

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	02/02/2015 10:45
Date Of Accident	31/01/2015 13:20
Exact Location Of Accident	PAYA LEBAR RD
Country/State of Loss	Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number	GV6263U
Insured/Policyholder	
Name Of Registered Owner	SIN LIAN SENG TRADING CO
Co Reg No	N/A
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-81210858
Alternative Phone No	Office-67489845

Vehicle Particulars

Manufacturer	TOYOTA
Model	DYNA 150 D
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	AIG Asia Pacific Insurance Pte. Ltd.
Type Of Coverage	Third Party Fire and/or Theft
Fleet Policy	No
Policy Number	0100247657
Cover Note Number	

Driver

Name of Driver	GOH BOON PHIAW
NRIC No	S0642878I
Date Of Birth	15/01/1944
Occupation	Outdoor
Date Of Driving Pass	28/03/1966
Driving Experience	48 Years And 10 Months
Gender	Male
Mobile Number	(Local) +65-81210858
Fax Number	(Local) +65-67417023
Contact Number	
E-Mail Address	NOEMAIL

Address
Postcode
Was driver an employee of the Insured's Company Yes
If No, Relationship of the Driver with the Insured
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 ATTACHED
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 ATTACHED. STATEMENT RECORDED BY DARYL - PROGRESSIVE AUTOMOTIVE PTE LTD. TEL: 6741 5761
Are accident photos available for attachment? Yes

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number SHC5950P
Vehicle Make/Model/Colour
Details Of Properties
Name of Driver WEE HA LING
NRIC/Passport Number S0983378A
Contact Number 82292438
Address
Postcode
Insurance Company Name
Nature Of Damage
No. Of Passenger (Including Driver)

Details of Witness

Name GBC 6108 P
Phone Number 97119752
Email Address

Sketch Plan

SKETCH PLAN

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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.

02/02/2015
10am

f. [Signature] [Signature]

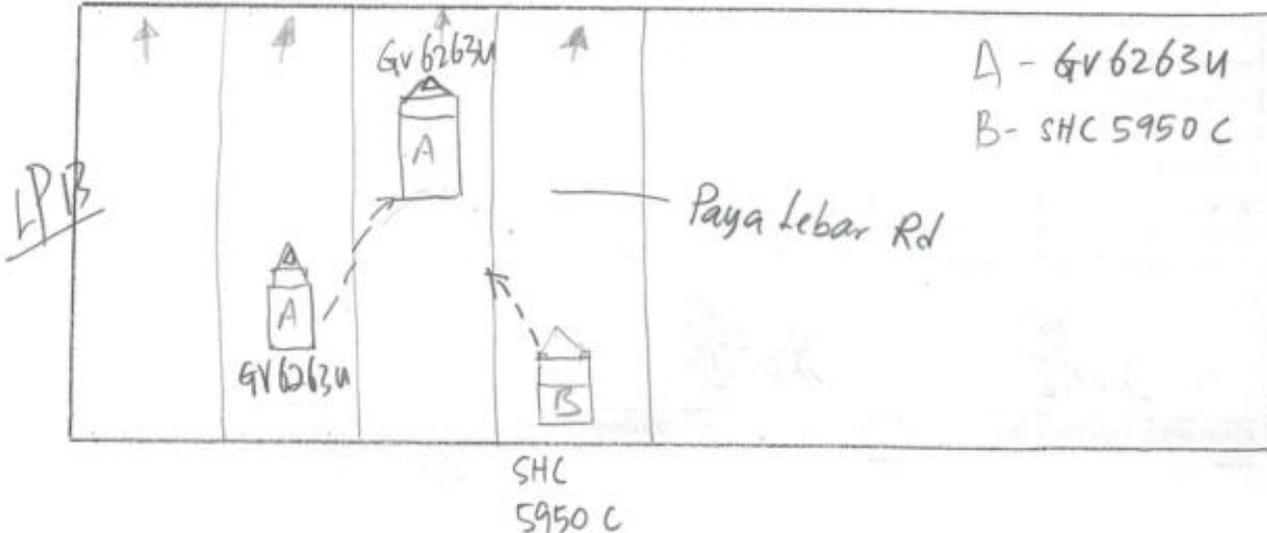
[Signature]

Policyholder's Signature / Date & Time

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

Witnessed by Reporting Centre Personnel

Sketch Plan



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 31/01/2015	Time 1320	2 Exact location of accident Paya Lebar 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"/> *			3 Injuries even if slight 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) GIBD 6108P / HP: 9711 9752		

Registration No. (VEHICLE A) AV 6263 U

6 Insured / policyholder (see insurance cert.)
Name SIN LIAN SENG TRADING CO
(capital letters)

Address _____

NRIC / Passport no. _____

Tel no. (from 9am till 5pm) 67489845

HP 81210858

7 Vehicle
Make, type _____

8 Insurance company
AXA - TPFT

Does the policy cover damage to vehicle A?
No Yes

Policy No. (if available) 0100247657-1200

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

Name GOM BOON PHIAW
(capital letters)

NRIC / Passport no. S0642878I

Class of licence 2B, 2A, 2, 3

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) not observing a right-of-way sign (e.g. red traffic light, stop sign, etc.)
<input type="checkbox"/>	17	

← **State TOTAL number of boxes marked with a cross** →

Registration No. (VEHICLE B) SHC 5950 P

6 Insured / policyholder (see insurance cert.)
Name WEE HA LING
(capital letters)

Address _____

NRIC / Passport no. S0983378A

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

HP 82292438

7 Vehicle
Make, type _____

8 Insurance company _____

Does the policy cover damage to vehicle B?
No Yes

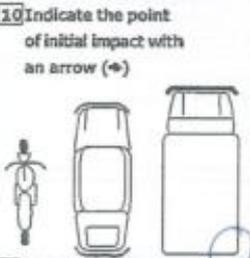
Policy No. (if available) _____

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

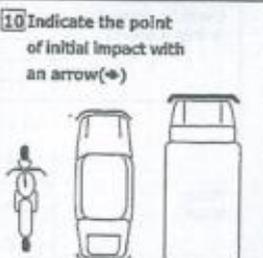
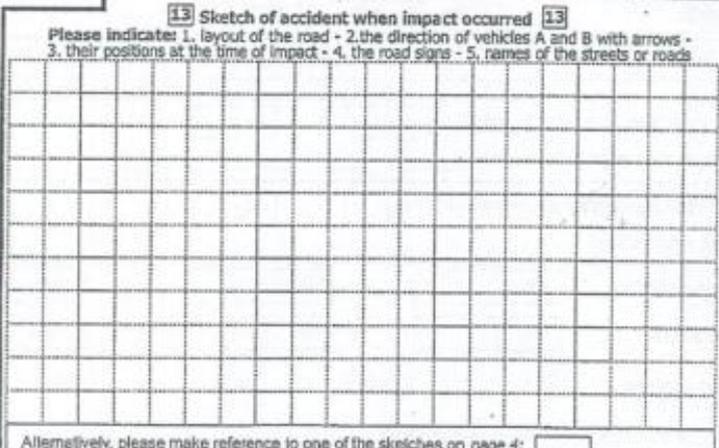
Name _____
(capital letters)

NRIC / Passport no. _____

Class of licence _____



11 Visible damage to vehicle A
Rear - Right



11 Visible damage to vehicle B

14 My remarks

15 Signatures of drivers

A [Signature]

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 →

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>6741 7023</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) _____					
	4 Exact purpose for which vehicle was being used at time of accident: <input type="checkbox"/> Private use <input checked="" 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	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>15/04/1944</u>	<u>DRIVER (outdoor)</u>	<u>28/03/1966</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 _____					
	9 Full details of all driving convictions including pending prosecutions in the last 36 months					
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?
					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)
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 <input type="checkbox"/>					
	15 Road surface: Wet <input type="checkbox"/> Dry <input checked="" type="checkbox"/> Others <input type="checkbox"/>					
	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>F.</u> Driver's signature (if driver is not the policyholder) _____				Date _____ Date <u>02/02/2015</u>	

Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Addendum Sheet

GENERAL INSURANCE ASSOCIATION OF SINGAPORE
RECORDS MANAGEMENT CENTRE

IMPORTANT NOTE : Please submit the completed Addendum form to the same Authorised Reporting Centre with whom you submitted the Original Report.

ADDENDUM

(A) PARTICULARS OF PERSON MAKING THE AMENDMENTS:

Original Report No : MPA215012785 Vehicle Registration No : GV 6263 U
Name(as shown in NRIC): SIN LIAN SENG TRADING CO
(*Vehicle Driver / Vehicle Owner) (*) Please delete as appropriate
NRIC/Passport No : N/A
Address : _____
Contact (Tel) : 67489845 (H/P) : 81210858
(Email) : _____
Date of Accident : 31/01/2015 Time of Accident : 1320
Place of Accident : Paya Lebar Road
Insurance Company : AI

(B) ADDITIONAL INFORMATION / AMENDMENTS:

I have made a report on the above mentioned accident and would like to include additional information or make the following amendments:

TO CHANGE FROM AXA TO AIG.

f. h.

Signature of Vehicle Owner / Driver
Date: 03/02/2015