

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	15/06/2016 12:25
Date Of Accident	06/06/2016 10:30
Exact Location Of Accident	ALONG CIRCUIT ROAD
Country/State of Loss	Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SKR2918P
Insured/Policyholder	
Name Of Registered Owner	ONG TIEN SUNG
NRIC No	S0054701H
Email Address	ANDY.LEE@PAS.SG
Mobile Phone No	(LOCAL) +65-97948375
Alternative Phone No	Office-97948375

Vehicle Particulars

Manufacturer	TOYOTA
Model	TOYOTA COROLLA ALTIS 1.6L CVT
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 Singapore Pte Ltd
Type Of Coverage	Comprehensive
Fleet Policy	No
Policy Number	GA045266
Cover Note Number	

Driver

Name of Driver	ONG TIEN SUNG
NRIC No	S0054701H
Date Of Birth	06/04/1953
Occupation	Indoor
Date Of Driving Pass	30/12/1971
Driving Experience	44 Years And 5 Months
Gender	Male
Mobile Number	(Local) +65-97948375
Fax Number	
Contact Number	Office-97948375
EEmail Address	ANDY.LEE@PAS.SG

Address

Postcode

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

Was there any video captured by Car Camera? 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 ATTACHMENT. STATEMENT RECORDED BY AH WAI (PROGRESSIVE AUTOMOTIVE PTE LTD. TEL: 6741 5761)

Are accident photos available for attachment? Yes

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number SHC5071B

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

Accident Sketch Plan

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

andy.lee @ pas-sg

1 Date of accident Time 6/6/2016 10:30AM		2 Exact location of accident ALONG CIRCUIT ROAD		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"/> *		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. **SKR2918P**
(VEHICLE A)

6 Insured / policyholder (see insurance cert.)
Name **ONG TIEN SUNG**
(capital letters)
Address **30 YIO CHA KANG RD**
#04-04 SLS45130
NRIC / Passport no. **S0054701H**
Tel no. (from 9am till 5pm)
HP **9794 8375**

7 Vehicle **TOYOTA**
Make, type **MOTOR CAR**

8 Insurance company
AXA INSURANCE
Does the policy cover damage to vehicle A?
No ☐ Yes ☒
Policy No. (if available) **GA045266**

9 Driver (See driving licence)
(if different from insured A above)
Hp: **9794 8375**
Name **ONG TIEN SUNG**
(capital letters)
NRIC / Passport no. **S0054701H**
Class of licence **2R, 2A, 2, 3 & 4**

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

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

Registration No. **JHC5071B**
(VEHICLE B)

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
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

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 13
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

A

andy

PLEASE SIGN HERE

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 →

Accident Sketch Plan

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) <u>HAWKER</u>		Email: <u>andy.re@pas.sg</u>							
	2 Vehicle registration no. <u>SKR2918P</u>		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									
	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. _____									
Of which vehicle are you the owner?	6 Are you claiming under your own insurance policy for repair to your vehicle?									
	If no, state action to be taken <u>REPORT PURPOSES</u>									
Driver or person in charge of vehicle at the time of accident (including insured)	7 Date of birth	Occupation (If more than one, state all)	Years of driving experience	Was vehicle driven with the insured's permission?	Was driver an employee of the insured's company?					
	<u>6/4/1953</u>	<u>HAWKER</u>	<u>30/12/1971</u>	Yes <input checked="" type="checkbox"/> No <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 <u>NIL</u>									
	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><u>NIL</u></td> <td></td> <td></td> </tr> </tbody> </table>					Date	Offence	Penalty	<u>NIL</u>	
Date	Offence	Penalty								
<u>NIL</u>										
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?					
	<u>NIL</u>			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"/>	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)						
	<u>NIL</u>									
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 _____									
Accident details	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		15 Road surface							
	Clear <input checked="" type="checkbox"/> Raining <input type="checkbox"/> Others <input type="checkbox"/>		Wet <input type="checkbox"/> Dry <input checked="" type="checkbox"/> Others <input type="checkbox"/>							
	16 Speed of vehicles		17 What warnings were given by driver or other party?							
	A <input type="checkbox"/> B <input type="checkbox"/>									
	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 (use separate sheet of paper where necessary)							
	<u>ONLY DRIVER</u>									
Declaration	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) <u>[Signature]</u>		Date _____							

PLEASE SIGN HERE

Accident Sketch Plan

SKETCH PLAN

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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.

