

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	02/04/2020 12:00
Date Of Accident	02/04/2020 08:20
Exact Location Of Accident	TELOK KURAU
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SFS9754C
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Insured/Policyholder

Name Of Registered Owner	KAVITA KAN SABNANI NEE SARSATI D/O TOPANDAS CHANDI
NRIC No	SXXXX220D
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-96646536
Alternative Phone No	OTHERS-96677279

Vehicle Particulars

Manufacturer	MAZDA
Model	3-1.5 (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	GA537189
Cover Note Number	

Driver

Name of Driver	SUNIL KAN SABNANI
NRIC No	SXXXX852A
Date Of Birth	11/03/1961
Occupation	INDOOR
Date Of Driving Pass	16/03/1982
Driving Experience	38 YEARS AND 0 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-96677279
Fax Number	
Contact Number	
EEmail Address	NOEMAIL

Address	28 DUNBAR WALK
Postcode	459316
Was driver an employee of the Insured's Company	NO
If No, Relationship of the Driver with the Insured	CHILDREN
Vehicle Registration Number of Driver's Own Vehicle	-
	-
	-
Insurance Company of Driver's Own Vehicle	-
	-
	-

General Information of the Accident

Type Of Accident	COLLISION - U-TURN
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	SHC3379C
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	TAXI
Name of Driver	CHEN FUNG FAH
NRIC/Passport Number	SXXXX462J
Contact Number	94352633
Address	
Postcode	
Insurance Company Name	
Nature Of Damage	
No. Of Passenger (Including Driver)	

Sketch Plan

SKETCH PLAN

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7. By the lodgment 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.
- (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:

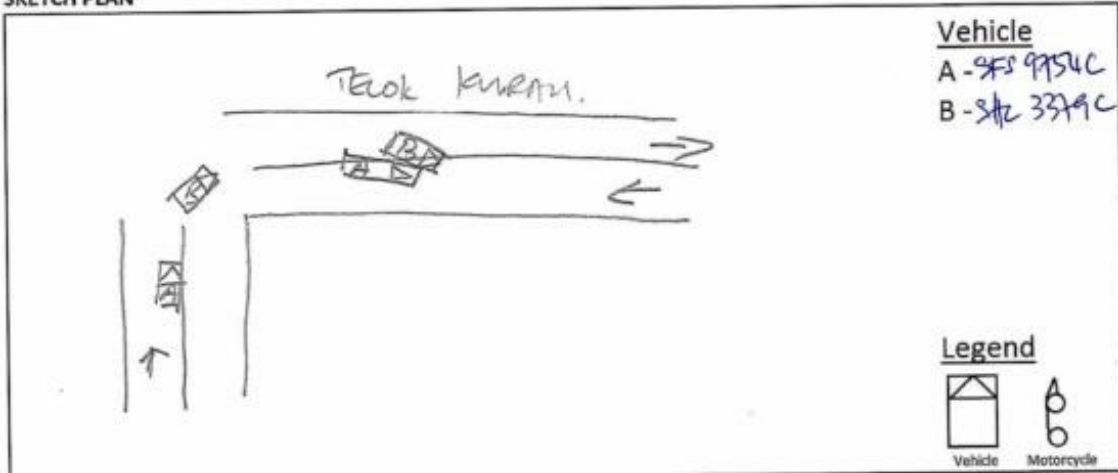
Driver's Signature
(If driver is not the policyholder)
Date & Time:

