

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	13/07/2019 13:54
Date Of Accident	13/07/2019 10:50
Exact Location Of Accident	ECP
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SGE1968S
Insured/Policyholder	
Name Of Registered Owner	SHI YOUJUN EUGENE
NRIC No	S7236837A
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-90629000
Alternative Phone No	OTHERS-90629000

Vehicle Particulars

Manufacturer	CITROEN
Model	C4 GRAND PICASSO-1.6 (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	GA241571
Cover Note Number	

Driver

Name of Driver	SHI YOUJUN EUGENE
NRIC No	S7236837A
Date Of Birth	02/10/1972
Occupation	INDOOR
Date Of Driving Pass	20/07/1993
Driving Experience	25 YEARS AND 11 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-90629000
Fax Number	
Contact Number	OTHERS-90629000
Email Address	NOEMAIL

Address	87 UPP CHANGI ROAD EAST
Postcode	486181
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)	2
Passenger 1	NAME: : PAX 1 GENDER: : MALE

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 ATTACHED STATEMENT RECORDED BY LILY - PROGRESSIVE CAR CARE PTE LTD 67415336

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	SMH9115Y
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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7. By the lodgment 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.
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

Vehicle
A - SG 19685
B - SMH 9115Y

Legend

Vehicle

Motorcycle

DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

Turn out of Tg Katong Rd onto the ECP
After 50m, car in front jam brake
I cannot stop in time and hit his
car (SMH 9115Y) in the bumper.
After clarification, he also claim the
car in front of him also jam brake.

DECLARATION

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

Please be advised that your insurance 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.:

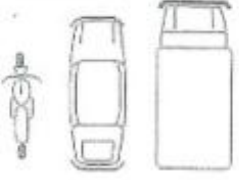
Common Statement

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

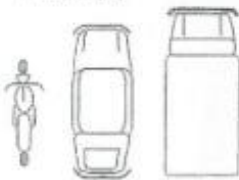
1 Date of accident <u>13/7/19</u> Time <u>1052</u>		2 Exact location of accident <u>ELP</u>		3 Injuries even if slight No <input checked="" type="checkbox"/> Yes <input type="checkbox"/>	
4 Material damage To vehicles other than vehicles A and B: No <input type="checkbox"/> Yes <input type="checkbox"/> To objects other than vehicles: No <input 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"/>	

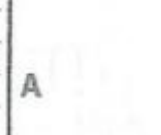
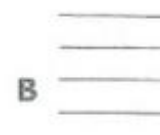
Registration No. (VEHICLE A) <u>57E19685</u> 6 Insured / policyholder (see insurance cert.) Name <u>Shi Yajun</u> Address _____ NRIC / Passport no. <u>57336837</u> Tel no. (from 9am till 5pm) _____ HP <u>90629000</u> 7 Vehicle <u>Citroen 4</u> Make, type _____ 8 Insurance company <u>AXA</u> Does the policy cover damage to vehicle A? No <input type="checkbox"/> Yes <input checked="" type="checkbox"/> Policy No. <u>SA 541571</u> 9 Driver <input checked="" type="checkbox"/> Same as Owner Name _____ NRIC / Passport no. _____ Class of licence _____ HP _____ Gender Male <input type="checkbox"/> Female <input type="checkbox"/>	12 CIRCUMSTANCES Put a cross (X) in each of the relevant boxes applicable to your vehicle <table style="width: 100%; text-align: center;"> <tr><td><input type="checkbox"/></td><td>Chain Collision</td></tr> <tr><td><input type="checkbox"/></td><td>Collided into Bicyclist</td></tr> <tr><td><input type="checkbox"/></td><td>Collided into Motorcyclist</td></tr> <tr><td><input type="checkbox"/></td><td>Collided into Parked Vehicle</td></tr> <tr><td><input type="checkbox"/></td><td>Collided into Pedestrian</td></tr> <tr><td><input type="checkbox"/></td><td>Collided into Property</td></tr> <tr><td><input type="checkbox"/></td><td>Collision - Change/Cross Lane</td></tr> <tr><td><input type="checkbox"/></td><td>Collision - Cross Junction</td></tr> <tr><td><input type="checkbox"/></td><td>Collision - Head on Collision</td></tr> <tr><td><input type="checkbox"/></td><td>Collision - Head to Rear</td></tr> <tr><td><input type="checkbox"/></td><td>Collision - Major/Minor Rtl</td></tr> <tr><td><input type="checkbox"/></td><td>Collision - Opening Door of Vehicle</td></tr> <tr><td><input type="checkbox"/></td><td>Collision - Roundabout</td></tr> <tr><td><input type="checkbox"/></td><td>Collision - U-Turn</td></tr> <tr><td><input type="checkbox"/></td><td>Drink Driving / Drug Influence</td></tr> <tr><td><input type="checkbox"/></td><td>Fire, Explosion or Lightning</td></tr> <tr><td><input type="checkbox"/></td><td>Flood</td></tr> <tr><td><input type="checkbox"/></td><td>Hlt and Run / Vandalism / Damaged whilst Parked</td></tr> <tr><td><input type="checkbox"/></td><td>Hlt by Fallen Tree / Other Objects</td></tr> <tr><td><input type="checkbox"/></td><td>No Collision</td></tr> <tr><td><input type="checkbox"/></td><td>Side Swipe</td></tr> <tr><td><input type="checkbox"/></td><td>Theft</td></tr> </table>	<input type="checkbox"/>	Chain Collision	<input type="checkbox"/>	Collided into Bicyclist	<input type="checkbox"/>	Collided into Motorcyclist	<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 Rtl	<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"/>	Hlt and Run / Vandalism / Damaged whilst Parked	<input type="checkbox"/>	Hlt by Fallen Tree / Other Objects	<input type="checkbox"/>	No Collision	<input type="checkbox"/>	Side Swipe	<input type="checkbox"/>	Theft	Registration No. (VEHICLE B) <u>SMH9115Y</u> 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 _____ Does the policy cover damage to vehicle B? No <input type="checkbox"/> Yes <input type="checkbox"/> Policy No. (if available) _____ 9 Driver (See driving licence) (if different from insured B above) Name _____ NRIC / Passport no. _____ Class of licence _____ HP _____ Gender Male <input type="checkbox"/> Female <input type="checkbox"/>
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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