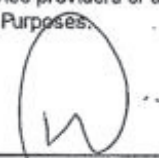
(collectively the "Purposes")

(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

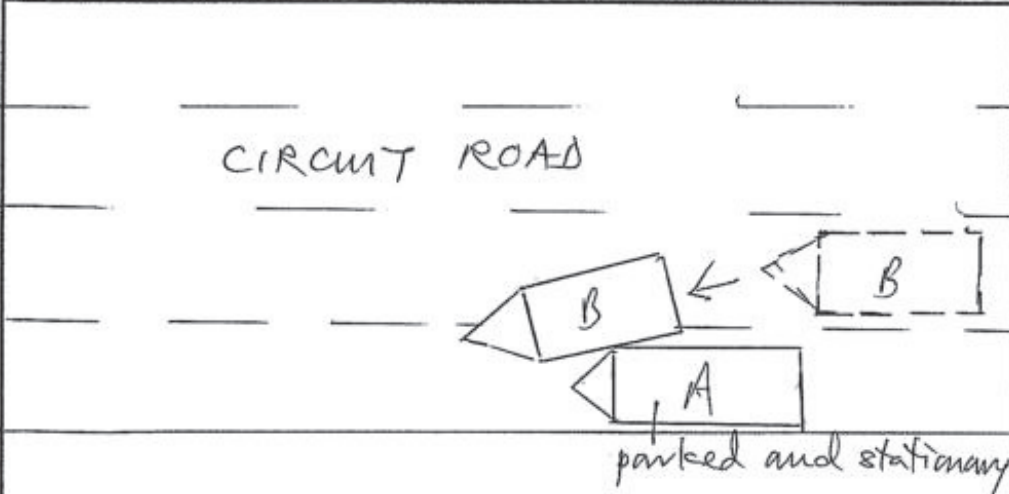


(c) my Personal Information may/can be disclosed by any of the Insurers and/or GIA to their third party service providers or agents (including their lawyers/law firms), which may be sited outside of Singapore, for one or more of the above Purposes.


Policyholder's Signature / Date & Time


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


Witnessed by Reporting Centre Personnel

Sketch Plan

	<u>Number Plate</u> A - SKR 2918P B - SHC 5071B
	<u>Legend</u>  Vehicle  Bike

Accident Sketch Plan

Describe Circumstances of the Accident

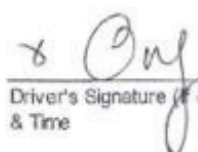
Date of Accident:	6 JUNE 2016	ALONG CIRCUIT ROAD
Time of Accident:	10:30 AM	
I, ONG TIEN SUNG (I/C No.: S0054701H) WOULD LIKE TO REPORT THE ACCIDENT AS FOLLOWS:-		
MY VEHICLE WAS PARKED ALONG CIRCUIT ROAD WAITING FOR SOMEONE.		
THEN 3RD PARTY VEHICLE, SHC5071B CUT INSIDE MY LANE TO WANT TO ALIGHT HIS PASSENGER.		
AT THAT INSTANCE, 3RD PARTY VEHICLE LEFT SIDE MIRROR HIT ONTO MY VEHICLE.		
I THEN CAME DOWN FROM MY VEHICLE TO INSPECT ANY DAMAGE TO MY VEHICLE AND I CANNOT SEE ANY VISIBLE DAMAGE TO MY VEHICLE.		
3RD PARTY PASSENGER THEN ALIGHT FROM 3RD PARTY VEHICLE AND I SAW 3RD PARTY LEFT SIDE MIRROR SLIGHT DAMAGE AND 3RD PARTY DRIVER THEN ADJUST BACK HIS SIDE MIRROR AND SAID NOTHING WRONG.		
I TOOK SOME DAMAGE PHOTOS AND WE THEN DROVE OFF.		
LATE REPORT IS BECAUSE 3RD PARTY AND I AGREED NOTHING IS WRONG AND NO NEED TO REPORT. I ONLY WAS INFORMED THAT I NEEDED TO REPORT ONLY WHEN I RECEIVED A LETTER FROM INSURANCE COMPANY REGARDING THIS INCIDENT.		
NO INJURIES IN THIS INCIDENT AND THIS IS FOR REPORTING PURPOSES.		

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


 Witnessed by Reporting Centre Personnel

Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo

