

## 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	21/11/2016 17:39
Date Of Accident	20/11/2016 01:30
Exact Location Of Accident	KPE EXIT ECP
Country/State of Loss	Singapore

### DETAILS OF OWN VEHICLE

Vehicle Registration Number	SLG8100M
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#### Insured/Policyholder

Name Of Registered Owner	TAN GEK NOI AGNES
NRIC No	S7325692E
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-90011100
Alternative Phone No	Others-84187900

#### Vehicle Particulars

Manufacturer	BMW
Model	335I-3.0 (A)

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? Yes

If No, Please state action to be taken

Vehicle Category	Private Car
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#### Insurance Company

Name of Insurance Company	AXA Insurance Singapore Pte Ltd
Type Of Coverage	Comprehensive
Fleet Policy	No
Policy Number	GA130222
Cover Note Number	

#### Driver

Name of Driver	TUNG KAI SHENG
NRIC No	S8926344A
Date Of Birth	01/08/1989
Occupation	Indoor
Date Of Driving Pass	13/04/2010
Driving Experience	6 Years And 7 Months
Gender	Male
Mobile Number	
Fax Number	
Contact Number	
EEmail Address	contact@nicktung.com

Address	26 SIMEI ST 1 #08-09
Postcode	529947
Was driver an employee of the Insured's Company	No
If No, Relationship of the Driver with the Insured	Relative
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 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
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 ATTACHED STATEMENT RECORDED BY LILY - PROGRESSIVE AUTOMOTIVE PTE LTD 67415336

#### Attachment(s)

Are accident photos available for attachment?	Yes
Was there any video captured by Car Camera?	No

#### DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	SKK5253R
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	

#### DETAILS OF OTHER VEHICLE PROPERTY 2

Vehicle Registration Number	SHC1961J
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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#### 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.

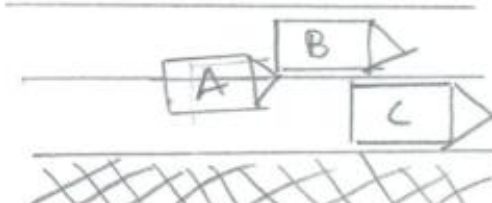


Policyholder's Signature / Date & Time

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>XXX - grass</p>  <p>2nd lane 1st lane</p>	<h4>Number Plate</h4> <p>A - SLG 8100M B - SKK 5253R C - SHC 1961J</p> <h4>Legend</h4> <p> Vehicle  Bike</p>
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## Sketch Plan #2

### Describe Circumstances of the Accident

Date of Accident: 20th november 2016

Time of Accident: 0130 hours

I was travelling along the 1st lane at approx 90km/h, the taxi (party c), overtook party B ~~at~~ <sup>with</sup> short notice. The taxi did signal but made a quick and sharp cut without checking if I was coming from behind. The signal timing and cutting was not in reasonable timing and Party A (I), high beam.

I was shocked and brake but skid and impacted to party B to avoid hitting party C. The party B, party C and myself had suffered no injuries during this accident. No one went to the ambulance.

The windscreen on my car ~~was~~ <sup>could have been</sup> damaged due to the accident.

Conclusion: The party C should have never swerve out immediately without checking if any cars (party A, in this case). The taxi actions has caused me to have unreasonable time to react causing in serious accident done to Party A and party B. We briefly spoke after the accident (Party A and party B) and she remembered that the taxi did overtake her before the accident took place. This series of re-recollection has proved that he ~~was~~ (party C) could have been the catalyst of the incident.

I (party A), do not know if party C did suffered any damages to the car but he drove off about 200 metres away and started taking our particulars.

The back of the car have suffered scratches and cracked due to the accident, ~~the~~ <sup>min</sup> scratches around the cab, speaker on the left side fell, the back sensors came out.

### 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

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

21/11/16



# 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: 20/11/16. Time: 0130		2 Exact location of accident: KPE Exit ECP.		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 type="checkbox"/> Yes <input checked="" 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) SLG8100M

6 Insured / policyholder (see insurance cert.)  
Name: Tan Aue Noi  
(capital letters) Agur.  
Address: \_\_\_\_\_  
NRIC / Passport no. 5725692E  
Tel no. (from 9am till 5pm) \_\_\_\_\_  
HP 90011100

7 Vehicle  
Make, type Bmw Coupe

8 Insurance company  
AXA ☒ TPFT ☐ TPO  
Does the policy cover damage to vehicle A?  
No ☐ Yes ☒  
Policy No. GA130222

9 Driver ☐ Same as Owner  
Name: Tung Kai Sheng  
(capital letters)  
NRIC / Passport no. 58926344A  
Class of licence 3  
HP 84187900  
Gender: Male ☒ Female ☐

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) SHH196TJ

6 Insured / policyholder (see insurance cert.)  
Name: SKK 553K  
(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 ☐

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

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: \_\_\_\_\_

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

11 Visible damage to vehicle A

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

11 Visible damage to vehicle B

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

14 My remarks

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

15 Signatures of drivers

A [Signature]

B [Signature]

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

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:
	2 Vehicle registration no. <u>SLG 8100 M</u>		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 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			
	5 Is the vehicle still in use? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> If no, state where it is at present			Tel no.
Of which vehicle are you the owner?	<input checked="" type="checkbox"/> A			
	<input type="checkbox"/> B			
	6 Are you claiming under your own insurance policy for repair to your vehicle? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>			
	If no, state action to be taken <input type="checkbox"/> Third Party <input type="checkbox"/> Reporting Only <input type="checkbox"/> Third Party (Own Workshop)			
	7 Date of birth			Occupation
	Date of license pass			Was vehicle driven with the insured's permission?
Driver or person in charge of vehicle at the time of accident (including insured)	<u>01/8/89</u>			<u>Indoor</u>
	<u>13/4/10</u>			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			Was driver an employee of the insured's company?
	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?
				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
			<u>SLG 5788</u>	
			<u>SHU 6617</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			
	13 Was notice of intended prosecution given? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>			
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 <input type="text"/> km/hr B <input type="text"/> km/hr			
	17 What warnings were given by driver or other party?			
	18 Were street lights illuminated? 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)				
Declaration	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 <u>21/11/16 (1355 hrs)</u>



Accident Photo





Accident Photo



Accident Photo





Accident Photo





Accident Photo



Accident Photo





