

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	02/10/2020 16:09
Date Of Accident	01/10/2020 21:15
Exact Location Of Accident	SENGKANG EAST WAY SLIP RD TOWARDS SENGKANG EAST DR
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SJY6287A
Insured/Policyholder	
Name Of Registered Owner	VERONICA NG LI YEN
NRIC No	S7323380A
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-98468009
Alternative Phone No	OTHERS-91445988

Vehicle Particulars

Manufacturer	TOYOTA
Model	VIOS-1.5 E (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?	NO
If No, Please state action to be taken	REPORTING ONLY
Vehicle Category	PRIVATE CAR

Insurance Company

Name of Insurance Company	AXA INSURANCE PTE LTD
Type Of Coverage	COMPREHENSIVE
Fleet Policy	NO
Policy Number	GA550221/1
Cover Note Number	

Driver

Name of Driver	KELVIN CHIU LARK HUA
NRIC No	S7215708G
Date Of Birth	10/05/1972
Occupation	INDOOR
Date Of Driving Pass	22/09/1993
Driving Experience	27 YEARS AND 0 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-91445988
Fax Number	
Contact Number	
Email Address	YESKEL7@YAHOO.COM

Address	72 HOUGANG AVE 7 #01-14 SINGAPORE
Postcode	538805
Was driver an employee of the Insured's Company	NO
If No, Relationship of the Driver with the Insured	SPOUSE
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
Weather Conditions	CLEAR
Road Surface	DRY

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?	YES
I have been approached by unknown person(s) soliciting/offering accident claims assistance.	NO
Number of Passengers (Including Driver)	2
Passenger 1	NAME: : PAX 1 GENDER: : MALE

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 CAR CARE PTE LTD TEL 6741 5336

Attachment(s)

Are accident photos available for attachment?	YES
Was there any video captured by Car Camera?	YES
Was there any audio recorded?	NO

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	SKT7388A
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	PRIVATE CAR
Name of Driver	TAN HUA ANN
NRIC/Passport Number	
Contact Number	97995953
Address	
Postcode	
Insurance Company Name	
Nature Of Damage	

No. Of Passenger (Including Driver)

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.
- (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:



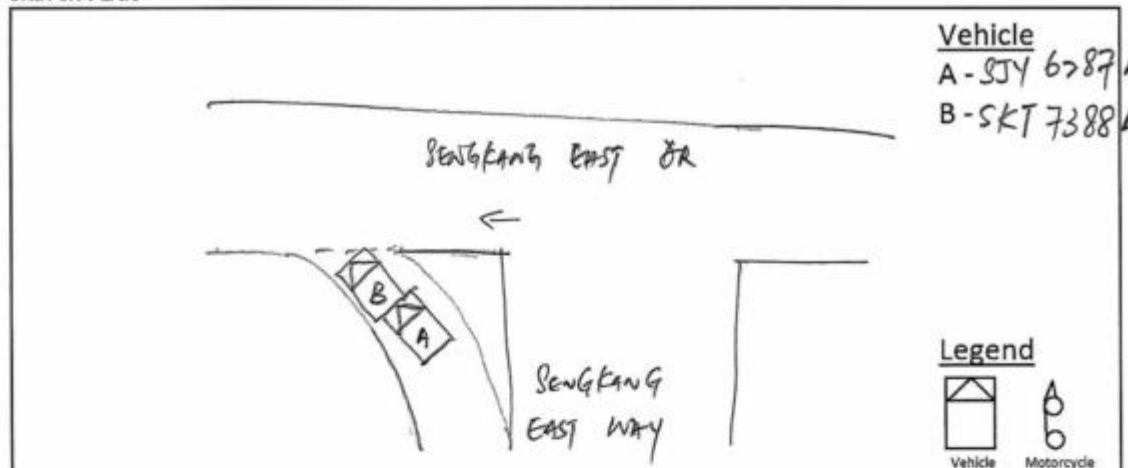
Driver's Signature
(If driver is not the policyholder)
Date & Time:

kyi
2/10/2020
4:20pm

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


AN

SKETCH PLAN



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

On the 1.10.2020, while I was travelling along Sengkang east way @ 21.5 Hrs, as I turn into the slip rd, the vehicle in front of me stop and follow by me. As I see the front vehicle move off, I started to move my car again at the same time I was checking the traffic of the main road (Sengkang east way), the front vehicle deliberately stop again and caused a minor accident. I have provided some In-Car Camera video to prove that the front car stopped deliberately as no car ^{came} close to the merging lane. Both vehicle had slight damage.

