

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	07/04/2014 17:42
Date Of Accident	05/04/2014 23:40
Exact Location Of Accident	BUKIT PANJANG ENTRANCE TO BKE
Country/State of Loss	Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SGV9321R
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Insured/Policyholder

Name Of Registered Owner	SHAFIQ BIN MOHAMED YUNOS
NRIC No	S8322376F

Vehicle Particulars

Manufacturer	PROTON
Model	GEN2
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 Singapore Pte Ltd
Type Of Coverage	Comprehensive
Fleet Policy	No
Policy Number	P1014074
Cover Note Number	

Driver

Name of Driver	SHAFIQ BIN MOHAMED YUNOS
NRIC No	S8322376F
Date Of Birth	20/07/1983
Occupation	Outdoor
Date Of Driving Pass	25/08/2006
Driving Experience	7 Years And 7 Months
Gender	Male
Mobile Number	(Local) +65-92478946
Fax Number	
Contact Number	
EEmail Address	NOEMAIL
Address	BLK 352 UBI AVE 1 #07-983
Postcode	S400352
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	Unknown - TP HIT INSURED
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

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

PLEASE REFER TO ATTACHMENT. STATEMENT RECORDED BY JIA LE. (PROGRESSIVE AUTOMOTIVE PTE LTD. TEL : 67415336)

Are accident photos available for attachment?	Yes
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DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	SHB7855Z
Vehicle Make/Model/Colour	
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	

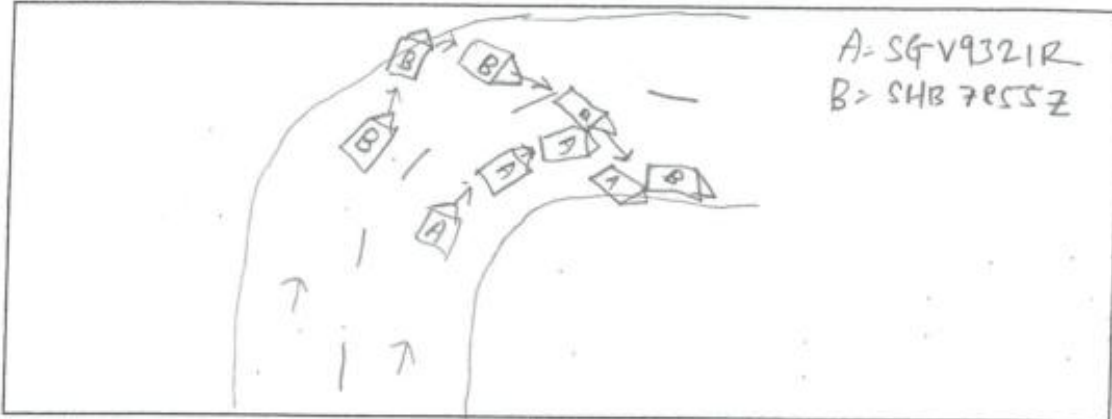
Sketch Plan

SKETCH PLAN

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Sketch Plan




Describe Circumstances of the Accident


On 5th April 2014 at about 1140pm, I was travelling along Bukit Panjang Road towards BKE (PIE). As I was travelling around the roundabout, I heard a screeching sound from the back of my car. As I looked at my left blindspot, I saw a red taxi skidded and hit the rails on the left lane. The taxi then turned and hit my front left of my car causing my car to hit the rails on my right. I then called the police for assistance. At the point of the accident, the taxi driver got out of his car and admitted his mistake as he lost control of the car.

Declaration

I/We declare the foregoing particulars are true in every respect.


