

## 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	01/12/2014 10:18
Date Of Accident	30/11/2014 10:00
Exact Location Of Accident	JALAN BENAAN KAPAL
Country/State of Loss	Singapore

### DETAILS OF OWN VEHICLE

Vehicle Registration Number	SKA9987H
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#### Insured/Policyholder

Name Of Registered Owner	LEE SOON HWA
NRIC No	F1864411T

#### Vehicle Particulars

Manufacturer	VOLVO
Model	XC90-2.5 T (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
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#### Insurance Company

Name of Insurance Company	AXA Insurance Singapore Pte Ltd
Type Of Coverage	Comprehensive
Fleet Policy	No
Policy Number	GA002427/1
Cover Note Number	

#### Driver

Name of Driver	LEE SOON HWA
NRIC No	F1864411T
Date Of Birth	20/08/1976
Occupation	Indoor
Date Of Driving Pass	24/08/2008
Driving Experience	6 Years And 3 Months
Gender	Male
Mobile Number	(Local) +65-83890500
Fax Number	
Contact Number	
EEmail Address	NOEMAIL
Address	52 MARINE PARADE ROAD #16-20 TOWER 4 SILVER SEA SINGAPORE
Postcode	449308
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	Unknown - REFER ATTACHED
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

REFER TO THE ATTACH STATEMENT RECORDED BY PEI WEN - PROGRESSIVE AUTOMOTIVE PTE LTD TEL 6741 5336

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

Vehicle Registration Number	SHD332B
Vehicle Make/Model/Colour	
Details Of Properties	
Name of Driver	TOH KONG HENG
NRIC/Passport Number	S1452482G
Contact Number	83884414
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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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.



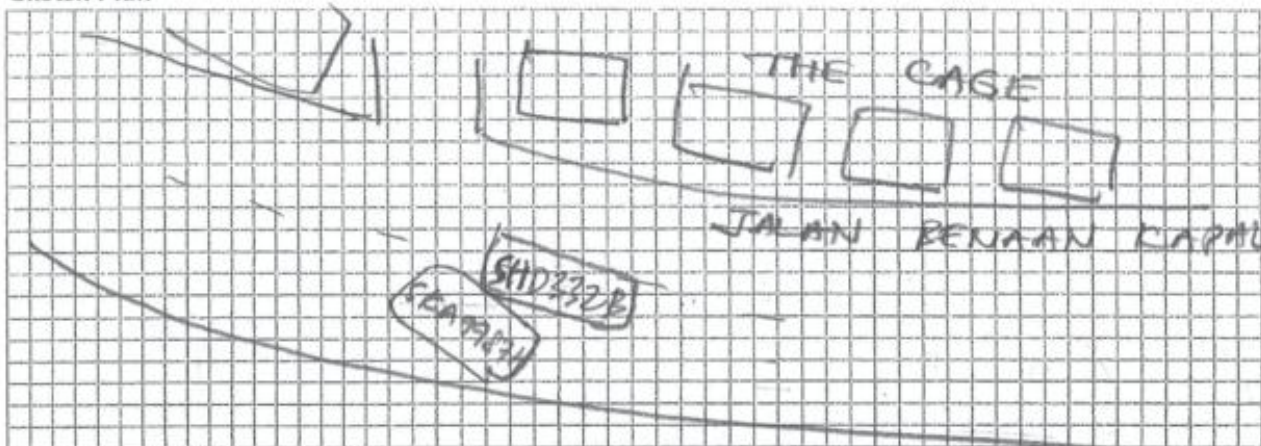
Policyholder's Signature / Date &  
Time Jan 1-Dec-2014

Driver's Signature (If driver is not the policyholder) / Date  
& Time



Witnessed by Reporting Centre  
Personnel

#### Sketch Plan



## Sketch Plan #2

### Describe Circumstances of the Accident

I was driving along Jalan Benqan Kapal on 30-Nov-2014 at 10am. Road condition was clear, Good day. I wanted to turn right into the building next to "The Cage".

The taxi behind me SHD332B suddenly ~~made~~ accelerate to overtake me from the right. Taxi SHD332B rammed into my right side of the car, at the right wheel.

I could not get out of the car, so I reversed the car so that I could get out from the right door. We took photos and exchanged particulars. The taxi incurred front impact, while my car incurred side impact (right side).

### Declaration

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

PLEASE NOTE THAT YOUR INSURER MAY HAVE 14 DAYS TIMEFRAME FOR YOU TO SUBMIT AN OWN DAMAGE CLAIM UNDER YOUR OWN POLICY. KINDLY CHECK YOUR POLICY FOR MORE DETAILS

  
Policyholder's Signature / Date & Time  
9.00am  
1/Dec/2014

Driver's Signature (If driver is not the policyholder) / Date & Time

  
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

<b>1 Date of accident</b> Time 30/11/14 : 1000		<b>2 Exact location of accident</b> Jalan Berman Kapal	<b>3 Injuries even if slight</b> No <input checked="" type="checkbox"/> Yes <input type="checkbox"/> *
<b>4 Material damage</b> To vehicles other than vehicles A and B No <input checked="" type="checkbox"/> Yes <input type="checkbox"/> *		<b>5 Witness' name, address and tel no.</b> (to be underlined if he/she is passenger in vehicle A or vehicle B)	

**Registration No. SKA 9987H** ↓  
**(VEHICLE A)**

**6 Insured / policyholder** (see insurance cert.)  
 Name Lee Soon Hwa  
 (capital letters)

Address \_\_\_\_\_

NRIC / Passport no. F18644117

Tel no. (from 9am till 5pm) \_\_\_\_\_

HP 8389 0500

**7 Vehicle**  
 Make, type Volvo XC90 2.5  
AT

**8 Insurance company**  
AXA

Does the policy cover damage to vehicle A?  
 No ☐ Yes ☒

Policy No. (if available) FA00242711

**9 Driver** (See driving licence)  
 (if different from insured A above)

Name As Above  
 (capital letters)

NRIC / Passport no. \_\_\_\_\_

Class of licence \_\_\_\_\_

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

1	parked / stopped (at the roadside)
2	leaving a parking space / opening the door (at the roadside)
3	entering a parking space (at the roadside)
4	emerging from a car park, from private grounds, from a minor road
5	entering a car park, private grounds, a minor road
6	entering a roundabout or similar traffic system
7	circulating in a roundabout or similar traffic system
8	striking the rear of the other vehicle while going in the same direction and in the same lane
9	going in the same direction but different lane
10	changing lanes
11	overtaking
12	turning to the right, making a U-turn (official U-turn)
13	turning to the left
14	reversing
15	encroaching in the opposite traffic lane
16	coming from the right (at road junctions)
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. SHD 332 B** ↓  
**(VEHICLE B)**

**6 Insured / policyholder** (see insurance cert.)

Name \_\_\_\_\_  
 (capital letters)

Address \_\_\_\_\_

NRIC / Passport no. \_\_\_\_\_

Tel no. (from 9am till 5pm) \_\_\_\_\_

HP 8389 4414

**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 Toh Kong Heng  
 (capital letters)

NRIC / Passport no. S14524826

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**

**B** \_\_\_\_\_

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

**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)						
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?		If no, 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"/> Hire & reward					
	<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.					
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? <u>yes</u>					
	If no, state action to be taken					
	7 Date of birth					
	Occupation (If more than one, state all)					
Driver or person in charge of vehicle at the time of accident (including insured)	20/8/76		24/8/2008		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					
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 <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?					
	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"/>					
Accident details	16 Speed of vehicles A <input type="checkbox"/> km/hr B <input type="checkbox"/> km/hr					
	17 What warnings were given by driver or other party?					
	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					
	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

