

## 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 16:28
Date Of Accident	12/07/2019 13:00
Exact Location Of Accident	BALESTIER ROAD
Country/State of Loss	SINGAPORE

### DETAILS OF OWN VEHICLE

Vehicle Registration Number	SDN1008B
<b>Insured/Policyholder</b>	
Name Of Registered Owner	CHAN SER HUAT
NRIC No	S1678290D
Email Address	TAETPRO@SINGNET.COM.SG
Mobile Phone No	(LOCAL) +65-98181089
Alternative Phone No	OTHERS-98181089

### Vehicle Particulars

Manufacturer	TOYOTA
Model	HARRIER
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	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	GA059926
Cover Note Number	

### Driver

Name of Driver	CHAN SER HUAT
NRIC No	S1678290D
Date Of Birth	23/07/1964
Occupation	INDOOR
Date Of Driving Pass	24/06/2002
Driving Experience	17 YEARS AND 0 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-98181089
Fax Number	
Contact Number	OTHERS-98181089
Email Address	TAETPRO@SINGNET.COM.SG

Address	117 COMPASSVALE BOW #12-16
Postcode	544816
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 - CHANGE/CROSS LANE
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 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?	YES
Remarks/ Reasons:	REQUEST FROM OWNER
Was there any audio recorded?	NO

#### DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	FBB184T
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	MOTORCYCLE
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:



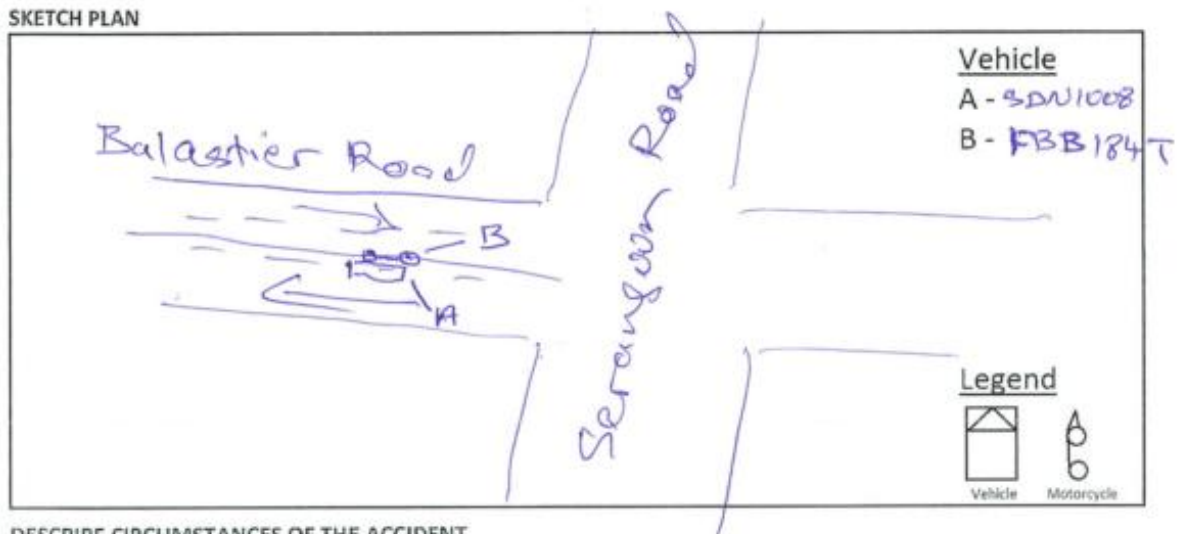
Driver's Signature  
(If driver is not the policyholder)  
Date & Time:



Reporting Centre Personnel's Signature  
Name:  
NRIC/FIN No.:

## Sketch Plan #2

### SKETCH PLAN



### DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

On 12/07/2019 as I was travelling on Balastier Road towards Newton. The time of the accident is around 1pm. I am travelling on Lane 1 and suddenly a motorcycle of plate number FBB184T tried to overtake my car on the extreme right lane of 1. He tried to squeeze thru but have skidded and fell. His motorcycle hit my right side of my car skirting just before my front tyre. He had fail to keep a safe distance and there are no room for him to overtake.

