

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	01/11/2019 17:04
Date Of Accident	30/10/2019 10:30
Exact Location Of Accident	PSA TELOK BLANGAH
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	YN8187Y
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Insured/Policyholder

Name Of Registered Owner	MAPLE VEHICLE LEASING PTE LTD
Co Reg No	201634195H
Email Address	NOEMAIL
Mobile Phone No	
Alternative Phone No	OFFICE-97507589

Vehicle Particulars

Manufacturer	HINO
Model	GH8JRMA-QGS

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 COMMERCIAL VEHICLE

Insurance Company

Name of Insurance Company	AXA INSURANCE PTE LTD
Type Of Coverage	COMPREHENSIVE
Fleet Policy	NO
Policy Number	P1899466
Cover Note Number	

Driver

Name of Driver	YUSOF BIN MOHAMED ISMAIL
NRIC No	S1383489Z
Date Of Birth	18/03/1959
Occupation	INDOOR
Date Of Driving Pass	17/12/1999
Driving Experience	19 YEARS AND 10 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-86212243
Fax Number	
Contact Number	
Email Address	NOEMAIL

Address	BLK 365 YISHUN RING ROAD #06-1552 SINGAPORE
Postcode	760365
Was driver an employee of the Insured's Company	YES
If No, Relationship of the Driver with the Insured	
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 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?	NO
Was there any audio recorded?	NO

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	YP2812E
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

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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:

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





Sketch Plan #2

SKETCH PLAN



Vehicle
A - YN8187Y
B - YP2812E

Legend

Vehicle Motorcycle

DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

After I loaded my cargo on my lorry, I close the lorry rear door. There was no vehicle behind me.

As I reverse my lorry slowly, I accidentally impact onto veh B. I did not note there was any vehicle behind me. The lorry should not have parked so close to my lorry.

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

1 Date of accident Time 30/10/19 10:30		2 Exact location of accident 50 Telok Blangah Road		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"/>		To objects other than vehicles No <input checked="" type="checkbox"/> Yes <input type="checkbox"/>		3 Injuries even if slight 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 type="checkbox"/>	

Registration No. (VEHICLE A) YN 8187Y

6 Insured / policyholder (see insurance cert.)
Name (capital letters) Maple Vehicle Leasing P/L
Address B365 Yishun Ring Rd
#06-1552 S760365
NRIC / Passport no. 201634195H
Tel no. (from 9am till 5pm)
HP 9750 7589

7 Vehicle
Make, type HINO GH8JRM

8 Insurance company
AXA ☒ C ☐ TPFT ☐ TPO
Does the policy cover damage to vehicle A?
No ☐ Yes ☒
Policy No. P1899466

9 Driver ☐ Same as Owner
Name (capital letters) Yusof Bin Mohamed
NRIC / Passport no. S138 34692
Class of licence
HP 8621 2243
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"/>	Hits 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) YP 2812E

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 (→)

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

Alternatively please make reference to one of the sketches on page 4:

15 Signatures of drivers

A [Signature]

B [Signature]

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

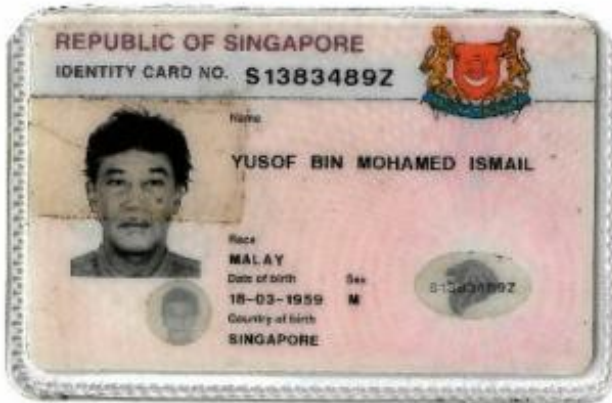
Do not alter anything in the statement after signing. Subsequently, each driver should take one copy

