

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	30/11/2019 12:18
Date Of Accident	29/11/2019 16:10
Exact Location Of Accident	PIE TOWARDS CHANGI
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SMD1284R
Insured/Policyholder	
Name Of Registered Owner	JASON CHUA PO TIONG
NRIC No	S8835168A
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-93850353
Alternative Phone No	OTHERS-93850353

Vehicle Particulars

Manufacturer	MERCEDES-BENZ
Model	C180-1.6 (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? 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	GA511833/1
Cover Note Number	

Driver

Name of Driver	JASON CHUA PO TIONG
NRIC No	S8835168A
Date Of Birth	20/09/1988
Occupation	INDOOR
Date Of Driving Pass	10/12/2012
Driving Experience	6 YEARS AND 11 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-93850353
Fax Number	
Contact Number	OTHERS-93850353
Email Address	NOEMAIL

Address	BLK 267 TAMPINES STREET 21 #07-27 SINGAPORE
Postcode	520267
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	RAINING
Road Surface	WET

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 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
Remarks/ Reasons:	VIDEO WITH OWNER
Was there any audio recorded?	NO

* DETAILS OF OTHER VEHICLE PROPERTY 1.

Vehicle Registration Number	SHC2269T
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	TAXI
Name of Driver	LO WON JEE
NRIC/Passport Number	S1327051A
Contact Number	90105686
Address	
Postcode	
Insurance Company Name	
Nature Of Damage	
No. Of Passenger (Including Driver)	

Skeich 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:

30/11/19

11:16am

Driver's Signature

(If driver is not the policyholder)

Date & Time:

Reporting Centre Personnel's Signature

Name:

NRIC/FIN No.:

PERMAN

SKETCH PLAN

PIE TOWARD CHANGE

A = SMD 1284R

B = SHC3269T

DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

VEHICLE IN FRONT OF ME SLOWED DOWN AND STOPPED

SO I FOLLOWED.

SUDDENLY, VEHICLE B HIT DIRECTLY ONTO

MY REAR PORTION.

DECLARATION

(We declare the foregoing particulars are true in every respect.)

Policyholder's Signature

Date & Time:

1/16/01

Driver's Signature

(If driver is not the policyholder)

Date & Time:

Reporting Centre Personnel's Signature

Name:

NRIC/PIN No.:

Common Statement

ACCIDENT STATEMENT (Part I) Reporting Centre: Progressive Automotive Pte Ltd

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: 29/11/19 Time: 16:12pm 2. Exact location of accident: PSE TOWARD CHANGI

3. To be signed by BOTH drivers

4. Injuries Sustained if slight: No ☒ Yes ☐

5. Material damage to vehicles other than vehicles A and B: No ☒ Yes ☐ To objects other than vehicles: No ☐ Yes ☐

6. Witness' name, address and tel no. (to be undertaken if he/she is passenger in vehicle A or vehicle B):

7. Vehicle Video Camera Available: No ☐ Yes ☒

Registration No. (VEHICLE A) SMD12842

8. Insured / Policyholder (see insurance card):

Name: JASON CHUA PO TIONG

Address: 267 TANPAH STREET 21 #03-24

NRIC / Passport no.: S5202627

Tel no. (from SSM 18 Spm): 888251684

HP: 93850353

9. Vehicle

Make, type: C180

10. Insurance company: AXA ☒ C ☐ TPFT ☐ TPO

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

Policy No.: 60511823/2

11. Driver ☒ State as Driver

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

12.1 Collided with:

12.2 Collided with:

12.3 Collided with:

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12.100 Collided with:

State TOTAL number of boxes marked with a cross

13. Sketch of accident when impact occurred

Please indicate: 1. Point of the road - 2. The direction of vehicles A and B with arrows - 3. Their positions at the time of impact - 4. The road sign - 5. Name of the street or road

REFER TO ATTACHED

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

15. Visible damage to vehicle A

16. My remarks

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

18. Visible damage to vehicle B

19. My remarks

Signature of driver A

Signature of driver B

B

In the event of injuries or in the event of damage to property other than to vehicles A and B, give information in section 2.

Do not alter anything in the statement after signing. Subsequently, each driver should take one copy.

For driver's individual statement (Part II) see overleaf →

Individual Statement

Reporting Vehicle: PROGRESSIVE AUTOMOBILE FIRE LTD

INDIVIDUAL STATEMENT (Part II)

Own Workshop Email / Fax (if any): SMHJEE MOTOR @ GMAIL.COM

To be completed and submitted within 24 hours to your insurer or broker or associated workshop (Use a separate sheet of paper where necessary)

Insured	1. Occupation (if more than one, state all)		Email: <u>SMHJEE MOTOR @ GMAIL.COM</u>	
	2. Vehicle registration no. <u>SM 0124 R</u>	CC	If commercial vehicle, state permissible carrying capacity	
	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			
	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. _____			
Of which vehicle are you the owner?	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 checked="" 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 licence pass	Was vehicle driven with the insured's permission? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
	<u>20/9/88</u>	Indoor Outdoor	<u>10/12/12</u>	Yes <input checked="" type="checkbox"/> No <input 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: _____			
Accident details	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 type="checkbox"/> Rainy <input checked="" type="checkbox"/> Other <input type="checkbox"/>		
	15. Road surface	Wet <input checked="" type="checkbox"/> Dry <input type="checkbox"/> Other <input type="checkbox"/>		
	16. Speed of vehicle	A <input type="checkbox"/> km/hr B <input type="checkbox"/> km/hr		
Declaration	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 sketch) _____			
	22. State number of Passengers (including Driver) <u>1</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) _____ Date _____				