

## 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	23/05/2020 09:46
Date Of Accident	07/09/2019 15:30
Exact Location Of Accident	BEDOK NORTH ROAD
Country/State of Loss	SINGAPORE

### DETAILS OF OWN VEHICLE

Vehicle Registration Number	YP6494M
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#### Insured/Policyholder

Name Of Registered Owner	SRM SERVICES
Co Reg No	53102325K
Email Address	BRAVEHEARTS@BRAVEHEARTSSRMSERVICES.COM
Mobile Phone No	
Alternative Phone No	OFFICE-94387580

#### Vehicle Particulars

Manufacturer	ISUZU
Model	FRR90SUQA-C-5.2 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 PTE LTD
Type Of Coverage	COMPREHENSIVE
Fleet Policy	NO
Policy Number	P1947320
Cover Note Number	

#### Driver

Name of Driver	K GORDON
NRIC No	S9128488Z
Date Of Birth	15/07/1991
Occupation	OUTDOOR
Date Of Driving Pass	26/08/2013
Driving Experience	6 YEARS AND 0 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-87693034
Fax Number	
Contact Number	
Email Address	RUSHUSH11@GMAIL.COM

Address	BLK 117 BUKIT MERAH VIEW #06-173 SINGAPORE
Postcode	151117
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	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)	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 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?	NO
Was there any audio recorded?	NO

#### DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	SLL3841P
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	PRIVATE CAR
Name of Driver	
NRIC/Passport Number	
Contact Number	
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:

23/5/2020

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

PW

## Sketch Plan #2

### SKETCH PLAN

Vehicle  
A - YP6474M  
B - SLL3841P

Legend

Vehicle

Motorcycle

DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

I was driving along ~~Batok~~ North Road. I was from 3rd lane moving to 2nd lane. While my lorry completely move into 2nd lane. Front vehicle suddenly jam brake, I was unable to stop in time then collided. I am working for SRM services and using the vehicle for work at the time of accident.

## 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.



Driver's Signature \_\_\_\_\_  
(If driver is not the policyholder)  
Date & Time: 1 1

ne: 23/5/2020

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



# 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 7/9/19		Time 1500		2 Exact location of accident Badak North Road		To be signed by BOTH drivers	
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 checked="" type="checkbox"/> Yes <input type="checkbox"/>	

Registration No. **YP 6494M**  
(VEHICLE A)

6 Insured / policyholder (see insurance cert.)  
Name **SRM Services**  
(capital letters)  
Address **Blk 17 Bukit Merah View #06-173 S15117**  
NRIC / Passport no. **53102325K**  
Tel no. (from 9am till 5pm)  
HP **9438 7580**

7 Vehicle  
Make, type **Isuzu FRR90SUQA**

8 Insurance company  
**AXA** ☒ TPFT ☐ TPO  
Does the policy cover damage to vehicle A?  
No ☐ Yes ☒  
Policy No. **P1947320**

9 Driver ☐ Same as Owner  
Name **K Gordon**  
(capital letters)  
NRIC / Passport no. **S9128488Z**  
Class of licence **34**  
HP **8769 3034**  
Gender Male ☒ Female ☐

A  
Q1  
Q2  
Q3  
Q4  
Q5  
Q6  
Q7  
Q8  
Q9  
Q10  
Q11  
Q12  
Q13  
Q14  
Q15  
Q16  
Q17  
Q18  
Q19  
Q20  
Q21  
Q22

### 12 CIRCUMSTANCES

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

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

← State TOTAL number of boxes marked with a cross →

### 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: ☐

Registration No. **SLL3841P**  
(VEHICLE B)

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

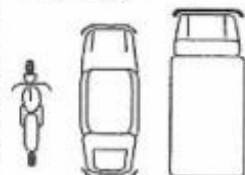
7 Vehicle  
Make, type \_\_\_\_\_

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 \_\_\_\_\_  
(capital letters)  
NRIC / Passport no. \_\_\_\_\_  
Class of licence \_\_\_\_\_  
HP \_\_\_\_\_  
Gender Male ☐ Female ☐

B  
Q1  
Q2  
Q3  
Q4  
Q5  
Q6  
Q7  
Q8  
Q9  
Q10  
Q11  
Q12  
Q13  
Q14  
Q15  
Q16  
Q17  
Q18  
Q19  
Q20  
Q21  
Q22

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



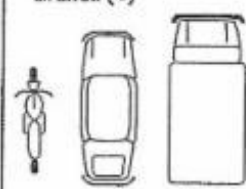
### 11 Visible damage to vehicle B

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

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



### 11 Visible damage to vehicle A

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

### 14 My remarks

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

### 15 Signatures of drivers

A *gwr*

### 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

Fushus.H112@gmail.com

## 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: \_\_\_\_\_ Email: bravehearts@braveheartssrm  
services.com

Of which vehicle are you the owner?  
☒ A  
☐ B

1 Occupation (if more than one, state all) \_\_\_\_\_  
2 Vehicle registration no. \_\_\_\_\_ C.C. \_\_\_\_\_  
If commercial vehicle, state permissible carrying capacity \_\_\_\_\_

3 Is driver the owner? Yes ☐ No ☒ If no, state Relationship of Driver with owner employee 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: ☐ Private use ☐ Commercial use ☐ Hire & reward ☐ Private Hire  
☐ Others - please specify \_\_\_\_\_

5 Is the vehicle still in use? Yes ☐ 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? Yes ☐ No ☐  
If no, state action to be taken: ☐ Third Party ☒ Reporting Only ☐ Third Party (Own Workshop)

7 Date of birth \_\_\_\_\_ Occupation \_\_\_\_\_ Date of license pass \_\_\_\_\_ Was vehicle driven with the insured's permission? Yes ☒ No ☐  
Was driver an employee of the insured's company? Yes ☒ No ☐  
15/7/91 Indoor Outdoor 26/8/2013

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

10 Name(s), address(es) and approximate age(s) \_\_\_\_\_ Injuries sustained \_\_\_\_\_ If vehicle occupants, state in which vehicle \_\_\_\_\_ Were seat belts being worn? Yes ☐ No ☐ Was injured conveyed to hospital by ambulance? Yes ☐ No ☐  
Yes ☐ No ☐ Yes ☐ No ☐ Yes ☐ No ☐ Yes ☐ No ☐

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) \_\_\_\_\_

12 Was the accident reported to the Police? Yes ☐ No ☒  
If yes, please state which Police station \_\_\_\_\_

13 Was notice of intended prosecution given? Yes ☐ No ☒  
If yes, against whom? \_\_\_\_\_

14 Weather conditions: Clear ☒ Raining ☐ Others \_\_\_\_\_  
15 Road surface: Wet ☐ Dry ☒ 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 ☐ 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) \_\_\_\_\_

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 \_\_\_\_\_



# Identification Card & DL



Accident Photo





Accident Photo



Accident Photo



Accident Photo

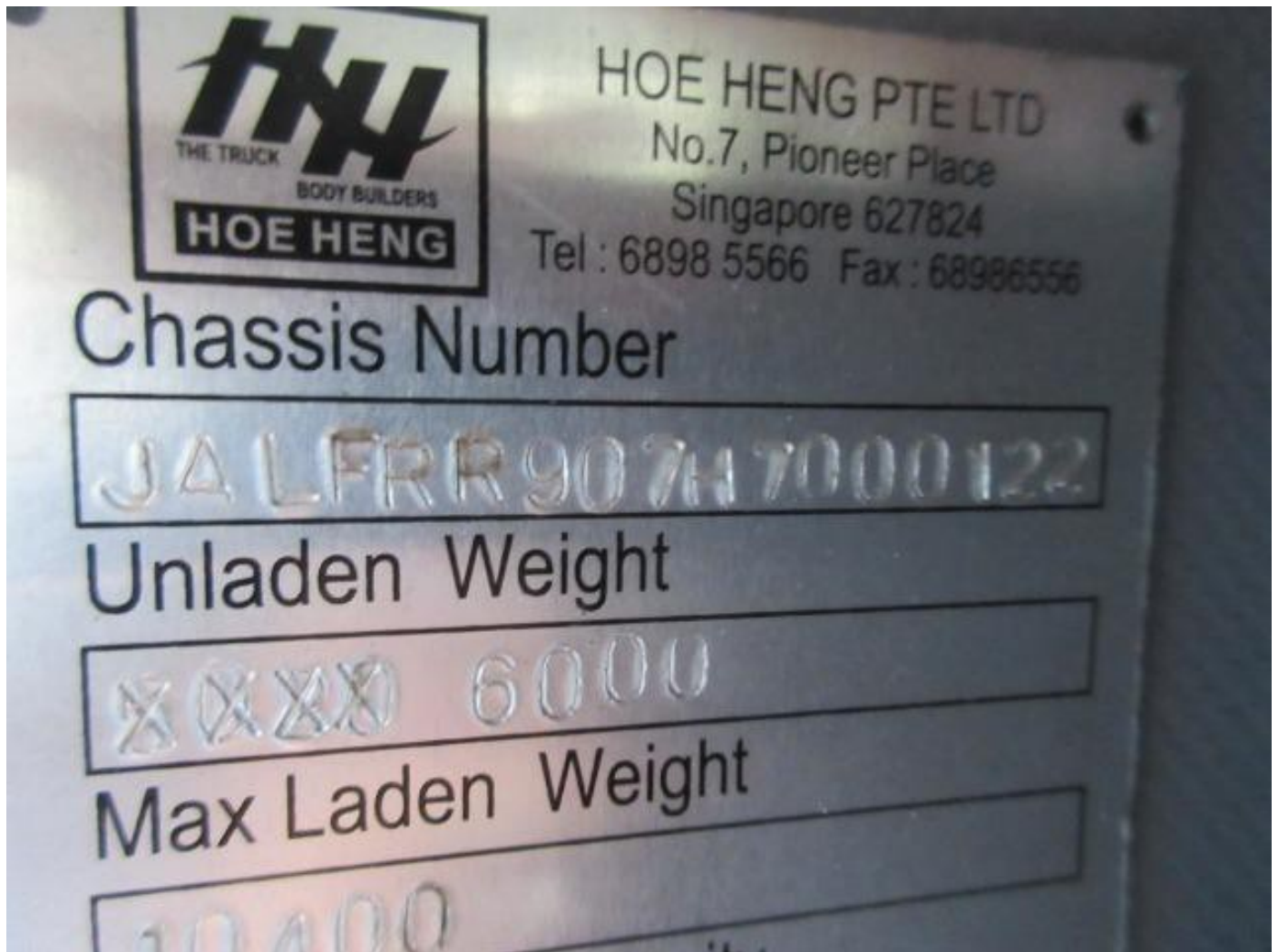




Accident Photo



Accident Photo



Accident Photo

