

## 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	22/02/2020 14:54
Date Of Accident	15/02/2020 10:05
Exact Location Of Accident	MARYMOUNT ROAD
Country/State of Loss	SINGAPORE

### DETAILS OF OWN VEHICLE

Vehicle Registration Number	SFD7787A
<b>Insured/Policyholder</b>	
Name Of Registered Owner	HENG CHIN SHENG
NRIC No	S7503975A
Email Address	CHINSHENG@3JGAMINGTECH.COM
Mobile Phone No	(LOCAL) +65-83999183
Alternative Phone No	OTHERS-83999183

### Vehicle Particulars

Manufacturer	BMW
Model	730 LI
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?	YES
If No, Please state action to be taken	
Vehicle Category	PRIVATE CAR

### Insurance Company

Name of Insurance Company	AXA INSURANCE PTE LTD
Type Of Coverage	COMPREHENSIVE
Fleet Policy	NO
Policy Number	GA501562
Cover Note Number	

### Driver

Name of Driver	HENG CHIN SHENG
NRIC No	S7503975A
Date Of Birth	15/02/1975
Occupation	INDOOR
Date Of Driving Pass	08/09/1993
Driving Experience	26 YEARS AND 5 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-83999183
Fax Number	
Contact Number	OTHERS-83999183
EEmail Address	CHINSHENG@3JGAMINGTECH.COM

Address	341 UPP PAYA LEBAR ROAD #03-09
Postcode	534956
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	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	GBJ7500B
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

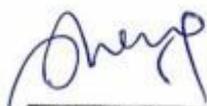
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#### 8. Consent under the Personal Data Protection Act (PDPA)

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:

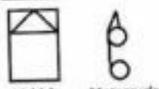
Driver's Signature  
(If driver is not the policyholder)  
Date & Time:



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

Sketch Plan #2

SKETCH PLAN

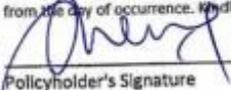
	<u>Vehicle</u> A - SFD7787A B - GBJ7500B
	<u>Legend</u>  Vehicle      Motorcycle

DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

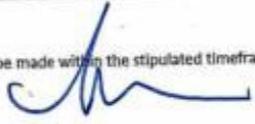
On 15 Feb 2020 around 10.06 am, I am driving along Marymount Road towards Braddell Road. Then there was road construction works at the left-most lane and cars were changing lane from the left most lane to the middle lane. I was driving on the middle lane and the car in front of me stopped abruptly and I could not stop in time and collided ~~to~~ with the rear of the ~~to~~ car in front.

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

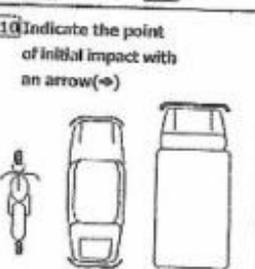
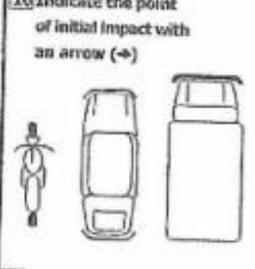
1 Date of accident: 15/2/20 Time: 1006  
 2 Exact location of accident: Maymount Rd.  
 3 Injuries even if slight: No  Yes   
 4 Material damage: To vehicles other than vehicles A and B: No  Yes  To objects other than vehicles: No  Yes   
 5 Witness' name, address and tel no. (to be underlined if he/she is passenger in vehicle A or vehicle B):  
 Vehicle Video Camera Available: No  Yes

Registration No. (VEHICLE A): **SPD7787A**  
 6 Insured / policyholder (see insurance cert.):  
 Name: **Heng Chin Sheng**  
 Address: \_\_\_\_\_  
 NRIC / Passport no.: **S7403975A**  
 Tel no. (from 9am till 5pm): **9771 0525 (Wang Rd.)**  
 HP: **83999123**  
 7 Vehicle: **BMW 730**  
 Make, type: \_\_\_\_\_  
 8 Insurance company: **AA**  C  TPFT  TPO  
 Does the policy cover damage to vehicle A? No  Yes   
 Policy No.: **GA501562**  
 9 Driver:  Same as Owner  
 Name: \_\_\_\_\_  
 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
- Chain Collision
  - Collided into Bicycle
  - Collided into Motorcycle
  - Collided into Parked Vehicle
  - Collided into Pedestrian
  - Collided into Property
  - Collision - T-junction/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
  - Drink Driving / Drug Influence
  - Fire, Explosion or Lightning
  - Flood
  - Hit and Run / Vandalism / Damaged whilst Parked
  - Hit by Fallen Item / Other Objects
  - No Collision
  - Side Swipe
  - Theft

Registration No. (VEHICLE B): **E1857003**  
 6 Insured / policyholder (see insurance cert.):  
 Name: \_\_\_\_\_  
 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: \_\_\_\_\_  
 NRIC / Passport no.: \_\_\_\_\_  
 Class of licence: \_\_\_\_\_  
 HP: \_\_\_\_\_  
 Gender: Male  Female

← State TOTAL number of boxes marked with a cross →



11 Visible damage to vehicle A

\_\_\_\_\_

11 Visible damage to vehicle B

\_\_\_\_\_

14 My remarks

\_\_\_\_\_

15 Signatures of drivers

**A** \_\_\_\_\_

**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)

Email: \_\_\_\_\_

Insured	1 Occupation (if more than one, state all)		If commercial vehicle, state permissible carrying capacity		
Of which vehicle are you the owner?  <input type="checkbox"/> A  <input type="checkbox"/> B	2 Vehicle registration no.	C.C.			
	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 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	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 checked="" type="checkbox"/> Yes <input type="checkbox"/> No If no, state action to be taken <input 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 license pass	Was vehicle driven with the insured's permission? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
	19/2/75	Indoor	Outdoor	8/9/93	
	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? <input type="checkbox"/> Yes <input type="checkbox"/> No	
				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	
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? _____				
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? <input type="checkbox"/> Yes <input 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) _____					
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)	Date			

Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo

