

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	08/04/2020 11:57
Date Of Accident	07/04/2020 16:50
Exact Location Of Accident	BLK 648 HOUGANG AVENUE 8 OPEN CARPARK
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SCZ37Y
Insured/Policyholder	
Name Of Registered Owner	TEO CHEE KANG
NRIC No	SXXXX023C
Email Address	BRANDONTEO37@GMAIL.COM
Mobile Phone No	(LOCAL) +65-83445544
Alternative Phone No	OTHERS-83445544

Vehicle Particulars

Manufacturer	VOLKSWAGEN
Model	SCIROCCO 1.4L AT TSI 1372Q5
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	VA1/GA402618
Cover Note Number	

Driver

Name of Driver	TEO CHEE KANG
NRIC No	SXXXX023C
Date Of Birth	24/03/1967
Occupation	OUTDOOR
Date Of Driving Pass	02/02/2017
Driving Experience	3 YEARS AND 2 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-83445544
Fax Number	
Contact Number	OTHERS-83445544
Email Address	BRANDONTEO37@GMAIL.COM

Address	APT BLK 647 HOUGANG AVENUE 8 #01-205
Postcode	530647
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	HIT AND RUN / VANDALISM / DAMAGED WHILST PARKED
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)	0

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?	NO
Was there any audio recorded?	NO

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	YQ903J
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	COMMERCIAL VEHICLE
Name of Driver	LESLIE
NRIC/Passport Number	
Contact Number	94786999
Address	
Postcode	
Insurance Company Name	
Nature Of Damage	
No. Of Passenger (Including Driver)	

Sketch Plan

SKETCH PLAN

Sketch Plan

Vehicle
A - 6L2374
B - YQ903J

Legend

Vehicle Motorcycle

DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

ON 7th April 2020, 4:50pm, I was walking towards my car on my way out where I saw dents, scratches and realised my car got hit. There is a letter on my windscreen written by the person that hit my car, written "I apologize I've nudge on your car. Sorry, contact: 94786299, NAME: LESLIE".

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

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 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.:

Driving License & NRIC

REPUBLIC OF SINGAPORE DRIVING LICENCE

License Number: **S1814023C**

Name: **TEO CHEE KANG**

Birth Date: **24 Mar 1967**

Issue Date: **02 Feb 2017**

002653193F

REPUBLIC OF SINGAPORE

IDENTITY CARD NO. **S1814023C**

Name: **TEO CHEE KANG**

張志剛

Race: **CHINESE**

Date of Birth: **24-03-1967**

Country of Birth: **SINGAPORE**

Sex: **M**

YOU ARE LICENSED TO DRIVE VEHICLES IN THE FOLLOWING CLASS(S)

Class 3A Motor cars without clutch pedals (Auto) with unladen weight \leq 3000kg with \leq 7 passengers, exclusive of driver; and other motor vehicles without clutch pedals with unladen weight \leq 2500kg

EFFECTIVE DATE: **02 Feb 2017**

Licence No: **S1814023C**

NP 426A

4738663

NRIC No: **S1814023C**

Date of issue: **20-06-2011**

Address: **APT BLK 647 HOUGANG AVENUE 8
#01-205
SINGAPORE 530647**

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 7/10/2020		Time 4:50pm		2 Exact location of accident Blk 648 Hougang Avenue @ carpark		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"/>		5 Witness' name, address and tel no. (to be underlined if he/she is passenger in vehicle A or vehicle B)		3 Injuries even if slight No <input checked="" type="checkbox"/> Yes <input type="checkbox"/>	
						Vehicle Video Camera Available No <input checked="" type="checkbox"/> Yes <input type="checkbox"/>	

Registration No. (VEHICLE A) SCZ 37Y

6 Insured / policyholder (see insurance card.)

Name Teo Chee Kang
(capital letters)

Address Ap1 Blk 647 Hougang Avenue 8 #01-205 (S) 530 647

NRIC / Passport no. S1814023C

Tel no. (from 9am till 5pm)

HP 8344 5544

7 Vehicle
Make, type Volkswagen / Scirocco

8 Insurance company
AXA ☒ C ☐ TPFT ☐ TPO

Does the policy cover damage to vehicle A?
No ☐ Yes ☒

Policy No. VH1/G8402618

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"/>	Chain Collision
<input type="checkbox"/>	Collided into Bicycleist
<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

Registration No. (VEHICLE B) YQ907J

6 Insured / policyholder (see insurance card.)

Name Leslie
(capital letters)

Address

NRIC / Passport no.

Tel no. (from 9am till 5pm) 9478 6999

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

REFER TO ATTACHED

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

15 Signatures of drivers

A

15 My remarks

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

brandon4037@gmail.com

INDIVIDUAL STATEMENT (Part II)					
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: <u>BRANDON4037@gmail.com</u>				
	2 Vehicle registration no. _____		C.C. _____		If commercial vehicle, state permissible carrying capacity _____
	3 Is driver the owner? Yes <input checked="" 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 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 type="checkbox"/> Reporting Only <input checked="" type="checkbox"/> Third Party (Own Workshop)				
Of which vehicle are you the owner?	<input checked="" type="checkbox"/> A				
	<input type="checkbox"/> B				
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?	Was driver an employee of the insured's company?
	<u>24/3/1967</u>	Indoor <input type="checkbox"/> Outdoor <input checked="" type="checkbox"/>	<u>2/2/2017</u>	Yes <input type="checkbox"/> No <input type="checkbox"/>	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				
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? 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		Clear <input checked="" type="checkbox"/>	Raining <input type="checkbox"/>	Others <input type="checkbox"/>
	15 Road surface		Wet <input type="checkbox"/>	Dry <input checked="" type="checkbox"/>	Others <input type="checkbox"/>
	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? 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>0</u>				
	I/We declare the foregoing particulars are true in every respect				
	Policyholder's signature <u>[Signature]</u> 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