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.:

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 11/10/2020 2115		2 Exact location of accident Sengkang East way Slip Road Sengkang East Drive		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 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 type="checkbox"/> Yes <input checked="" type="checkbox"/>	

Registration No. (VEHICLE A) SJY6287A

6 Insured / policyholder (see insurance cert.)
Name: Veronica Ng Li Yen
(capital letters)
Address: 12 Hagarang Ave 7 #01-14 S 538895
NRIC / Passport no. S7323380A
Tel no. (from 9am till 5pm) 9846 8009
HP
7 Vehicle
Make, type Toyota Vios 1.5E
8 Insurance company AXA ☒ TPFT ☐ TPO
Does the policy cover damage to vehicle A?
No ☐ Yes ☒
Policy No. GA550221/1
9 Driver ☐ Same as Owner
Name: Kelvin Chiu Lark Hua
(capital letters)
NRIC / Passport no. S72157088
Class of licence 3
HP 91445988
Gender Male ☒ Female ☐

12 CIRCUMSTANCES

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

- | | |
|--------------------------|---|
| <input type="checkbox"/> | Chain Collision |
| <input type="checkbox"/> | Collided into Bicyclist |
| <input type="checkbox"/> | Collided into Motorcyclist |
| <input type="checkbox"/> | Collided into Parked Vehicle |
| <input type="checkbox"/> | Collided into Pedestrian |
| <input type="checkbox"/> | Collided into Property |
| <input type="checkbox"/> | Collision - Change/Cross Lane |
| <input type="checkbox"/> | Collision - Cross Junction |
| <input type="checkbox"/> | Collision - Head on Collision |
| <input type="checkbox"/> | Collision - Head to Rear |
| <input type="checkbox"/> | Collision - Major/Minor Rd |
| <input type="checkbox"/> | Collision - Opening Door of Vehicle |
| <input type="checkbox"/> | Collision - Roundabout |
| <input type="checkbox"/> | Collision - U-Turn |
| <input type="checkbox"/> | Drunk Driving / Drug Influence |
| <input type="checkbox"/> | Fire, Explosion or Lightning |
| <input type="checkbox"/> | Flood |
| <input type="checkbox"/> | Hit and Run / Vandalism / Damaged whilst Parked |
| <input type="checkbox"/> | Hit by Fallen Trees / Other Objects |
| <input type="checkbox"/> | No Collision |
| <input type="checkbox"/> | Side Swipe |
| <input type="checkbox"/> | Theft |

Registration No. (VEHICLE B) SKT7388A

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: Tan Hua Ann
(capital letters)
NRIC / Passport no.
Class of licence
HP 93995953
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

REFER TO ATTACHED

Alternatively, please make reference to one of the sketches on page 1: ☐

15 Signatures of drivers

A

14 My remarks

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 (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: <u>Yasfa7@yahoo.com</u>	
Of which vehicle are you the owner? <input checked="" type="checkbox"/> A <input type="checkbox"/> B		2 Vehicle registration no.		C.C.	
		3 Is driver the owner? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		If no, state Relationship of Driver with owner <u>Spouse</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"/> Private Hire		state the vehicle number and name of insurer of driver's own vehicle (where applicable)	
		5 Is the vehicle still in use? <input type="checkbox"/> Yes <input type="checkbox"/> No		If no, state where it is at present Tel no.	
6 Are you claiming under your own insurance policy for repair to your vehicle? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		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?	
		Was driver an employee of the insured's company?			
		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	
				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	
				Insurer's name and address (if known)	
Police action		12 Was the accident reported to the Police? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		If yes, please state which Police station	
		13 Was notice of intended prosecution given? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		If yes, against whom?	
Accident details		14 Weather conditions <input checked="" type="checkbox"/> Clear <input type="checkbox"/> Raining <input type="checkbox"/> Others			
		15 Road surface <input type="checkbox"/> Wet <input checked="" type="checkbox"/> Dry <input type="checkbox"/> Others			
		16 Speed of vehicles A <input type="checkbox"/> km/hr B <input type="checkbox"/> km/hr			
		17 What warnings were given by driver or other party?			
		18 Were street lights illuminated? <input type="checkbox"/> Yes <input type="checkbox"/> No			
		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) <input checked="" type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5 <input type="checkbox"/> 6 <input type="checkbox"/> 7 <input type="checkbox"/> 8 <input type="checkbox"/> 9 <input type="checkbox"/> 10 <input type="checkbox"/> 11 <input type="checkbox"/> 12 <input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17 <input type="checkbox"/> 18 <input type="checkbox"/> 19 <input type="checkbox"/> 20 <input type="checkbox"/> 21 <input type="checkbox"/> 22 <input type="checkbox"/> 23 <input type="checkbox"/> 24 <input type="checkbox"/> 25 <input type="checkbox"/> 26 <input type="checkbox"/> 27 <input type="checkbox"/> 28 <input type="checkbox"/> 29 <input type="checkbox"/> 30 <input type="checkbox"/> 31 <input type="checkbox"/> 32 <input type="checkbox"/> 33 <input type="checkbox"/> 34 <input type="checkbox"/> 35 <input type="checkbox"/> 36 <input type="checkbox"/> 37 <input type="checkbox"/> 38 <input type="checkbox"/> 39 <input type="checkbox"/> 40 <input type="checkbox"/> 41 <input type="checkbox"/> 42 <input type="checkbox"/> 43 <input type="checkbox"/> 44 <input type="checkbox"/> 45 <input type="checkbox"/> 46 <input type="checkbox"/> 47 <input type="checkbox"/> 48 <input type="checkbox"/> 49 <input type="checkbox"/> 50 <input type="checkbox"/> 51 <input type="checkbox"/> 52 <input type="checkbox"/> 53 <input type="checkbox"/> 54 <input type="checkbox"/> 55 <input type="checkbox"/> 56 <input type="checkbox"/> 57 <input type="checkbox"/> 58 <input type="checkbox"/> 59 <input type="checkbox"/> 60 <input type="checkbox"/> 61 <input type="checkbox"/> 62 <input type="checkbox"/> 63 <input type="checkbox"/> 64 <input type="checkbox"/> 65 <input type="checkbox"/> 66 <input type="checkbox"/> 67 <input type="checkbox"/> 68 <input type="checkbox"/> 69 <input type="checkbox"/> 70 <input type="checkbox"/> 71 <input type="checkbox"/> 72 <input type="checkbox"/> 73 <input type="checkbox"/> 74 <input type="checkbox"/> 75 <input type="checkbox"/> 76 <input type="checkbox"/> 77 <input type="checkbox"/> 78 <input type="checkbox"/> 79 <input type="checkbox"/> 80 <input type="checkbox"/> 81 <input type="checkbox"/> 82 <input type="checkbox"/> 83 <input type="checkbox"/> 84 <input type="checkbox"/> 85 <input type="checkbox"/> 86 <input type="checkbox"/> 87 <input type="checkbox"/> 88 <input type="checkbox"/> 89 <input type="checkbox"/> 90 <input type="checkbox"/> 91 <input type="checkbox"/> 92 <input type="checkbox"/> 93 <input type="checkbox"/> 94 <input type="checkbox"/> 95 <input type="checkbox"/> 96 <input type="checkbox"/> 97 <input type="checkbox"/> 98 <input type="checkbox"/> 99 <input type="checkbox"/> 100					
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			

REPUBLIC OF SINGAPORE
IDENTITY CARD NO. S7215708G



Name
KELVIN CHIU LARK HUA
周乐华

Race
CHINESE

Date of birth
10-05-1972

Country/Place of birth
SINGAPORE

Sex
M



REPUBLIC OF SINGAPORE DRIVING LICENCE

License Number S7215708G

Name
KELVIN CHIU LARK HUA

Valid Date: 10 May 1972

Issue Date: 14 Feb 2003



5467873



NAME No. S7215708G



Date of issue
24-04-2015

Address
72 HOUGANG AVENUE 7
#01-14
SINGAPORE 538805


YOU ARE LICENSED TO DRIVE VEHICLES IN THE FOLLOWING CLASS(S)

Class 3 Motor Cars and Motor Tractors the weight of which unladen does not exceed 2500 kilograms

PASS DATE
22 Sep 1993

NP 426A

License No. S7215708G



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



SCENE PHOTO