07/04/14
1600hrs
Policyholder's Signature / Date & Time


07/04/14
1600hrs
Driver's Signature (If driver is not the policyholder) / Date & Time


Witnessed by Reporting Centre Personnel

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

674375A1

1 Date of accident 5/4/16	Time 2340	2 Exact location of accident Bukit Panjang entrance to BKE	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"/> *			3 Injuries even if slight 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. SAV 4321 R
(VEHICLE A)

6 Insured / policyholder (see insurance cert.)

Name SHAFIQ BIN MOHAMED
(capital letters) YUNOS

BLK 352 HBI AVENUE 1 #07-483
Address S 400352

NRIC / Passport no. S8377376 F

Tel no. (from 9am till 5pm)

HP 92478946 / 91443931

7 Vehicle

Make, type Proton Gen2

8 Insurance company

AYA (C)

Does the policy cover damage to vehicle A?

No ☐ Yes ☒

Policy No. (if available) P1014074

9 Driver (See driving licence)
(if different from insured A above)

Name As Above
(capital letters)

NRIC / Passport no. "

Class of licence 3

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



11 Visible damage to vehicle A

14 My remarks

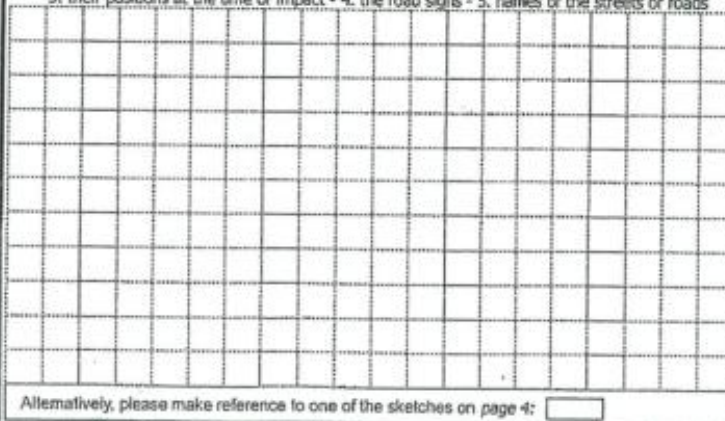
12 CIRCUMSTANCES
Put a cross (X) in each of the relevant boxes applicable to your vehicle

- A
- 1 parked / stopped (at the roadside)
 - 2 leaving a parking space / opening the door (at the roadside)
 - 3 entering a parking space (at the roadside)
 - 4 emerging from a car park, from private grounds, from a minor road
 - 5 entering a car park, private grounds, a minor road
 - 6 entering a roundabout or similar traffic system
 - 7 circulating in a roundabout or similar traffic system
 - 8 striking the rear of the other vehicle while going in the same direction and in the same lane
 - 9 going in the same direction but different lane
 - 10 changing lanes
 - 11 overtaking
 - 12 turning to the right, making a U-turn (official U-turn)
 - 13 turning to the left
 - 14 reversing
 - 15 encroaching in the opposite traffic lane
 - 16 coming from the right (at road junctions)
 - 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 →

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



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

15 Signatures of drivers

[Signature]

A

14 My remarks

For insured's Individual Statement (Part II) see overleaf →

* 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.

Individual Statement

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 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 checked="" type="checkbox"/> No <input type="checkbox"/> If no, 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? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> If no, state where it is at present _____ Tel no. _____															
Driver or person in charge of vehicle at the time of accident (including insured)	6 Are you claiming under your own insurance policy for repair to your vehicle? If no, state action to be taken _____ <i>T/P claims cover workshop</i>															
	7 Date of birth <i>20/7/1983</i>	Occupation (if more than one, state all) _____	Years of driving experience <i>25 / 8 / 2006</i>	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"> <thead> <tr> <th>Date</th> <th>Offence</th> <th>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"/>	Was injured conveyed to hospital by ambulance? 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"/>	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 _____															
	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 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 (use separate sheet of paper where necessary) _____ _____ _____																
Declaration I/We declare the foregoing particulars are true in every respect Policyholder's signature _____ Date <i>7/4/14</i> Driver's signature (if driver is not the policyholder) _____ Date <i>7/4/14</i>																

Accident Photo



Accident Photo



Accident Photo





Accident Photo

