

## 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	29/06/2020 11:42
Date Of Accident	22/06/2020 08:15
Exact Location Of Accident	CARPARK OF NO 361 UBI ROAD 3
Country/State of Loss	SINGAPORE

### DETAILS OF OWN VEHICLE

Vehicle Registration Number	GBF303X
<b>Insured/Policyholder</b>	
Name Of Registered Owner	LECCA CAR LEASING
Co Reg No	53247626C
Email Address	NOEMAIL
Mobile Phone No	
Alternative Phone No	OFFICE-65333312

### Vehicle Particulars

Manufacturer	TOYOTA
Model	DYNA 150 MANUAL
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	COMMERCIAL VEHICLE

### Insurance Company

Name of Insurance Company	AXA INSURANCE PTE LTD
Type Of Coverage	COMPREHENSIVE
Fleet Policy	NO
Policy Number	VFX/P2271004
Cover Note Number	

### Driver

Name of Driver	VEERAPPAN SUBBIAH
NRIC No	S8182246H
Date Of Birth	17/05/1981
Occupation	OUTDOOR
Date Of Driving Pass	20/10/2005
Driving Experience	14 YEARS AND 8 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-84404139
Fax Number	
Contact Number	
Email Address	NOEMAIL

Address	APT BLK 48 BENDEMEER ROAD #03-1491
Postcode	330048
Was driver an employee of the Insured's Company	NO
If No, Relationship of the Driver with the Insured	OTHER - HIRER
Vehicle Registration Number of Driver's Own Vehicle	-
	-
	-
Insurance Company of Driver's Own Vehicle	-
	-
	-

#### General Information of the Accident

Type Of Accident	NO COLLISION
Weather Conditions	RAINING
Road Surface	WET

#### 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?	NO
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 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	SMH8860K
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	PRIVATE CAR
Name of Driver	
NRIC/Passport Number	
Contact Number	
Address	
Postcode	
Insurance Company Name	
Nature Of Damage	
No. Of Passenger (Including Driver)	

## Sketch Plan

### SKETCH PLAN

	<p><u>Vehicle</u></p> <p>A - QBF 353X</p> <p>B - SMH 8860X</p> <p><u>Legend</u></p> <div style="display: flex; justify-content: space-around;"> <div style="text-align: center;">               Vehicle         </div> <div style="text-align: center;">               Motorcycle         </div> </div>
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### DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

This happened at my working place No 361, UBE Rd 3. before 9am I want to start work that's why I try to park my car park area at the time this building security office asked me to move my QBF303X vehicle at the time this security officer also standing near my QBF303X but he never say anything he only asked to move from this parking area. after the around 13:00 my supervisor asked about this accident matter, almost my QBF303X parking my loading area I don't nobody asked me. My vehicle missing damage no scratches. my vehicle moving because of this place have steel break I will attached this photo. & This sorry and can highly totaling different.

### 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

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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.

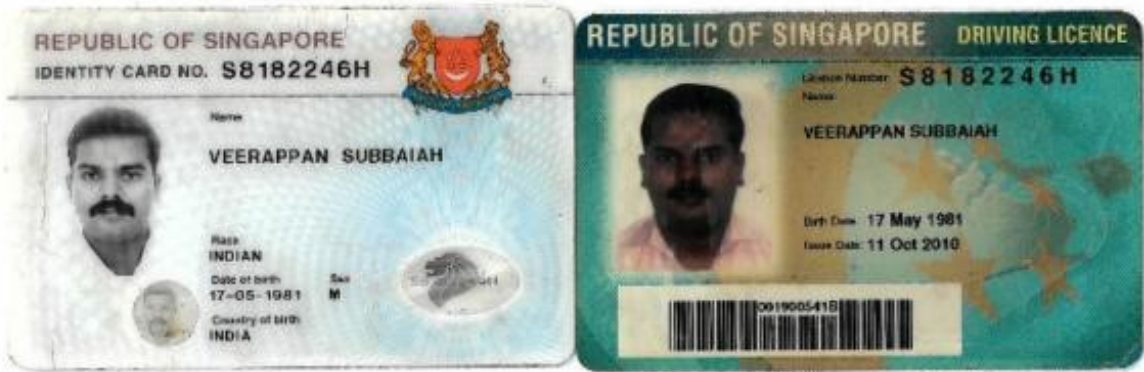
Policyholder's Signature  
Date & Time:

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

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



Driving License & NRIC



**AUTHORISATION LETTER**



UEN No.: 53247626C

**LECCA CAR LEASING**

27 Ubi Crescent #04-00  
Singapore 408581  
Tel : 6282 5522

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

Date : 22<sup>nd</sup> June 2020

To : Whom It May Concern

**Re : Authorisation Letter for Mr Veerappan Subbaiah for Vehicle No. GBF 303 X –  
Toyota Dyna 150 Manual to File Report & Claims**

We, Lecca Car Leasing (UEN No. 53247626C), hereby appoint **Mr Veerappan Subbaiah** (NRIC No. S8182246H) bearer of this letter to be the authorised driver for vehicle registration no. **GBF 303 X – Toyota Dyna 150 Manual**. We would appreciate your kind assistance in assisting him with filing of reports & claims and other transactions in connection with the accident on 22<sup>nd</sup> June 2020.

Please contact us at 6533 3312 should you have any queries.

Thank You.

Sincerely,

For and on behalf of Lecca Car Leasing

Darryl Netto  
Manager

# 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

3 Date of accident Time 22/6/2020 8:15		2 Exact location of accident Carpark of No 361 Ubi Road 3		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) Vehicle Video Camera Available No <input checked="" type="checkbox"/> Yes <input type="checkbox"/>	

Registration No. (VEHICLE A) **GBF 303X**

5 Insured / policyholder (see insurance cert.)  
Name **Leeca Car Leasing**  
(capital letters)  
Address **No 1 Blk 48 Bedmen Road #03-1491 (S) 3300948**  
NRIC / Passport no. **53247626C**  
Tel no. (from 9am till 5pm) **6533 3312**  
HP \_\_\_\_\_

7 Vehicle  
Make, type **Toyota Dyna 150 Manual**

8 Insurance company  
**AXA** ☒ C ☐ TPFT ☐ TPO  
Does the policy cover damage to vehicle A?  
No ☐ Yes ☒  
Policy No. **VFX P2271009**

9 Driver ☐ Same as Owner  
Name **Veerappan Subbiah**  
(capital letters)  
NRIC / Passport no. **S8182246H**  
Class of licence **3**  
HP **8440 4139**  
Gender Male ☒ Female ☐

### 12 CIRCUMSTANCES

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

- |   |     |   |
|---|-----|---|
| A | Q1  | Chain Collision                                 |
|   | Q2  | Collided into Bicyclist                         |
|   | Q3  | Collided into Motorcyclist                      |
|   | Q4  | Collided into Parked Vehicle                    |
|   | Q5  | Collided into Pedestrian                        |
|   | Q6  | Collided into Property                          |
|   | Q7  | Collision - Change/Cross Lane                   |
|   | Q8  | Collision - Cross Junction                      |
|   | Q9  | Collision - Head on Collision                   |
|   | Q10 | Collision - Head to Rear                        |
|   | Q11 | Collision - Major/Minor Rd                      |
|   | Q12 | Collision - Opening Door of Vehicle             |
|   | Q13 | Collision - Roundabout                          |
|   | Q14 | Collision - U-Turn                              |
|   | Q15 | Drunk Driving / Drug Influence                  |
|   | Q16 | Fire, Explosion or Lightning                    |
|   | Q17 | Hit and Run / Vandalism / Damaged whilst Parked |
|   | Q18 | Hit by Fallen Tree / Other Objects              |
|   | Q19 | No Collision                                    |
|   | Q20 | Side Swipe                                      |
|   | Q21 | Theft   |
|   | Q22 |   |

Registration No. (VEHICLE B) **SMH 8860K**

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

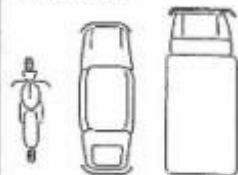
7 Vehicle  
Make, type \_\_\_\_\_

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 B above)  
Name \_\_\_\_\_  
(capital letters)  
NRIC / Passport no. \_\_\_\_\_  
Class of licence \_\_\_\_\_  
HP \_\_\_\_\_  
Gender Male ☐ Female ☐

State TOTAL number of boxes marked with a cross

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



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

15 Signatures of drivers

A **LECCA CAR LEASING**  
*[Signature]*

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



11 Visible damage to vehicle B

14 My remarks

B

1 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)					
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>eswaran@logisticssg.com</u>				
	2 Vehicle registration no. _____		CC _____ 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 <u>Hiree</u> State the vehicle number and name of owner 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 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 _____	Was vehicle driven with the insured's permission? Yes <input type="checkbox"/> No <input type="checkbox"/>
	17/07/1981		Indoor _____ Outdoor <input checked="" type="checkbox"/>	20/10/2008	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"/>
					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 type="checkbox"/> Raining <input checked="" type="checkbox"/> Others _____				
	15 Road surface Wet <input checked="" type="checkbox"/> Dry <input 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 (Refer to attached)				
Declaration	22 State number of Passengers (Including Driver) <u>1</u>				
	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



SCENE PHOTO



SCENE PHOTO





SCENE PHOTO





SCENE PHOTO

