

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	08/06/2019 15:37
Date Of Accident	08/06/2019 00:00
Exact Location Of Accident	JUNCTION OF CANTONMENT ROAD & EU TONG SEN STREET
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SMA3459G
Insured/Policyholder	
Name Of Registered Owner	HUANG JIAXIN
NRIC No	S9179399G
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-96178848
Alternative Phone No	OTHERS-96178848

Vehicle Particulars

Manufacturer	AUDI
Model	S5-3.0 TFSI QUATTRO (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	GA367059/1
Cover Note Number	

Driver

Name of Driver	HUANG JIAXIN
NRIC No	S9179399G
Date Of Birth	11/05/1991
Occupation	INDOOR
Date Of Driving Pass	22/12/2016
Driving Experience	2 YEARS AND 5 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-96178848
Fax Number	
Contact Number	OTHERS-96178848
Email Address	NOEMAIL

Address	7 GEYLANG EAST AVENUE 1 #14-06 SINGAPORE
Postcode	389782
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 - CROSS JUNCTION
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

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	SMG8953G
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)	

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.:

8/6/19
3:30pm

power

Sketch Plan #2

SKETCH PLAN

Cantonment Road

Fu Tong Sen Street

A

B

Vehicle

A - SMA34596

B - SMG89531

Legend

Vehicle

Motorcycle

DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

Around 12 AM, I coming from Cantonment Road turning into the Fu Tong Sen Street. The traffic light at the time is green at my side, so when I proceed to turning, Car B was coming from the other side, so the accident happens, my left-back side was hit by Car B.

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.:

3:30pm
 8/6/19

permen

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 8/6/19		Time 10:00		2 Exact location of accident Junction of Cantonment Road & Fu Tong Sen st		To be signed by BOTH drivers	
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)		3 Injuries even if slight No <input checked="" type="checkbox"/> Yes <input type="checkbox"/>	
						Vehicle Video Camera Available No <input checked="" type="checkbox"/> Yes <input type="checkbox"/>	

Registration No. (VEHICLE A) SMA34596

6 Insured / policyholder (see insurance cert.)
Name Huang Jiaxm
(capital letters)
Address
NRIC / Passport no. S9179399G
Tel no. (from 9am till 5pm)
HP 9617 8848

7 Vehicle
Make, type Audi A5 sportback
3.0 TFS

8 Insurance company
AAI ☒ TPFT ☐ TPO
Does the policy cover damage to vehicle A?
No ☐ Yes ☒
Policy No. GA367059/1

9 Driver ☒ Rattle as Owner
Name
(capital letters)
NRIC / Passport no.
Class of licence 3
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 - Roundabout
<input type="checkbox"/>	Collision - U-Turn
<input type="checkbox"/>	Drink 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) SMG89539

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
☐ 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
(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. their positions at the time of impact - 4. the road signs - 5. names of the streets or roads

REFER TO ATTACHED

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

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

11 Visible damage to vehicle A

14 My remarks

15 Signatures of drivers

A

B

11 Visible damage to vehicle 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)						Own Workshop Email / Fax (if any)	
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? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		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? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No If no, state where it is at present Tel no.						
Of which vehicle are you the owner?	<input checked="" type="checkbox"/> A						
	<input type="checkbox"/> B						
	6 Are you claiming under your own insurance policy for repair to your vehicle? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No						
	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 Occupation Date of license pass Was vehicle driven with the insured's permission? Was driver an employee of the insured's company?						
Driver or person in charge of vehicle at the time of accident (including insured)	11/5/91		Indoor Outdoor		22/12/2016		Yes No
	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
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? Yes No
							Yes No
							Yes No
							Yes No
							Yes No
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? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No If yes, please state which Police station						
	13 Was notice of intended prosecution given? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No If yes, against whom?						
Accident details	14 Weather conditions		Clear <input checked="" type="checkbox"/> Raining <input type="checkbox"/> Others				
	15 Road surface		Wet <input checked="" type="checkbox"/> Dry <input 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? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No						
	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) 1							
Declaration	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

DRIVER NRIC & LICENSE Pg. 1

REPUBLIC OF SINGAPORE DRIVING LICENCE


License Number: **S9179399G**

Name: **HUANG JIAXIN**

Birth Date: **11 May 1991**

Issue Date: **08 Mar 2018**

002780551J



REPUBLIC OF SINGAPORE

IDENTITY CARD NO. S9179399G

Name: **HUANG JIAXIN**

黄家新



Race: **CHINESE**

Date of birth: **11-05-1991**

Country/Place of birth: **CHINA**

Sex: **M**

S9179399G


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

EFFECTIVE DATE

Class 3A Motor cars without clutch pedals (Auto) with unladen weight $\leq 3000\text{kg}$ with ≤ 7 passengers, exclusive of driver; and other motor vehicles without clutch pedals with unladen weight $\leq 2500\text{kg}$ **22 Dec 2016**

NP 428A

Licence No: S9179399G



9443855



NRIC No. S9179399G

Nationality: **CHINESE**

Date of issue: **04-05-2017**

7 GEYLANG EAST AVENUE 1 #14-06
SINGAPORE 389782

NRIC No: **S9179399G** Date: **10/10/2018**

Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo

