

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	05/11/2014 11:47
Date Of Accident	20/10/2014 22:30
Exact Location Of Accident	ANG MO KIO AVE 8
Country/State of Loss	Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number	GT8992X
Insured/Policyholder	
Name Of Registered Owner	HUI WANG ENTERPRISE
Co Reg No	49439300M

Vehicle Particulars

Manufacturer	TOYOTA
Model	DYNA 150D-3.0 D (M)
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 Singapore Pte Ltd
Type Of Coverage	Third Party
Fleet Policy	No
Policy Number	VFX/P1002314
Cover Note Number	

Driver

Name of Driver	NELSON GUNALAN
NRIC No	S8237994J
Date Of Birth	31/10/1982
Occupation	Indoor
Date Of Driving Pass	19/12/2006
Driving Experience	7 Years And 10 Months
Gender	Male
Mobile Number	(Local) +65-85249902
Fax Number	
Contact Number	Office-62830717
EEmail Address	WINSON@HUIWANGENTERPRISE.COM
Address	BLK 5 DEFU LANE 10 #01-578 SINGAPORE
Postcode	539186

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 Collision- Head to Rear (Insured Hit TP)
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

REFER TO THE ATTACH STATEMENT RECORDED BY PEI WEN-PROGRESSIVE AUTOMOTIVE PTE LTD TEL 6741 5336
Are accident photos available for attachment? Yes

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number FBG6120L
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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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.



[Handwritten signature]

Policyholder's Signature / Date & Time



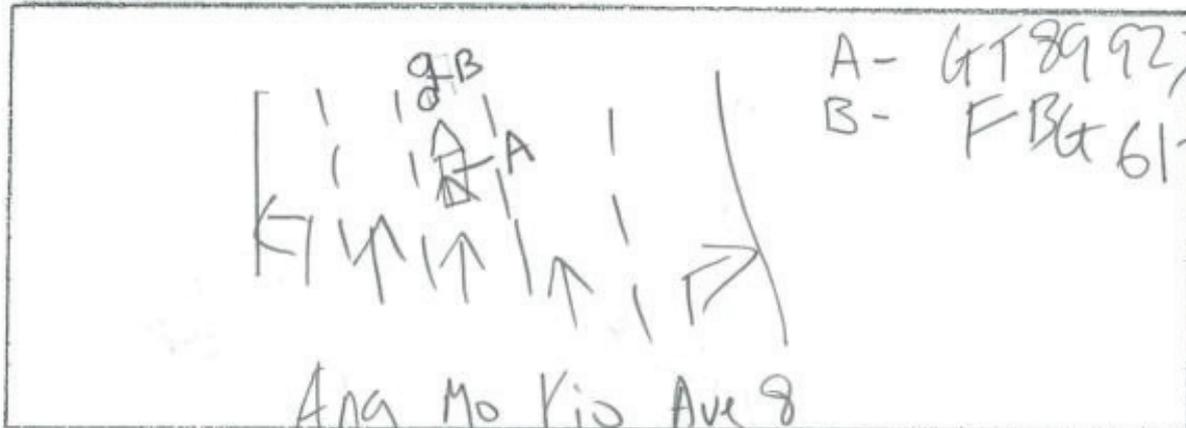
11:45 am
5/11/14

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

[Handwritten signature]

Witnessed by Reporting Centre Personnel

Sketch Plan



Sketch Plan #2

Describe Circumstances of the Accident

DATE OF ACCIDENT: 20/10/14

TIME OF ACCIDENT: 22.27

I was driving Along Ang Mo Kio Ave 8 on 20/10/14 about 22.27 vehicle B suddenly sudden break as he change gear which I was told that was faulty and I could not stop on time behind him

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



FL

Policyholder's Signature / Date & Time



William
5/11/14

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

John

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

1 Date of accident 20/10/14		Time 2227		2 Exact location of accident Ang Mo Kio Ave 8		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 type="checkbox"/> Yes <input type="checkbox"/> *	

Registration No. (VEHICLE A) GT8992X

6 Insured / policyholder (see insurance cert.)
Name: Hui Wang
(capital letters) Enterprise
Address: BIK S DATA LANE 10
H 01-518 5 539186
NRIC / Passport no.: 62830917
Tel no. (from 9am till 5pm): 8524 9902
HP: 8524 9902

7 Vehicle
Make, type: Toyota Dyna
1500 2.0

8 Insurance company
AXA (TP)

Does the policy cover damage to vehicle A?
No Yes

Policy No. (if available): VAX/P1002314

9 Driver (See driving licence)
(if different from insured A above)
Name: Nelson Gunalan
(capital letters) N823799AJ
NRIC / Passport no.: S823799AJ
Class of licence:

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. (VEHICLE B) FBG 6120L

6 Insured / policyholder (see insurance cert.)

B

1 Name (capital letters)

2 Address

3 NRIC / Passport no.

4 Tel no. (from 9am till 5pm)

5 HP

7 Vehicle

8 Make, type

9 Insurance company

11 Does the policy cover damage to vehicle B?
No Yes

12 Policy No. (if available)

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

14 Name (capital letters)

15 NRIC / Passport no.

16 Class of licence

Blk 3
St. George
15 Rd
#03-69
S 30003

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: _____

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

11 Visible damage to vehicle B

14 My remarks

15 Signatures of drivers

A

B _____

* 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) <small>To be completed and submitted within 24 hours to your insurer or Idac or appointed workshop. (Use a separate sheet of paper where necessary)</small>																
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: <u>winson@huiwangenterprise.com</u>															
	2 Vehicle registration no. _____ C.C. _____		If commercial vehicle, state permissible carrying capacity _____													
	3 Is driver the owner? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> If no, state the vehicle number and name of insurer of driver's own vehicle (where applicable) <u>employee - hirer.</u>															
	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"/> 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. _____															
	6 Are you claiming under your own insurance policy for repair to your vehicle? <u>NO</u> If no, state action to be taken <u>Reporting only.</u>															
Driver or person in charge of vehicle at the time of accident (including insured)	7 Date of birth <u>31/10/82</u>	Occupation (if more than one, state all) _____	Years of driving experience <u>19/12/06</u>	Was vehicle driven with the insured's permission? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	Was driver an employee of the insured's company? 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" style="width:100%; border-collapse: collapse;"> <thead> <tr> <th style="width: 15%;">Date</th> <th style="width: 55%;">Offence</th> <th style="width: 30%;">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"/>											
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				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 <u>[Signature]</u> Date <u>5/11/14</u> Driver's signature (if driver is not the policyholder) <u>[Signature]</u> Date <u>5/11/14</u>															

Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo