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


11 Visible damage to vehicle A _____ _____ _____	13 Signatures of drivers <div style="display: flex; justify-content: space-around; height: 100px;"> <div style="text-align: center; width: 45%;"> A  </div> <div style="text-align: center; width: 45%;"> B  </div> </div>	11 Visible damage to vehicle B _____ _____ _____
--	--	--

14 My remarks _____ _____ _____	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 <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 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 <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? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input 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)														
Driver or person in charge of vehicle at the time of accident (including insured)	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?												
	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		<input checked="" type="checkbox"/> Yes <input type="checkbox"/> 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															
<table border="1"> <thead> <tr> <th>Date</th> <th>Offence</th> <th>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													
Injured persons	10 Name(s), address(es) and approximate age(s)	Injuries sustained	If vehicle occupants, state in which vehicle												
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												
Police action	12 Was the accident reported to the Police? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> If yes, please state which Police station														
	13 Was notice of intended prosecution given? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> If yes, against whom?														
Accident details	14 Weather conditions <input checked="" type="checkbox"/> Clear <input type="checkbox"/> Raining <input type="checkbox"/> Others														
	15 Road surface <input checked="" type="checkbox"/> Wet <input type="checkbox"/> Dry <input type="checkbox"/> Others														
	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? <input checked="" type="checkbox"/> 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 (Refer to attached)														
Declaration	22 State number of Passengers (including Driver) <input checked="" type="checkbox"/> 2 (F) Pay														
	I/We declare the foregoing particulars are true in every respect														
	Policyholder's signature <u>[Signature]</u> Date <u> </u>														
Driver's signature (if driver is not the policyholder) <u> </u> Date <u> </u>															

Driving License & IC Pg. 1

REPUBLIC OF SINGAPORE
IDENTITY CARD NO. S7236837A



Name
SHI YOUJUN, EUGENE
施佑君

Race
CHINESE

Date of birth
02-10-1972

Sex
M

Country/Place of birth
SINGAPORE

S7236837A


REPUBLIC OF SINGAPORE DRIVING LICENCE

Licence Number: S7236837A

Name
SHI YOUJUN, EUGENE


Birth Date: 02 Oct 1972

Issue Date: 22 May 2003




1000503590G

5328482



NRIC No. S7236837A



Date of issue
27-06-2014

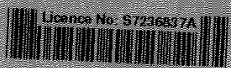
Address
87 UPPER CHANGI ROAD EAST
SINGAPORE 486181

YOU ARE LICENSED 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		20 Jul 1993

HP-428A

Licence No: S7236837A



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo