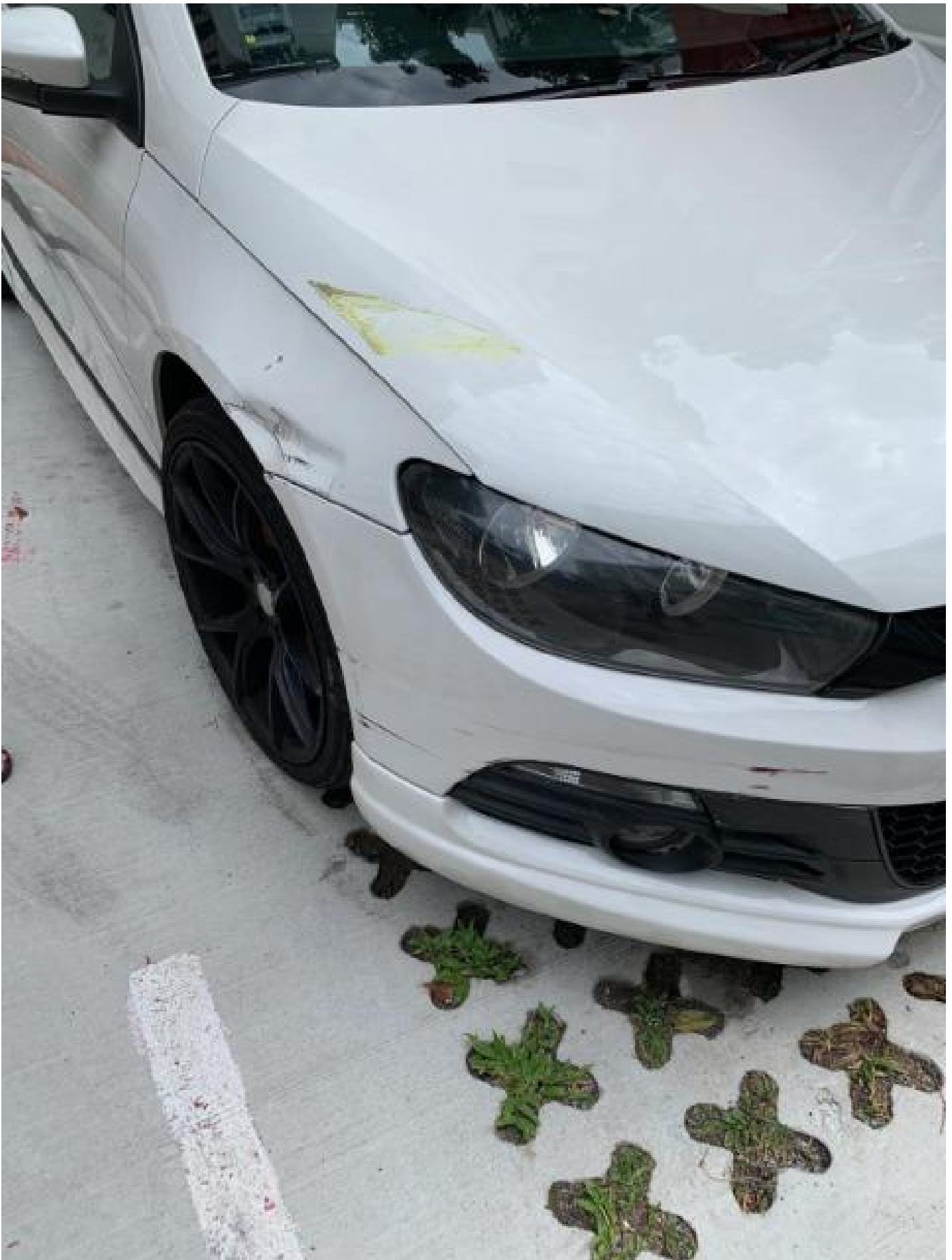
Accident Photo



SCENE PHOTO



SCENE PHOTO



SCENE PHOTO



SCENE PHOTO



SCENE PHOTO



I apologize I've nudged on
your car. Sorry

Contact : 947869999

Name : Leslie

SCENE PHOTO



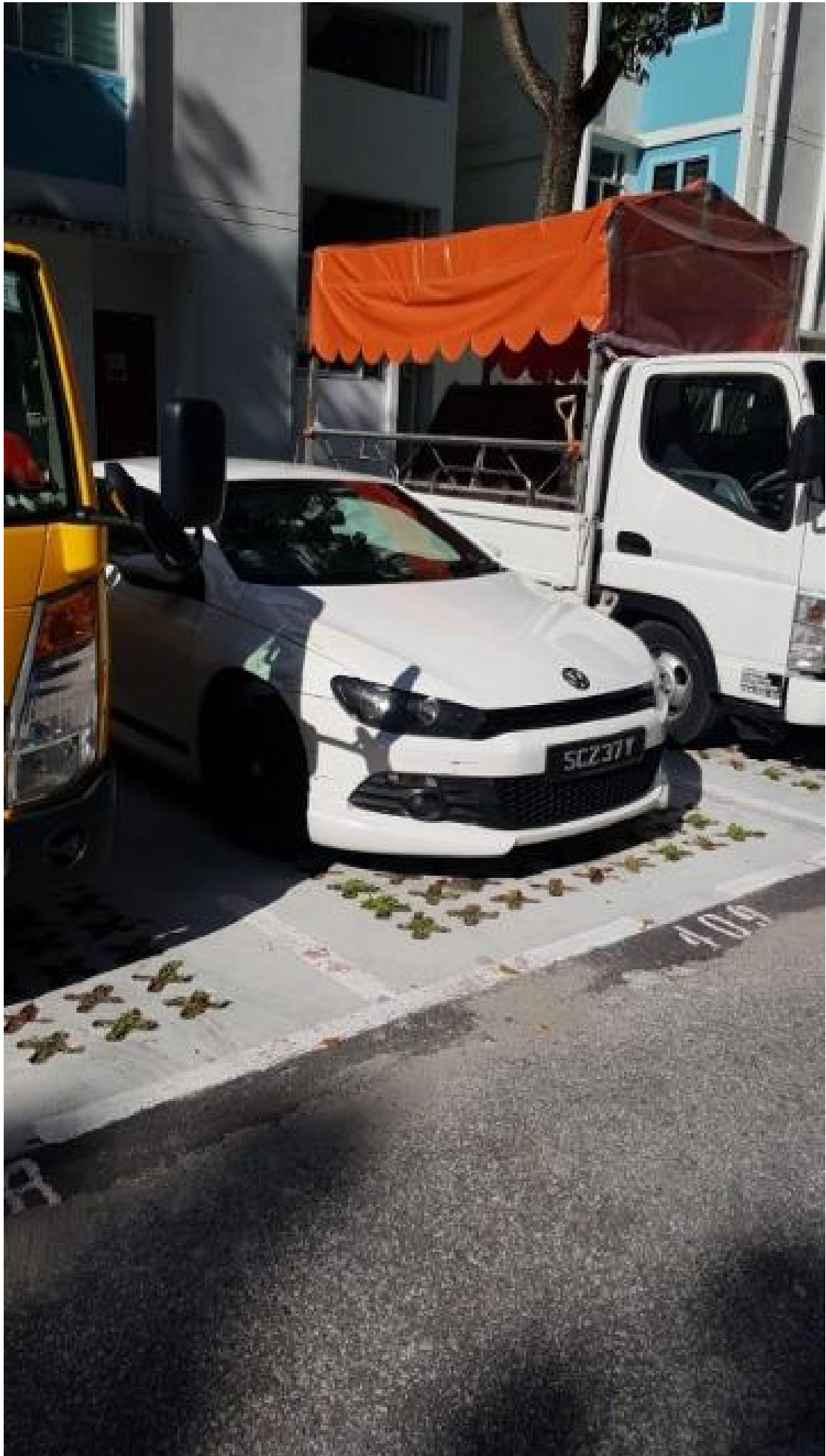
SCENE PHOTO



SCENE PHOTO



SCENE PHOTO



Addendum Sheet

**GENERAL
INSURANCE
ASSOCIATION**
RECORDS MANAGEMENT CENTRE

Tel (65) 6224 0010 Fax (65) 6224 0030
Operating Hours : Monday to Friday, 09:00 – 17:00
UEN: S66550029G / GST Reg. No.: M400017735

IMPORTANT NOTE: Please submit the completed Addendum form to the same Authorised Reporting Centre with whom you submitted the Original Report.

ADDENDUM

(A) PARTICULARS OF PERSON MAKING THE AMENDMENTS:

Original Report No : MPA220041177 Vehicle Registration No: SC2 37Y
Name (as shown in NRIC) : Teo Chee Kang NRIC/FIN/Passport No : S1814023C
(*Vehicle Driver / Vehicle Owner) (*) Please delete as appropriate
Address : Apt B1k 647 Hougang Avenue 8 #01-205 Singapore (530647)
Contact (Tel) : — Mobile No. : 8344 5544
Email Address : brandonteo37@gmail.com
Date of Accident : 7/4/2020 Time of Accident : 4:50pm
Place of Accident : B1k 648 Hougang Avenue 8 car park
Insurance Company : Axa

(B) ADDITIONAL INFORMATION / AMENDMENTS:

I have made a report on the above mentioned accident and would like to include additional information or make the following amendments:

Change TP vehicle number → YQ 903J

(F)

K

Policyholder / Driver's Signature
Date:

A

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

Addendum Sheet

**GENERAL
INSURANCE
ASSOCIATION**
RECORDS MANAGEMENT CENTRE

Tel (65) 6224 0010 Fax (65) 6224 0030
Operating Hours : Monday to Friday, 09:00 – 17:00
UEN: S66550020 / GST Reg. No.: M409017735

IMPORTANT NOTE: Please submit the completed Addendum form to the same Authorised Reporting Centre with whom you submitted the Original Report.

ADDENDUM

(A) PARTICULARS OF PERSON MAKING THE AMENDMENTS:

Original Report No : MPA20041177 Vehicle Registration No : SC2 37Y
Name (as shown in NRIC) : Teo Chee Kang NRIC/FIN/Passport No : S1814023C
(*Vehicle Driver / Vehicle Owner) (*) Please delete as appropriate
Address : Apt Blk 647 Hougang Avenue 8 #01-205 Singapore: 530647
Contact (Tel) : — Mobile No. : 8344 5544
Email Address : brandonteo37@gmail.com
Date of Accident : 7/4/2020 Time of Accident : 4:50pm
Place of Accident : Blk 648 Hougang Avenue 8 carpark
Insurance Company : AXA

(B) ADDITIONAL INFORMATION / AMENDMENTS:

I have made a report on the above mentioned accident and would like to include additional information or make the following amendments:

Change TP vehicle number → YQ 903J & scene photo

(F)

K

Policyholder / Driver's Signature
Date:

A

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