

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	21/07/2016 12:38
Date Of Accident	20/07/2016 10:30
Exact Location Of Accident	COLLYER QUAY
Country/State of Loss	Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number	PC3021P
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Insured/Policyholder

Name Of Registered Owner	EMERALD TOURS AND TRAVEL PTE LTD
Co Reg No	201333719K
Email Address	NOEMAIL
Mobile Phone No	
Alternative Phone No	Office-91380375

Vehicle Particulars

Manufacturer	TOYOTA
Model	HIACE-3.0 D GL High-roof Commuter (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	Third Party
Vehicle Category	Bus

Insurance Company

Name of Insurance Company	AXA Insurance Singapore Pte Ltd
Type Of Coverage	Comprehensive
Fleet Policy	No
Policy Number	P1551533
Cover Note Number	

Driver

Name of Driver	PITCHAIYA THEVAR BASKARASE THUPATHI
NRIC No	S7469412H
Date Of Birth	26/04/1974
Occupation	Outdoor
Date Of Driving Pass	17/10/2014
Driving Experience	1 Year And 9 Months
Gender	Male
Mobile Number	(Local) +65-91380375
Fax Number	
Contact Number	
E-Mail Address	NOEMAIL

Address	BLK 488 JURONG WEST AVENUE 1 #06-139
Postcode	640488
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 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
Was there any video captured by Car Camera?	Yes
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

Are accident photos available for attachment?	Yes
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DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	SHC4677K
Vehicle Make/Model/Colour	SMRT
Details Of Properties	
Name of Driver	YAP CHWEE GIM
NRIC/Passport Number	S1593178G
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.

[Handwritten Signature]

[Handwritten Signature]

[Handwritten Signature]

Policyholder's Signature / Date & Time

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

Witnessed by Reporting Centre Personnel

EMERALD TOURS & TRAVELS
5 VERDUN ROAD
SINGAPORE 207274

21/7/16

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

Sketch Plan

	<p><u>Number Plate</u></p> <p>A - PC 3021P</p> <p>B - 3HC A677K</p> <p><u>Legend</u></p> <p> Vehicle</p> <p> Bike</p>
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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 Time 20/7/16. 10:00		2 Exact location of accident Collyer Quay.		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) PC 3021 P.

6 Insured / policyholder (see insurance cert.)
Name Emerald Tours
(capital letters) And Travel Pte
Address _____
NRIC / Passport no. 201333719K.
Tel no. (from 9am till 5pm) _____
HP _____

7 Vehicle
Make, type Taxi Hiace.

8 Insurance company
Axa TPFT TPO
Does the policy cover damage to vehicle A?
No Yes
Policy No. P1551533.

9 Driver Same as Owner
Name Pitchaiya Thavar
(capital letters) Pitchaiya Thavar
NRIC / Passport no. S7469412H.
Class of licence B.
HP 91310375.
Gender Male Female

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)
<input type="checkbox"/>	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) SHC 4677K.

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

7 Vehicle
Make, type Smart Taxi.

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 Yap chwee Sim
(capital letters) _____
NRIC / Passport no. S1592789.
Class of licence B.
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

Sketches of vehicles A and B are shown 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]

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. _____ C.C. _____ If commercial vehicle, state permissible carrying capacity _____		
Of which vehicle are you the owner? <input type="checkbox"/> A <input type="checkbox"/> B	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 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? Yes <input type="checkbox"/> No <input checked="" 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)			
Driver or person in charge of vehicle at the time of accident (including insured)	7 Date of birth	Occupation	Date of license pass
	26/4/74	Indoor	17/10/14
		Outdoor	
			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			
	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"/>
			Were 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"/>
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 (Refer to attached)		
	22 State number of Passengers (including Driver) <input type="checkbox"/> 1		
Declaration	I/We declare the foregoing particulars are true in every respect		
	Policyholder's signature _____		Date } 21/7/16
	Driver's signature (if driver is not the policyholder) _____		Date _____

Letter of authorise

22 July 2016

To Whom It May concern

This letter serves to authorize my driver Pitchaiya Thevar Baskarase Thupathi S7469412H to file the accident report and claims for PC 3021 P

Thank you

Yours faithfully,

EMERALD TOURS & TRAVELS
5 VERDUN ROAD
SINGAPORE 207274



For Emerald Tours And Travel Pte Ltd

Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo

CHASSIS NO.	:	DTFEST22P30-0020790
UNLADEN WT.	:	2130 KG
MAX. LADEN WT.:	:	3250 KG
PASSENGER CAP.:	:	1 DRIVER 13 OTHER
TYRE SIZE	:	(F) 175R15C 106/104S
	:	(R) 175R15C 106/104S

Accident Photo

