

## 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	10/10/2019 14:47
Date Of Accident	09/10/2019 18:00
Exact Location Of Accident	UBI TECH PARK LOBBY A
Country/State of Loss	SINGAPORE

### DETAILS OF OWN VEHICLE

Vehicle Registration Number	SJC5892A
<b>Insured/Policyholder</b>	
Name Of Registered Owner	JIANG ENZE
NRIC No	S2635494C
Email Address	JIANGENZE@SINGNET.COM.SG
Mobile Phone No	(LOCAL) +65-96274819
Alternative Phone No	OTHERS-96274819

### Vehicle Particulars

Manufacturer	MAZDA
Model	3
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 CAR

### Insurance Company

Name of Insurance Company	AXA INSURANCE PTE LTD
Type Of Coverage	COMPREHENSIVE
Fleet Policy	NO
Policy Number	GA438391
Cover Note Number	

### Driver

Name of Driver	JIANG ENZE
NRIC No	S2635494C
Date Of Birth	03/11/1955
Occupation	INDOOR
Date Of Driving Pass	23/09/1998
Driving Experience	21 YEARS AND 0 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-96274819
Fax Number	
Contact Number	OTHERS-96274819
Email Address	JIANGENZE@SINGNET.COM.SG

Address	BLK 53 PIPIT ROAD #14-124
Postcode	370053
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 - MAJOR/MINOR RD
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 RECORD 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	GBE6689Z
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	COMMERCIAL VEHICLE
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

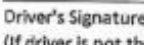
#### IMPORTANT NOTICE


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. The 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 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.

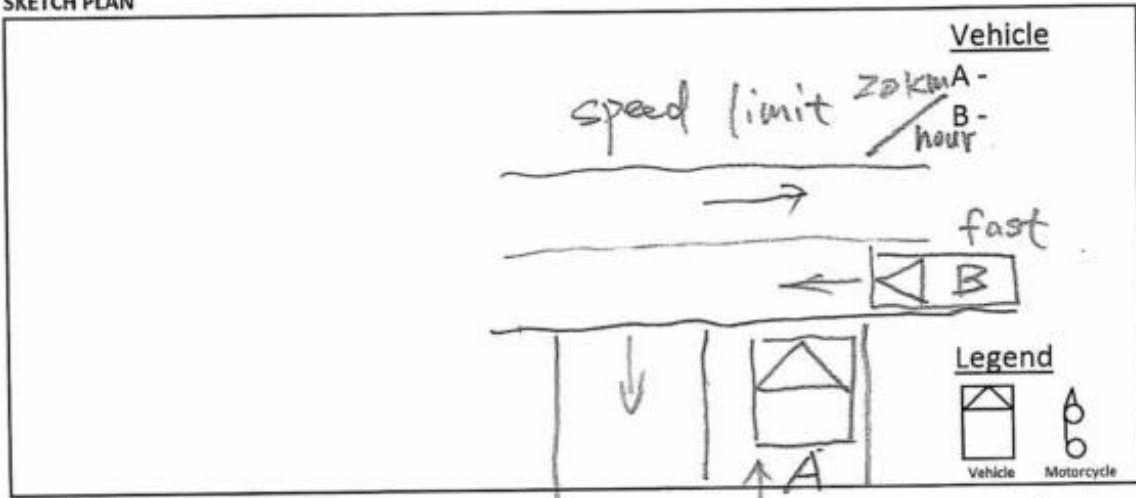
  
Policyholder's Signature  
Date & Time:

  
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

under ground Carpark.

On 9th Oct at ~ 6pm. I drove my car from underground car park, car B came from my right side with the speed

High (the speed limitation in UBR teach park is 20 km/h) and hit to my car plate (Front)

Car B slight damaged by car A car plate.