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? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	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 If no, state where it is at present Tel no.		
Of which vehicle are you the owner?	<input checked="" type="checkbox"/> A		
	<input type="checkbox"/> B		
	6. Are you claiming under your own insurance policy for repair to your vehicle? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No 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)		
	7. Date of birth	Occupation	Date of license pass
	18/3/59	Indoor	17/12/1999
Driver or person in charge of vehicle at the time of accident (including insured)	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?
	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		
	Date	Offence	Penalty
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"/>
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? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, please state which Police station		
	13. Was notice of intended prosecution given? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, against whom?		
	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 km/hr B km/hr		
Accident details	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)		
Declaration	22. State number of Passengers (including Driver) <input type="checkbox"/> 0 <input checked="" type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5 <input type="checkbox"/> 6 <input type="checkbox"/> 7 <input type="checkbox"/> 8 <input type="checkbox"/> 9 <input type="checkbox"/> 10 <input type="checkbox"/> 11 <input type="checkbox"/> 12 <input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17 <input type="checkbox"/> 18 <input type="checkbox"/> 19 <input type="checkbox"/> 20 <input type="checkbox"/> 21 <input type="checkbox"/> 22 <input type="checkbox"/> 23 <input type="checkbox"/> 24 <input type="checkbox"/> 25 <input type="checkbox"/> 26 <input type="checkbox"/> 27 <input type="checkbox"/> 28 <input type="checkbox"/> 29 <input type="checkbox"/> 30 <input type="checkbox"/> 31 <input type="checkbox"/> 32 <input type="checkbox"/> 33 <input type="checkbox"/> 34 <input type="checkbox"/> 35 <input type="checkbox"/> 36 <input type="checkbox"/> 37 <input type="checkbox"/> 38 <input type="checkbox"/> 39 <input type="checkbox"/> 40 <input type="checkbox"/> 41 <input type="checkbox"/> 42 <input type="checkbox"/> 43 <input type="checkbox"/> 44 <input type="checkbox"/> 45 <input type="checkbox"/> 46 <input type="checkbox"/> 47 <input type="checkbox"/> 48 <input type="checkbox"/> 49 <input type="checkbox"/> 50 <input type="checkbox"/> 51 <input type="checkbox"/> 52 <input type="checkbox"/> 53 <input type="checkbox"/> 54 <input type="checkbox"/> 55 <input type="checkbox"/> 56 <input type="checkbox"/> 57 <input type="checkbox"/> 58 <input type="checkbox"/> 59 <input type="checkbox"/> 60 <input type="checkbox"/> 61 <input type="checkbox"/> 62 <input type="checkbox"/> 63 <input type="checkbox"/> 64 <input type="checkbox"/> 65 <input type="checkbox"/> 66 <input type="checkbox"/> 67 <input type="checkbox"/> 68 <input type="checkbox"/> 69 <input type="checkbox"/> 70 <input type="checkbox"/> 71 <input type="checkbox"/> 72 <input type="checkbox"/> 73 <input type="checkbox"/> 74 <input type="checkbox"/> 75 <input type="checkbox"/> 76 <input type="checkbox"/> 77 <input type="checkbox"/> 78 <input type="checkbox"/> 79 <input type="checkbox"/> 80 <input type="checkbox"/> 81 <input type="checkbox"/> 82 <input type="checkbox"/> 83 <input type="checkbox"/> 84 <input type="checkbox"/> 85 <input type="checkbox"/> 86 <input type="checkbox"/> 87 <input type="checkbox"/> 88 <input type="checkbox"/> 89 <input type="checkbox"/> 90 <input type="checkbox"/> 91 <input type="checkbox"/> 92 <input type="checkbox"/> 93 <input type="checkbox"/> 94 <input type="checkbox"/> 95 <input type="checkbox"/> 96 <input type="checkbox"/> 97 <input type="checkbox"/> 98 <input type="checkbox"/> 99 <input type="checkbox"/> 100		
	I/We declare the foregoing particulars are true in every		
	Policyholder's signature _____ Date _____		
	Driver's signature (if driver is not the policyholder) _____ Date _____		

Identification Card & DL



Accident Photo



Accident Photo



Accident Photo



Accident Photo





Accident Photo



Accident Photo



Accident Photo