### 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: 13/7/2019  
3pm

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 Time 17/11/19 1300		2 Exact location of accident Palestina Rd.		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"/>		5 Witness name, address and tel no. (to be underlined if he/she is passenger in vehicle A or vehicle B) With owner		3 Injuries even if slight No <input checked="" type="checkbox"/> Yes <input type="checkbox"/>	
To objects other than vehicles No <input checked="" type="checkbox"/> Yes <input type="checkbox"/>				Vehicle Video Camera Available No <input type="checkbox"/> Yes <input checked="" type="checkbox"/>	

Registration No. (VEHICLE A) SDN 1008B

6 Insured / policyholder (see insurance cert.)  
Name Chan Ser Hwa  
Address  
NRIC / Passport no. S1678900  
Tel no. (from 9am till 5pm) 98181029  
HP  
7 Vehicle Toyota Hamoy  
Make, type  
8 Insurance company AXA  
Does the policy cover damage to vehicle A?  
No ☐ Yes ☒  
Policy No. GA 059426  
9 Driver Same as Owner  
Name  
(capital letters)  
NRIC / Passport no.  
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 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 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

Registration No. (VEHICLE B) BB124T

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  
HP  
Gender Male ☐ Female ☐

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

11 Visible damage to vehicle A

13 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, please make a reference to 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

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>																										
<b>Insured</b>	<div style="display: flex; justify-content: space-between;"> <div>                     1 Occupation (if more than one, state all)                      2 Vehicle registration no. <u>C.C.</u> </div> <div>                     Email: _____                      If commercial vehicle, state permissible carrying capacity                 </div> </div>																											
Of which vehicle are you the owner?  <input checked="" type="checkbox"/> A  <input type="checkbox"/> B	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 checked="" 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? 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 type="checkbox"/> No <input checked="" type="checkbox"/> If no, state action to be taken <input type="checkbox"/> Third Party <input checked="" type="checkbox"/> Reporting Only <input type="checkbox"/> Third Party (Own Workshop)																											
<b>Driver or person in charge of vehicle at the time of accident (including insured)</b>	<div style="display: flex; justify-content: space-between;"> <div>                     7 Date of birth <u>23/7/64</u>                      8 Give details of any pre-existing impairment of sight or hearing and of any other disability _____                 </div> <div>                     Occupation <u>Indoor</u> <u>Outdoor</u>                      Date of license pass <u>24/6/02</u> </div> <div>                     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"/> </div> </div>																											
<b>Injured persons</b>	9 Full details of all driving convictions including pending prosecutions in the last 35 months <table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="width: 15%;">Date</th> <th style="width: 55%;">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>Damage to property &amp; vehicles (other than vehicles A and B)</b>	<table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="width: 25%;">10 Name(s), address(es) and approximate age(s)</th> <th style="width: 25%;">Injuries sustained</th> <th style="width: 25%;">If vehicle occupants, state in which vehicle</th> <th style="width: 20%;">Were seat belts being worn?</th> <th style="width: 25%;">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 type="checkbox"/></td> <td>Yes <input type="checkbox"/> No <input type="checkbox"/></td> </tr> <tr> <td> </td> <td> </td> <td> </td> <td>Yes <input type="checkbox"/> No <input type="checkbox"/></td> <td>Yes <input type="checkbox"/> No <input type="checkbox"/></td> </tr> <tr> <td> </td> <td> </td> <td> </td> <td>Yes <input type="checkbox"/> No <input type="checkbox"/></td> <td>Yes <input type="checkbox"/> No <input type="checkbox"/></td> </tr> <tr> <td> </td> <td> </td> <td> </td> <td>Yes <input type="checkbox"/> No <input type="checkbox"/></td> <td>Yes <input type="checkbox"/> No <input 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 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"/>
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<b>Police action</b>	<table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="width: 35%;">11 Name(s) and address(es) of owner(s)</th> <th style="width: 35%;">Vehicle registration no. or details of property</th> <th style="width: 20%;">Nature of damage</th> <th style="width: 10%;">Insurer's name and address (if known)</th> </tr> </thead> <tbody> <tr><td> </td><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td><td> </td></tr> </tbody> </table>			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)																					
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<b>Accident details</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? _____ 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 <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 (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

