

MPA217003219 / Progressive Automotive Pte Ltd - HQ
ENTRY DATE & TIME: 09/01/2017 12:20

Your NCD will be affected due to late reporting
Actual e-Filing Submission Date & Time: 09/01/2017 12:24

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	09/01/2017 12:20
Date Of Accident	25/12/2016 20:00
Exact Location Of Accident	BEDOK RESERVOIR RD KAKI BUKIT ROAD
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SJM6492L
Insured/Policyholder	
Name Of Registered Owner	TAN LENG KONG
NRIC No	S1038768Z
Email Address	MATTHEWLKTAN@GMAIL.COM
Mobile Phone No	(LOCAL) +65-96162218
Alternative Phone No	Office-96162218

Vehicle Particulars

Manufacturer	MAZDA
Model	MAZDA CX7

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 REPORTING ONLY

Vehicle Category PRIVATE CAR

Insurance Company

Name of Insurance Company	AXA INSURANCE PTE LTD
Type Of Coverage	COMPREHENSIVE
Fleet Policy	NO
Policy Number	GA049815
Cover Note Number	

Driver

Name of Driver	TAN LENG KONG
NRIC No	S1038768Z
Date Of Birth	02/12/1944
Occupation	INDOOR
Date Of Driving Pass	03/05/1977
Driving Experience	39 YEARS AND 7 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-96162218

Fax Number	
Contact Number	OFFICE-96162218
EMail Address	MATTHEWLKTAN@GMAIL.COM
Address	BLK16 MARINE TERRACE #11-58
Postcode	440016
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 - REFER TO ATTACHMENT
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
I have been approached by unknown person(s) soliciting/offering accident claims assistance.	NO
Number of Passengers (Including Driver)	3

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 ATTACHMENT. STATEMENT RECORDED BY JON (PROGRESSIVE AUTOMOTIVE PTE LTD. TEL: 6741 5761)

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	SKU102K
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 PLANIMPORTANT NOTICE

1. Please report correctly the details of the accident to speed up the claims process.
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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

Witnessed by Reporting Centre Personnel

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

Sketch Plan

	<p>Number Plate</p> <p>A - <u>SJM 6492L</u></p> <p>B -</p> <p>Legend</p> <p> A Vehicle</p> <p> A Bike</p>
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Sketch Plan #2

Date of Accident: 25/12/16

Time of Accident: around about between 7.45-8.00pm I was travelling towards Redoubt Reservoir View to attend a wake. It was drizzling slightly I was at junction and stop at red light. I proceeded to go straight and suddenly a car on my left bang into my left side. There was no damage to my car but the side mirror of the other vehicle was damaged. We exchanged co. particulars and moved on.

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

Witnessed by Reporting Centre
Personnel

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

1 Date of accident 25-12-16		Time 2000	2 Exact location of accident BEDOK RESERVOIR RD, KATE BUKIT	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"/>		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) _____ _____ _____	
				Vehicle Video Camera Available No <input checked="" type="checkbox"/> Yes <input type="checkbox"/>	

Registration No. (VEHICLE A) SJM6492L

6 Insured / policyholder (see insurance cert.)
 Name: TAN LEUG KONG
 (capital letters)
 Address: BLK 16 MARINE TERRACE #11-58C40016
 NRIC / Passport no.: S10327682
 Tel no. (from 9am till 5pm): _____
 HP: 96162218

7 Vehicle
 Make, type: _____

8 Insurance company
☒ AXA ☐ C ☐ TPFT ☐ TPO
 Does the policy cover damage to vehicle A?
 No ☐ Yes ☒
 Policy No.: GA 049815

9 Driver ☒ Same as Owner
 Name: _____
 (capital letters)
 NRIC / Passport no.: _____
 Class of licence: 3
 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) SJV102K

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

7 Vehicle
☒ 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

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 →

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: <u>matthew1k1tan@gmail.com</u>												
	2 Vehicle registration no.	C.C.	If commercial vehicle, state permissible carrying capacity <u>matthew1k1tan@gmail.com</u>												
	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														
Of which vehicle are you the owner?	5 Is the vehicle still in use? <input checked="" 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 type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> If no, state action to be taken <input type="checkbox"/> Third Party <input checked="" 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												
	02-12-1944	Indoor <input checked="" type="checkbox"/> Outdoor <input type="checkbox"/>	03-05-1977												
	Was vehicle driven with the insured's permission? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/>														
	Was driver an employee of the insured's company? <input type="checkbox"/> Yes <input checked="" 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?		Was injured conveyed to hospital by ambulance?													
<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/>		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>													
<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/>		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>													
<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/>		<input type="checkbox"/> Yes <input checked="" 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? <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 type="checkbox"/> Clear <input checked="" 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 checked="" 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)														
22 State number of Passengers (including Driver) <input type="checkbox"/> 3 <input type="checkbox"/>															
Declaration	I/We declare the foregoing particulars are true in every respect														
	Policyholder's signature <u>Matthew 1k1tan</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