### 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.:



# 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

jiangenze@singnet.com.sg

1 Date of accident Time 11/10/19 1800		2 Exact location of accident Ubi Tech Park Lobby A		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)		3 Injuries even if slight No <input type="checkbox"/> Yes <input checked="" type="checkbox"/>	
To objects other than vehicles 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) SJC5892A

6 Insured / policyholder (see insurance cert.)  
Name Jiang Enze  
(capital letters)  
Address B153 Piat Rd #14-124  
(S70053)  
NRIC / Passport no. S2635494  
Tel no. (from 9am till 5pm) 96274819  
HP 96274819

7 Vehicle  
Make, type Mazda 3

8 Insurance company AXA ☒ C ☐ TPFT ☐ TPO  
Does the policy cover damage to vehicle A?  
No ☐ Yes ☒  
Policy No. GA438391

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 Bicycle
<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"/>	Drunk 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) EBL66892

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 13  
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 2: ☐

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

11 Visible damage to vehicle A

11 Visible damage to vehicle B

14 My remarks

15 Signatures of drivers

A 12/10/19

14 My remarks

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>Own Workshop Email / Fax (if any)</small>																																	
<b>To be completed and submitted within 24 hours to your insurer or Idac or appointed workshop (Use a separate sheet of paper where necessary)</b>																																					
<b>Insured</b>  Of which vehicle are you the owner?  <input checked="" type="checkbox"/> A  <input type="checkbox"/> B	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 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? <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 type="checkbox"/> Yes <input checked="" 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)																																				
<b>Driver or person in charge of vehicle at the time of accident (including insured)</b>	7 Date of birth <u>3/11/55</u>		Occupation <u>Indoor</u> <u>Outdoor</u>		Date of license pass <u>23/9/98</u>																																
	Was vehicle driven with the insured's permission? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		Was driver an employee of the insured's company? <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" 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										<table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="width: 30%;">Injuries sustained</th> <th style="width: 20%;">If vehicle occupants, state in which vehicle</th> <th style="width: 10%;">Were seat belts being worn?</th> <th style="width: 10%;">Was injured conveyed to hospital by ambulance?</th> </tr> </thead> <tbody> <tr> <td> </td> <td> </td> <td><input type="checkbox"/> Yes <input type="checkbox"/> No</td> <td><input type="checkbox"/> Yes <input type="checkbox"/> No</td> </tr> <tr> <td> </td> <td> </td> <td><input type="checkbox"/> Yes <input type="checkbox"/> No</td> <td><input type="checkbox"/> Yes <input type="checkbox"/> No</td> </tr> <tr> <td> </td> <td> </td> <td><input type="checkbox"/> Yes <input type="checkbox"/> No</td> <td><input type="checkbox"/> Yes <input type="checkbox"/> No</td> </tr> <tr> <td> </td> <td> </td> <td><input type="checkbox"/> Yes <input type="checkbox"/> No</td> <td><input type="checkbox"/> Yes <input type="checkbox"/> No</td> </tr> </tbody> </table>				Injuries sustained	If vehicle occupants, state in which vehicle	Were seat belts being worn?	Was injured conveyed to hospital by ambulance?			<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"/> Yes <input type="checkbox"/> No
Date	Offence	Penalty																																			
Injuries sustained	If vehicle occupants, state in which vehicle	Were seat belts being worn?	Was injured conveyed to hospital by ambulance?																																		
		<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"/> Yes <input type="checkbox"/> No																																		
10 Name(s), address(es) and approximate age(s) _____		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) _____																																	
12 Was the accident reported to the Police? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> If yes, please state which Police station _____																																					
13 Was notice of intended prosecution given? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> If yes, against whom? _____																																					
<b>Accident details</b>	14 Weather conditions <input checked="" type="checkbox"/> Clear <input type="checkbox"/> Raining <input type="checkbox"/> Others _____																																				
	15 Road surface <input type="checkbox"/> 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 type="checkbox"/> Yes <input checked="" 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) <input type="text"/>																																					
<b>Declaration</b> I/We declare the foregoing particulars are true in every respect Policyholder's signature <u>[Signature]</u> Date _____ Driver's signature (If driver is not the policyholder) _____ Date _____																																					



Accident Photo



Accident Photo





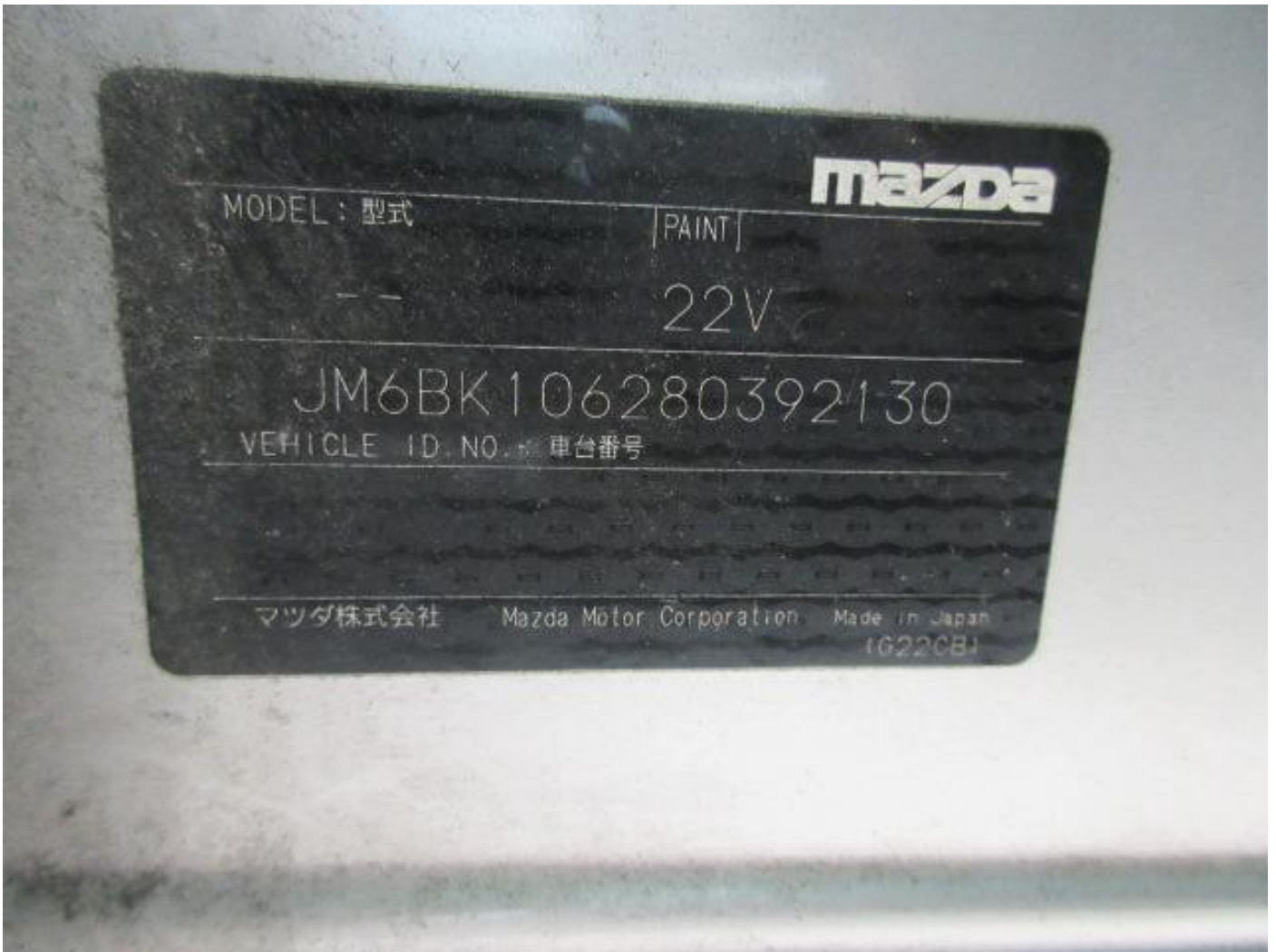
Accident Photo



Accident Photo



Accident Photo



Accident Photo

