATEMENT RECORDED BY JIA LE. (PROGRESSIVE AUTOMOTIVE PTE LTD. TEL : 67415336)

Are accident photos available for attachment?	Yes
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DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	SHD9875S
Vehicle Make/Model/Colour	
Details Of Properties	
Name of Driver	
NRIC/Passport Number	
Contact Number	
Address	
Postcode	
Insurance Company Name	
Nature Of Damage	
No. Of Passenger (Including Driver)	

Details of Witness

Name	
Phone Number	
Email Address	

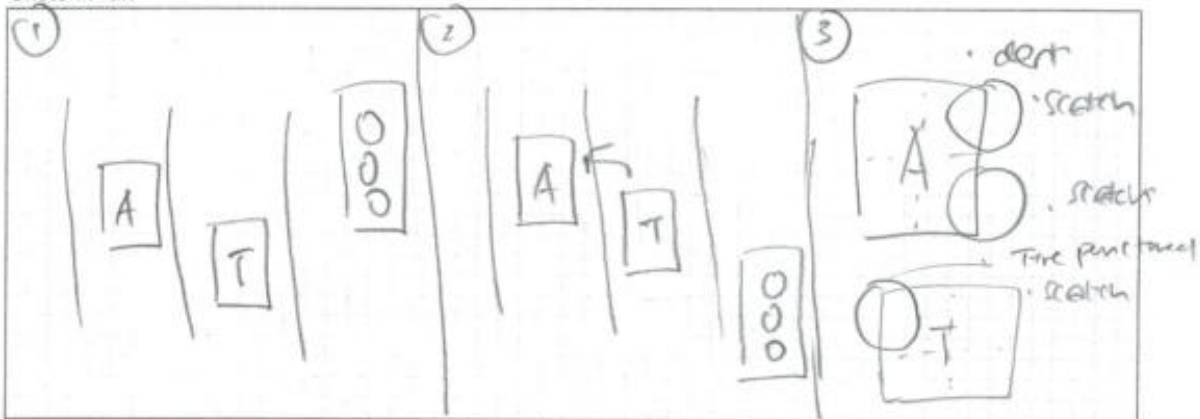
Sketch Plan

SKETCH PLAN

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Sketch Plan



Describe Circumstances of the Accident

We were at the traffic junction between Sun Ave East and Jalan Fajar. I was on lane 2 and he was on lane 3. I was ahead of him. We were waiting for the traffic light to change. After it changed we crossed the junction and 1 to 2 seconds later he veered into my lane and scratched my car. We pulled over at the side next to the Mangala Vihar (Buddhist Temple). We were both sure that we did not veer into another's lane.

Damage on my car: Driver door and back door scratched and dent.

Tari's damage: left front left tyre punctured and front left side dent/scratched.

My analysis: Something must be wrong with his tyre. He thought why it got punctured so early. It says his tyre got punctured and he could not control his vehicle hence it veered into my lane, resulting in this incident.

Declaration

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

[Signature]
Policyholder's Signature / Date & Time

[Signature]
Driver's Signature (if driver is not the policyholder) / Date & Time

[Signature] 20/5/14
Witnessed by Reporting Centre Personnel

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 Time 17/5/14 2200		2 Exact location of accident Junction of Sims Ave and Jalan Eunos	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"/> *		5 Witness' name, address and tel no. (to be underlined if he/she is passenger in vehicle A or vehicle B)	

Registration No. 5ERS 6600 X
(VEHICLE A)

6 Insured / policyholder (see insurance cert.)
 Name Lim Tai Khock
 (capital letters)
 Address 3 Seayua Rd #01-02
S1437235
 NRIC / Passport no. S0098729 H
 Tel no. (from 9am till 5pm)
 HP 91726140 (C)

7 Vehicle
 Make, type Honda

8 Insurance company
AIU (C)
 Does the policy cover damage to vehicle A?
 No ☐ Yes ☒
 Policy No. (if available) 2100364077-
00000

9 Driver (See driving licence)
 (if different from Insured A above)
 Name Lim Chan Yin Adeline
 (capital letters)
 NRIC / Passport no. S 8824520 B
 Class of licence 3A

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

<input type="checkbox"/>	1	parked / stopped (at the roadside)
<input type="checkbox"/>	2	leaving a parking space / opening the door (at the roadside)
<input type="checkbox"/>	3	entering a parking space (at the roadside)
<input type="checkbox"/>	4	emerging from a car park, from private grounds, from a minor road
<input type="checkbox"/>	5	entering a car park, private grounds, a minor road
<input type="checkbox"/>	6	entering a roundabout or similar traffic system
<input type="checkbox"/>	7	circulating in a roundabout or similar traffic system
<input type="checkbox"/>	8	striking the rear of the other vehicle while going in the same direction and in the same lane
<input type="checkbox"/>	9	going in the same direction but different lane
<input type="checkbox"/>	10	changing lanes
<input type="checkbox"/>	11	overtaking
<input type="checkbox"/>	12	turning to the right, making a U-turn (official U-turn)
<input type="checkbox"/>	13	turning to the left
<input type="checkbox"/>	14	reversing
<input type="checkbox"/>	15	encroaching in the opposite traffic lane
<input type="checkbox"/>	16	coming from the right (at road junctions)
<input type="checkbox"/>	17	not observing a right-of-way sign (e.g. red traffic light, stop sign, etc.)

← **State TOTAL number of boxes marked with a cross** →

Registration No. SHD9875S
(VEHICLE B)

6 Insured / policyholder (see insurance cert.)
 Name _____
 (capital letters)
 Address _____
 NRIC / Passport no. _____
 Tel no. (from 9am till 5pm) _____
 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 _____
 (capital letters)
 NRIC / Passport no. _____
 Class of licence _____

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

Alternatively, please make reference to one of the sketches on page 4: _____

15 Signatures of drivers

A Adeline

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

INDIVIDUAL STATEMENT (Part II)					
To be completed and submitted within 24 hours to your insurer or Idac or appointed workshop. (Use a separate sheet of paper where necessary)					
Insured	1 Occupation (if more than one, state all) _____ Email: _____				
	2 Vehicle registration no. _____		C.C. _____		If commercial vehicle, state permissible carrying capacity _____
	3 Is driver the owner? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> If no, state the vehicle number and name of insurer of driver's own vehicle (where applicable) <u>children</u>				
	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"/> Hire & reward <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? If no, state action to be taken <u>Reporting</u>				
Driver or person in charge of vehicle at the time of accident (including insured)	7 Date of birth	Occupation (if more than one, state all)	Years of driving experience	Was vehicle driven with the insured's permission?	Was driver an employee of the insured's company?
	<u>15/07/1988</u>		<u>DATE / MONTH / YEAR</u> <u>14/06/2012</u>	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input 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				
Injured persons	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"/>
				Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>
Damage to property & vehicles (other than vehicles A and 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)	
Police action	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? _____				
Accident details	14 Weather conditions: Clear <input checked="" type="checkbox"/> Raining <input type="checkbox"/> Others <input type="checkbox"/>				
	15 Road surface: Wet <input type="checkbox"/> Dry <input checked="" type="checkbox"/> Others <input type="checkbox"/>				
	16 Speed of vehicles: A _____ km/hr B _____ km/hr				
	17 What warnings were given by driver or other party? <u>NIL</u>				
	18 Were street lights illuminated? Yes <input type="checkbox"/> No <input 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 (use separate sheet of paper where necessary)					
Declaration					
I/We declare the foregoing particulars are true in every respect. <u>[Signature]</u>					
Policyholder's signature _____ Date _____					
Driver's signature (if driver is not the policyholder) <u>[Signature]</u> Date _____					

Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo

