

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	18/02/2020 15:26
Date Of Accident	14/02/2020 05:30
Exact Location Of Accident	BLK 751 PASIR RIS STREET 71 CARPARK
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SGP9109U
Insured/Policyholder	
Name Of Registered Owner	SITI FATIMAH BINTE MUBARAK
NRIC No	S7200112E
Email Address	SITIBAMBI@GMAIL.COM
Mobile Phone No	(LOCAL) +65-93864256
Alternative Phone No	OTHERS-93864256

Vehicle Particulars

Manufacturer	HONDA
Model	EDIX-1.7 (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 CAR

Insurance Company

Name of Insurance Company	AXA INSURANCE PTE LTD
Type Of Coverage	COMPREHENSIVE
Fleet Policy	NO
Policy Number	GA518028
Cover Note Number	

Driver

Name of Driver	BUANG BIN SANTHIO
NRIC No	S1353846H
Date Of Birth	05/09/1959
Occupation	OUTDOOR
Date Of Driving Pass	24/10/1988
Driving Experience	31 YEARS AND 3 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-91835021
Fax Number	
Contact Number	
Email Address	NOEMAIL

Address	APT BLK 751 PASIR RIS STREET 71 #06-76
Postcode	510751
Was driver an employee of the Insured's Company	NO
If No, Relationship of the Driver with the Insured	SPOUSE
Vehicle Registration Number of Driver's Own Vehicle	- - -
Insurance Company of Driver's Own Vehicle	- - -

General Information of the Accident

Type Of Accident	COLLIDED INTO PARKED VEHICLE
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 THE ATTACH STATEMENT RECORDED BY KAREN - 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:	THE VIDEO WAS OVERWRITTEN
Was there any audio recorded?	NO



DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	SLV8595P
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	PRIVATE CAR
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

Vehicle
A - SLV 9109U
B - SLV 8595R

Legend
 Vehicle
 Motorcycle

DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

On the morning at around 5.30 a.m
at 14.02.20. my car was going to slope Sudden
stop. I have to change the level, but I change
wrong gear to drive, I plus to reverse gear:
then my car reverses. and hit the car the
station at car port.

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.:

Sketch Plan #2

SKETCH PLAN

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8. Consent under the Personal Data Protection Act (PDPA)

I understand, acknowledge, agree and consent that:

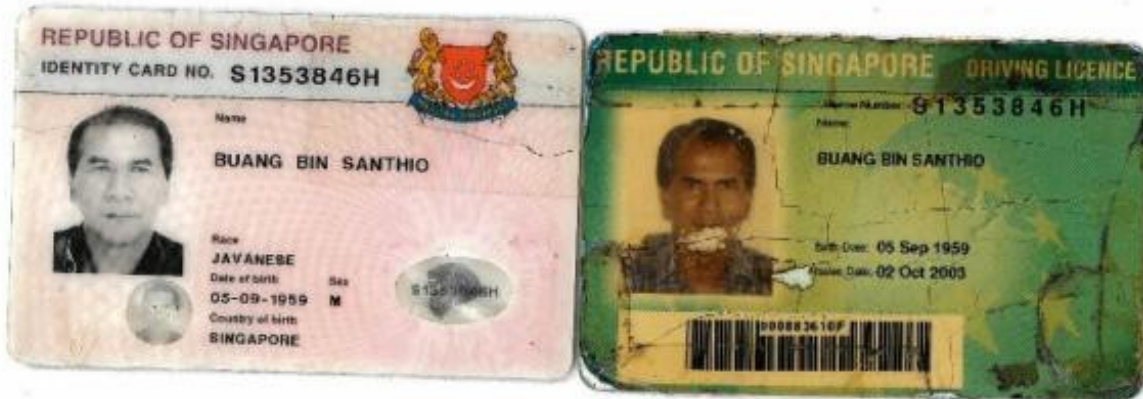
- (a) My insurer, my workshop and the General Insurance Association of Singapore ("GIA") may/are permitted to collect, use, disclose and/or process my personal data/personal information set out in this [form] and any other personal information provided by me or possessed by my insurer (collectively the "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.:

Driving License & NRIC



Common Statement

Only After repair Photo

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 14/2/2020		Time 5:30pm		2 Exact location of accident Blk 751 Pasir Ris street 71 carpark		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"/>		To objects other than vehicles 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)			

Registration No. **SGP 9109U**
(VEHICLE A)

6 Insured / policyholder (see insurance cert.)
Name **Siti Farimah Binte Mubarak**
(capital letters)

Address **Apt Blk 751 Pasir Ris**
#06-76 (S) 510751

NRIC / Passport no. **S7200112E**

Tel no. (from 9am till 5pm)
HP **8386 4256**

7 Vehicle
Make, type **Honda Edix 1.7A**

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

Policy No. **GA518028**

9 Driver ☐ Same as Owner
Name **Buang Bin Santhio**
(capital letters)

NRIC / Passport no. **S1353846H**

Class of licence
HP **9183 2021**

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"/>	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. **SLV 8595P**
(VEHICLE B) *overwritten*

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 4: ☐

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

11 Visible damage to vehicle A

14 My remarks

15 Signatures of drivers

A

B

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 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: <u>Sitibombai@gmail.com</u>														
	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>grouse</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 type="checkbox"/> Hire & reward <input type="checkbox"/> Private Hire <input type="checkbox"/> Others - please specify _____																
	5 Is the vehicle still in use? 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? 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 _____		Occupation _____		Date of license pass _____												
	<u>5/9/1959</u>		<u>Indoor</u>		<u>Outdoor</u>												
			<u>24/10/1988</u>		Was vehicle driven with the insured's permission? Yes <input type="checkbox"/> No <input type="checkbox"/>												
					Was driver an employee of the insured's company? Yes <input 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																	
<table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="width: 15%;">Date</th> <th style="width: 45%;">Offence</th> <th style="width: 40%;">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									
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"/>												
					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 <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? 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) <u>1</u>																	
Declaration 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 _____																	

Accident Photo



Accident Photo



Accident Photo



Accident Photo

