

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 ability.
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 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	13/11/2015 12:13
Date Of Accident	12/11/2015 21:25
Exact Location Of Accident	PIE EXIT TO TAMPINES AVENUE 7
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SJX474X
-----------------------------	---------

Insured/Policyholder

Name Of Registered Owner	LEE HSIAO YONG KELVIN
NRIC No	S7218172G
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-90459374
Alternative Phone No	OTHERS-90459374

Vehicle Particulars

Manufacturer	FORD
Model	FOCUS-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? YES

If No, Please state action to be taken

Vehicle Category	PRIVATE CAR
------------------	-------------

Insurance Company

Name of Insurance Company	AXA INSURANCE SINGAPORE PTE LTD
Type Of Coverage	COMPREHENSIVE
Fleet Policy	NO
Policy Number	P1488500
Cover Note Number	

Driver

Name of Driver	LEE HSIAO YONG KELVIN
NRIC No	S7218172G
Date Of Birth	09/05/1972
Occupation	INDOOR
Date Of Driving Pass	09/11/2007
Driving Experience	8 YEARS AND 0 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-90459374
Fax Number	
Contact Number	OTHERS-90459374
Email Address	NOEMAIL

Address	BLK 487B TAMPINES ST 45 #11-123
Postcode	521487
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 (INSURED HIT TP)
Weather Conditions	CLEAR
Road Surface	DRY

Other Information

Was any foreign vehicle involved in this accident?	NO
Was any body injured in the Accident?	NO
Was any other material or property damaged?	YES
Was there any video captured by Car Camera?	NO
Number of Passengers (Including Driver)	4

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 RECORDED BY LILY - PROGRESSIVE AUTOMOTIVE PTE LTD 67415336

Are accident photos available for attachment?	YES
-----------------------------------------------	-----

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	SHC5745R
Vehicle Make/Model/Colour	TAXI - RED
Details Of Properties	
Name of Driver	
NRIC/Passport Number	
Contact Number	
Address	
Postcode	
Insurance Company Name	
Nature Of Damage	
No. Of Passenger (Including Driver)	

Details of Witness

Name	
Phone Number	
Email Address	

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 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.

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.

Policyholder's Signature / Date & Time

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

13/11/15 (1220hrs).

Witnessed by Reporting Centre Personnel

Progressive Automotive Pte Ltd
Blk 3022A Ubi Road 1 #01-45/46
Singapore 408716

Sketch Plan

		Number Plate A - SJX474X B - SHC5745R
Legend Vehicle Bike		

Sketch Plan #2

Describe Circumstances of the Accident

Date of Accident: 12/11/15 2125 hr

Time of Accident:

I was driving along PIE exit to Tampines Ave. 7. At the Slip road both car stop. When I saw the car B break light goes off, I released my break and check the traffic on the main road Tampines Ave. 7 then suddenly my car hit car B on the rear.

Declaration

We declare the foregoing particulars are true in every respect.

PLEASE NOTE THAT YOUR INSURER MAY HAVE 14 DAYS TIMEFRAME FOR YOU TO SUBMIT AN OWN DAMAGE CLAIM UNDER YOUR OWN POLICY. KINDLY CHECK YOUR POLICY FOR MORE DETAILS

Policyholder's Signature / Date &
Time



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

13/11/15

DAMAGE CLAIM

Witnessed by Reporting Centre
Personnel

Progressive Automotive Pte Ltd
Blk 3022A Ubi Road 1 #01-45/46
Singapore 408716

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

To be signed by BOTH drivers

1 Date of accident 12/11/15	Time 2:25	2 Exact location of accident PIE EXA TO Tampines Ave 7.	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"/>		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) 5JX474X

6 Insured / policyholder (see insurance cert.)
Name (capital letters) Lee Hsiao Yeng
Kelvin.
Address _____
NRIC / Passport no. ST2181724
Tel no. (from 9am till 5pm) _____
HP 9045 9374

7 Vehicle
Make, type Ford Focus.

8 Insurance company
AXA ☒ C ☐ TPFT ☐ TPO
Does the policy cover damage to vehicle A?
No ☐ Yes ☒
Policy No. P1489500

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"/>	1 parked / stopped (at the roadside)
<input type="checkbox"/>	2 leaving a parking space / opening the door (at the roadside)
<input type="checkbox"/>	3 entering a parking space (at the roadside)
<input type="checkbox"/>	4 emerging from a car park, from private grounds, from a minor road
<input type="checkbox"/>	5 entering a car park, private grounds, a minor road
<input type="checkbox"/>	6 entering a roundabout or similar traffic system
<input type="checkbox"/>	7 circulating in a roundabout or similar traffic system
<input type="checkbox"/>	8 striking the rear of the other vehicle while going in the same direction and in the same lane
<input type="checkbox"/>	9 going in the same direction but different lane
<input type="checkbox"/>	10 changing lanes
<input type="checkbox"/>	11 overtaking
<input type="checkbox"/>	12 turning to the right, making a U-turn (official U-turn)
<input type="checkbox"/>	13 turning to the left
<input type="checkbox"/>	14 reversing
<input type="checkbox"/>	15 encroaching in the opposite traffic lane
<input type="checkbox"/>	16 coming from the right (at road junctions)
<input type="checkbox"/>	17 not observing a right-of-way sign (e.g. red traffic light, stop sign, etc.)

State TOTAL number of boxes marked with a cross

Registration No. (VEHICLE B) SHC5745R

6 Insured / policyholder (see insurance cert.)
Name (capital letters) _____
Address _____
NRIC / Passport no. _____
Tel no. (from 9am till 5pm) _____
HP _____

7 Vehicle
Make, type Taxi-Red.

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
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

Reporting Centre: Progressive Automotive Pte Ltd

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. <u>SJX 474 X</u> C.C. <u>1596</u>		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"/> Others - please specify		
	5 Is the vehicle still in use? <input 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 checked="" type="checkbox"/> Yes <input 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)		
Driver or person in charge of vehicle at the time of accident (including insured)	7 Date of birth	Occupation	Date of license pass
	<u>9/5/72</u>	<u>Indoor</u>	<u>9/11/07</u>
	8 Give details of any pre-existing impairment of sight or hearing and of any other disability		Was vehicle driven with the insured's permission? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
	9 Full details of all driving convictions including pending prosecutions in the last 36 months		Was driver an employee of the insured's company? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
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
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 <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?		
Accident details	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 <input type="checkbox"/> km/hr B <input type="checkbox"/> 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 <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)		
Declaration	22 State number of Passengers (Including Driver) <u>4</u>		
	I/We declare the foregoing particulars are true in every respect		
	Policyholder's signature <u>[Signature]</u> Date <u>13/11/15 (1215hrs)</u>		
Driver's signature (if driver is not the policyholder) <u>[Signature]</u> Date			

Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo