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

2/4/20

Sketch Plan #2

SKETCH PLAN



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

I WAS BEHIND TAXI NO SHZ 3379C. HE TURNED INTO TELOK KURAU ROAD, THE TAXI WENT TO LEFT LANE, I DROVE FORWARD IN THE RIGHT LANE. THE TAXI THEN SUDDENLY TURNED RIGHT WITHOUT ANY SIGNAL. I BRAKED AND TURNED CONTINUOUSLY BUT HE THE TAXI DRIVER KEEPS NO SHZ 3379C WAS ATTEMPTING AN ILLEGAL U-TURN. I TRIED AVOIDING THE IMPACT BUT THE TAXI DRIVER CONTINUED TURNING AND THEN THE IMPACT OCCURRED. I QUICKLY GOT OUT OF THE CAR AND TOLD REMINDER OF THE 2 STATIONARY VEHICLES. I SPoke TO MR CHEN FINE TAN JIC NO S01133462J NOTLY DID HE NOT SIGNAL AND HE WAS MAKING AN ILLEGAL U-TURN WITHOUT LOOKING TOWARDS HIS RIGHT FOR ON COMING TRAFFIC

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.:

2/4/20.

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 21/4/2018		2 Exact location of accident Taloik Kurau.		To be signed by BOTH drivers	
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 checked="" type="checkbox"/> Yes <input type="checkbox"/>	
To objects other than vehicles No <input checked="" type="checkbox"/> Yes <input type="checkbox"/>					

Registration No. (VEHICLE A) SFS 9734

6 Insured / policyholder (see insurance cert.)
Name Karita Kan Sabnan
(capital letters)
Hse Sasati D/O
Address Tepandes chandi
NRIC / Passport no. 521362200
Tel no. (from 9am till 5pm)
HP 96646536

7 Vehicle
Make, type Mazda 3

8 Insurance company
AXA ☒ C ☐ TPFT ☐ TPO
Does the policy cover damage to vehicle A?
No ☐ Yes ☒
Policy No. GA 537189

9 Driver ☐ Same as Owner
Name Siril Kan Sabnan
(capital letters)
NRIC / Passport no. 5150 28524
Class of licence 96677279
HP
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 Object
<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 Lightening
<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. (VEHICLE B) SHC 3379C

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 A above)
Name Chen Fung Ah
(capital letters)
NRIC / Passport no. 501134627
Class of licence 96352633
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

REFER TO ATTACHED

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) <small>To be completed and submitted within 24 hours to your insurer or Idac or appointed workshop (Use a separate sheet of paper where necessary)</small>		<small>Own Workshop Email / Fax (if any)</small>												
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: _____ 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 _____ 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 checked="" 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 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? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Was driver an employee of the insured's company? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> Indoor <input type="checkbox"/> Outdoor <input checked="" 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: 55%;">Offence</th> <th style="width: 30%;">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 _____ <table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="width: 15%;">Were seat belts being worn?</th> <th style="width: 15%;">Was injured conveyed to hospital by ambulance?</th> </tr> </thead> <tbody> <tr> <td>Yes <input type="checkbox"/> No <input checked="" type="checkbox"/></td> <td>Yes <input type="checkbox"/> No <input checked="" type="checkbox"/></td> </tr> <tr> <td>Yes <input type="checkbox"/> No <input checked="" type="checkbox"/></td> <td>Yes <input type="checkbox"/> No <input checked="" type="checkbox"/></td> </tr> <tr> <td>Yes <input type="checkbox"/> No <input checked="" type="checkbox"/></td> <td>Yes <input type="checkbox"/> No <input checked="" type="checkbox"/></td> </tr> <tr> <td>Yes <input type="checkbox"/> No <input checked="" type="checkbox"/></td> <td>Yes <input type="checkbox"/> No <input checked="" type="checkbox"/></td> </tr> </tbody> </table>			Were seat belts being worn?	Was injured conveyed to hospital by ambulance?	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
	Were seat belts being worn?	Was injured conveyed to hospital by ambulance?												
	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>												
	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>												
	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>												
Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>													
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) _____														
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? _____														
Police action	14 Weather conditions: Clear <input checked="" type="checkbox"/> Raining <input type="checkbox"/> Others _____ 15 Road surface: Wet <input type="checkbox"/> Dry <input checked="" 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 checked="" 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) _____													
Accident details	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

