

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	26/08/2019 17:53
Date Of Accident	23/08/2019 08:55
Exact Location Of Accident	SLE (TPE) BEFORE MERCHANT ROAD
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SLC3468G
Insured/Policyholder	
Name Of Registered Owner	MS CARZ LEASING PTE LTD
Co Reg No	201401066R
Email Address	KELLY.YAP@MSCARZLEASING.COM.SG
Mobile Phone No	
Alternative Phone No	OFFICE-62193827

Vehicle Particulars

Manufacturer	TOYOTA
Model	VIOS-1.5 E GRADE (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?	NO
If No, Please state action to be taken	REPORTING ONLY
Vehicle Category	PRIVATE HIRE

Insurance Company

Name of Insurance Company	AXA INSURANCE PTE LTD
Type Of Coverage	COMPREHENSIVE
Fleet Policy	NO
Policy Number	P2187312
Cover Note Number	

Driver

Name of Driver	TAN MEE LEE
NRIC No	S6812908G
Date Of Birth	04/05/1968
Occupation	INDOOR
Date Of Driving Pass	22/05/1998
Driving Experience	21 YEARS AND 3 MONTHS
Gender	FEMALE
Mobile Number	(LOCAL) +65-87882981
Fax Number	
Contact Number	
EEmail Address	NOEMAIL

Address	BLK 70 BEDOK SOUTH ROAD #11-272 SINGAPORE
Postcode	460070
Was driver an employee of the Insured's Company	NO
If No, Relationship of the Driver with the Insured	OTHER - HIRER
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: : THEO NASSIOKAS 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 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?	YES
Was there any audio recorded?	NO

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	SKV5590J
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	PRIVATE CAR
Name of Driver	BAEY CHENG SONG
NRIC/Passport Number	S0247168Z
Contact Number	97677869
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: 23/8/19 12:00pm	 Reporting Centre Personnel's Signature Name: NRIC/FIN No.: Day 1
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Sketch Plan #2

SKETCH PLAN

SKETCH PLAN

The sketch plan shows a road layout with 'Merchant Road' labeled on the left. A vertical line represents the road. On the right side of the road, there are two symbols: a vehicle symbol (a rectangle with a triangle on top) labeled 'A' and a motorcycle symbol (a circle with a triangle on top) labeled 'B'. To the right of the road, there is a vertical line with a diagonal line crossing it, labeled 'SLE (CTE)'. The symbols for the vehicle and motorcycle are also defined in a legend at the bottom right.

Vehicle

A - SLC 3468 H
B - Skv 5590 J

Legend

Vehicle
Motorcycle

DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

I was along SE(ITE) when I couldn't
brake intine $\frac{2}{3}$ rear ended vehicle B.

DECLARATION

I/We hereby declare 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 date of the policy. Kindly check your policy for more details.

Policyholder's Signature _____
Date & Time: _____

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

Date & Time: 23/8/19 12:00pm

Reporting Centre Personnel's Signature
Name: _____
NRIC/FIN No.: Janu 1.

Driving License

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 23/08/19		Time 0857		2 Exact location of accident SLE (TE) before Merchant Road		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) Vehicle Video Camera Available No <input type="checkbox"/> Yes <input checked="" type="checkbox"/>			

Registration No. (VEHICLE A) **SLC 3468G**

6 Insured / policyholder (see insurance card.)
Name **M3 CARZ LEASING PTE LTD**
(capital letters)
Address **70 Bedok South Road**
#11-272 S(460070)
NRIC / Passport no. **S68129086**
Tel no. (from 9am till 5pm)
HP **8788 6219387**

7 Vehicle
Make, type **Toyota Vios E Grade 1.5AT**

8 Insurance company
AXA ☒ C ☐ TPFT ☐ TPO
Does the policy cover damage to vehicle A?
No ☐ Yes ☒
Policy No. **VFX / P2189312**

9 Driver ☐ Same as Owner
Name **Tan Mer Lee**
(capital letters)
NRIC / Passport no. **S68129086**
Class of licence **3**
HP **8788 2981**
Gender Male ☐ Female ☐

A
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12 CIRCUMSTANCES

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

- ☐ Chain Collision
- ☐ Collided into Bicycle
- ☐ Collided into Motorcycle
- ☐ Collided into Parked Vehicle
- ☐ Collided into Pedestrian
- ☐ Collided into Property
- ☐ Collision - Change/Cross Lane
- ☐ Collision - Cross Junction
- ☐ Collision - Head on Collision
- ☐ Collision - Head to Rear
- ☐ Collision - Major/Minor Rd
- ☐ Collision - Opening Door of Vehicle
- ☐ Collision - Roundabout
- ☐ Collision - U-Turn
- ☐ Drunk Driving / Drug Influence
- ☐ Fire, Explosion or Lightning
- ☐ Flood
- ☐ Hit and Run / Vandalism / Damaged whilst Parked
- ☐ Hit by Fallen Tree / Other Objects
- ☐ No Collision
- ☐ Side Swipe
- ☐ Theft

← State TOTAL number of boxes marked with a cross →

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

REFER TO ATTACHED

15 Signatures of drivers

[Signature]

Registration No. (VEHICLE B) **SKV 5590 J**

6 Insured / policyholder (see insurance card.)
Name **BAEY CHENG SONG**
(capital letters)
Address
NRIC / Passport no. **S0247165 2**
Tel no. (from 9am till 5pm)
HP **A7677869**

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 (→)

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? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>		If no, State Relationship of Driver with owner <u>Hirer</u>		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 checked="" type="checkbox"/> Hire & reward <input checked="" 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)						
Driver or person in charge of vehicle at the time of accident (including insured)	7 Date of birth <u>04/05/68</u>		Occupation <u>Indoor</u>		Date of license pass <u>22/05/91</u>		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? _____						
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 <input type="text"/> km/hr		B <input type="text"/> 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 _____						
Declaration	21 State how accident happened, width of road, speed limits, etc (Refer to attached) <u>THEO NASSIOKAS</u>						
	22 State number of Passengers (including Driver) <u>2</u> <u>Driver: male</u>						
	I/We declare the foregoing particulars are true in every respect						
Policyholder's signature _____ Date _____							
Driver's signature (if driver is not the policyholder) <u>[Signature]</u> Date <u>23/08/19</u>							

DRIVER NRIC & LICENSE

REPUBLIC OF SINGAPORE
IDENTITY CARD NO. S6812908G



Name
TAN MEE LEE
陳美麗
Race
CHINESE
Date of Birth
04-05-1968
Country of Birth
SINGAPORE

Sex
F
S6812908G

REPUBLIC OF SINGAPORE DRIVING LICENCE



Identity Number: S6812908G
Name: TAN MEE LEE
Valid Date: 04 May 1968
Valid Date: 15 Apr 2003

000388016F

Land Transport Authority



VOCATIONAL LICENCE
Licence No. S6812908G
Name: TAN MEE LEE

Please visit www.lta.gov.sg to check the status of this vocational licence

PDVL/TOVL
31 APR 2003
262293

1598089



NRIC No. S6812908G

41781

Photo Group: A+ Date of Issue: 17-01-1994

APT BLK 70 BEDOK SOUTH ROAD #11-272
SINGAPORE 480070
NRIC No: S6812908G Date: 11/03/2018

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

Class	Description	PASS DATE
Class 3	Motor Cars and Motor Tractors the weight of which unladen does not exceed 2500 kilograms	22 May 1996

Licence No: S6812908G

NP 428A

This card is not transferable and is the property of the Land Transport Authority (LTA). It must be surrendered to LTA on request. If found, please return to LTA, 10 Sin Ming Drive, Singapore 575701.

Type	Description	Issue Date
13	PRIVATE HIRE CAR VL	16/11/2018



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo

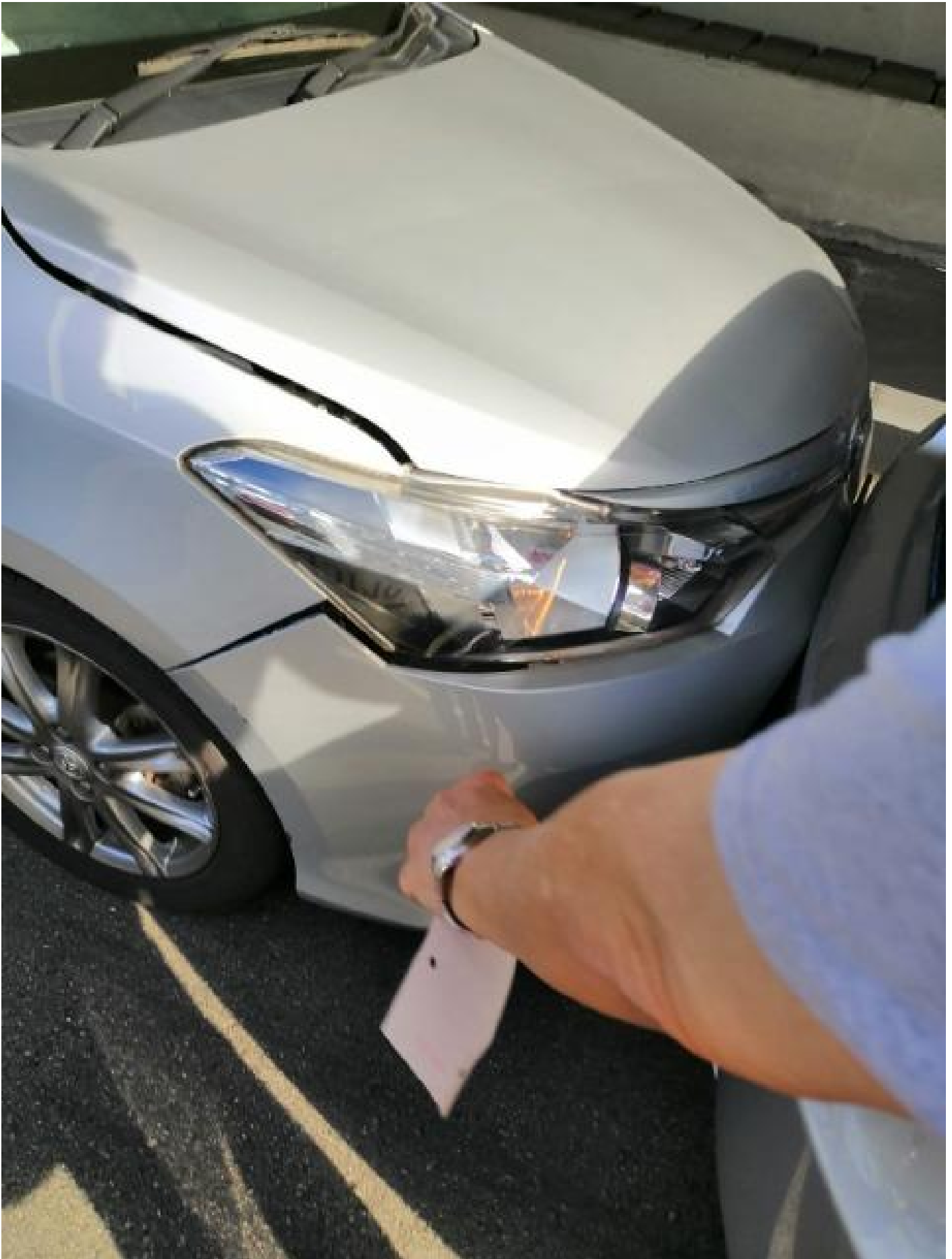


PT. TOYOTA MOTOR MANUFACTURING INDONESIA
MODEL NCP150R-CEPRKT
ENGINE INZ-FE 1497 mL
FRAME No. MHFBT9F3406069068
COLOR TRIM GVM (Kg) OPTION
ID4 FB20
TRANS/AXLE U340E -04A
PLANT/BUILT Z37 11. 2015

Accident Photo



SCENE PHOTO



SCENE PHOTO



SCENE PHOTO



SCENE PHOTO



SCENE PHOTO



SCENE PHOTO



SCENE PHOTO



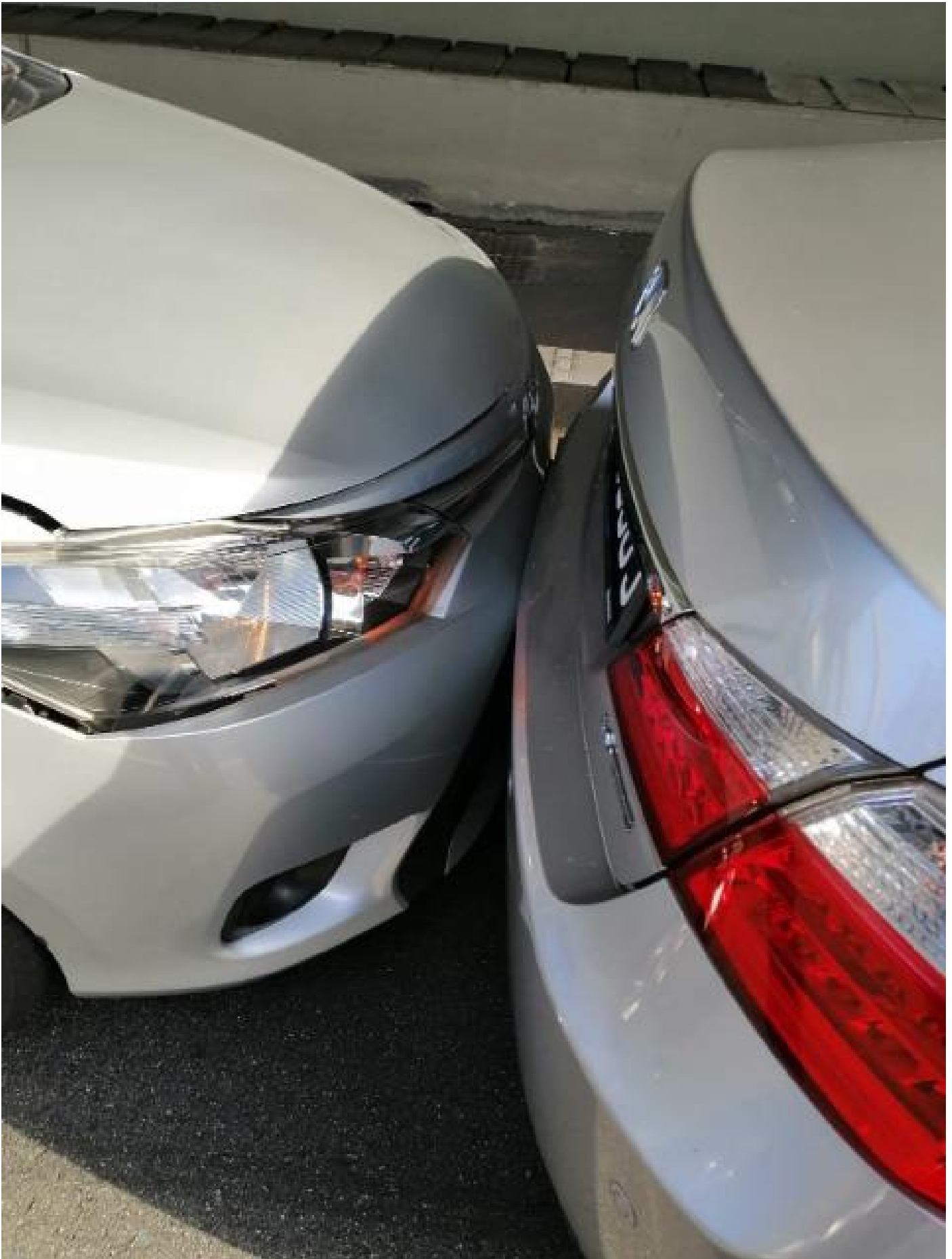
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