

## 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	05/07/2016 15:19
Date Of Accident	04/07/2016 18:00
Exact Location Of Accident	PIE TOWARDS TUAS AFTER STEVEN ROAD
Country/State of Loss	Singapore

### DETAILS OF OWN VEHICLE

Vehicle Registration Number	SKV1282A
<b>Insured/Policyholder</b>	
Name Of Registered Owner	DEONG BAN SOON
NRIC No	S8577891I
Email Address	kevin.deong@gmail.com
Mobile Phone No	(LOCAL) +65-97294963
Alternative Phone No	Office-97294963
<b>Vehicle Particulars</b>	
Manufacturer	KIA
Model	CERATO FORTE 1.6 SX 1591CC
Exact Purpose for which vehicle was being used at time of accident	Private
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	Private Car

### Insurance Company

Name of Insurance Company	Aviva Ltd
Type Of Coverage	Comprehensive
Fleet Policy	No
Policy Number	10623046
Cover Note Number	N.A.

### Driver

Name of Driver	DEONG BAN SOON
NRIC No	S8577891I
Date Of Birth	07/08/1985
Occupation	Indoor
Date Of Driving Pass	24/10/2009
Driving Experience	6 Years And 8 Months
Gender	Male
Mobile Number	(Local) +65-97294963
Fax Number	
Contact Number	Office-97294963
Email Address	kevin.deong@gmail.com

Address

Postcode

Was driver an employee of the Insured's Company No

If No, Relationship of the Driver with the Insured Owner

Vehicle Registration Number of Driver's Own Vehicle -

Insurance Company of Driver's Own Vehicle -

#### General Information of the Accident

Type Of Accident Collision- Chain Collision

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

I WAS DRIVING ALONG PIE TOWARDS TUAS ON THE EXTREME RIGHT LANE OF A 3-LANE ROAD SOMEWHERE AFTER THE EXIT OF STEVEN, VEHICLE AHEAD SLOWED DOWN DUE TO TRAFFIC JAM. I APPLIED BRAKE AND SLOWED DOWN MY VEHICLE, BEHIND VEHICLE D. OUT OF SUDDEN, VEHICLE B CAME FROM THE REAR AND COLLIDED ONTO THE REAR POSITION OF MY VEHICLE. UPON THE IMPACT, MY VEHICLE PUSHED FORWARD AND COLLIDED ONTO THE REAR PORTION OF VEHICLE D. AFTER THE ACCIDENT, I ALIGHTED AND REALISED THAT I WAS INVOLVED IN A CHAIN COLLISION OF 4 VEHICLES.

Are accident photos available for attachment? Yes

#### DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number SN88Z

Vehicle Make/Model/Colour TOYOTA/ ALPHARD

Details Of Properties NA

Name of Driver UNKNOWN

NRIC/Passport Number

Contact Number NA

Address NA

NA

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 SGU1312A

Vehicle Make/Model/Colour TOYOTA/ COROLLA ALTIS

Details Of Properties	NA
Name of Driver	UNKNOWN
NRIC/Passport Number	
Contact Number	NA
Address	NA
Postcode	NA
Insurance Company Name	
Nature Of Damage	
No. Of Passenger (Including Driver)	

**Details of Witness**

Name  
Phone Number  
Email Address

**DETAILS OF OTHER VEHICLE PROPERTY 3**

Vehicle Registration Number	SJX1662M
Vehicle Make/Model/Colour	UNKNOWN MODEL
Details Of Properties	NA
Name of Driver	UNKNOWN
NRIC/Passport Number	
Contact Number	NA
Address	NA
Postcode	NA
Insurance Company Name	
Nature Of Damage	
No. Of Passenger (Including Driver)	

**Details of Witness**

Name  
Phone Number  
Email Address



# Sketch Plan

## IMPORTANT NOTICE

## SKETCH PLAN

- Please report correctly the details of the accident to speed up the claims process.
- This Form must be completed by the Policyholder and/or the Authorised Driver.
- Information provided must be as truthful and accurate as possible. Any willful 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. The 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.
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.

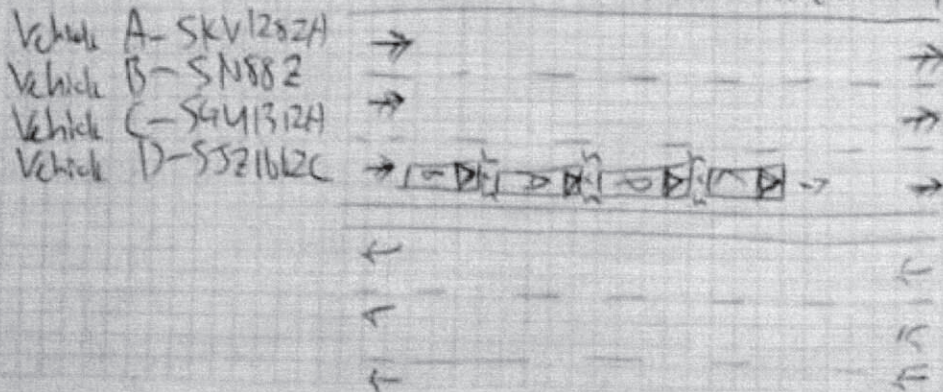
Policyholder's Signature / Date & Time

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

Witnessed by Reporting Centre Personnel

### Sketch Plan

PIE towards TUAS After Steven Exit



ACCIDENT STATEMENT (2000 characters)

Attachment

Taxi Voucher No.:

Are you claiming your own insurance  
policy for the repair of your vehicle?

No, Claim 3rd party

DECLARATION

I/We declare that the above particulars & information provided above are true in every aspect

VERIFIED BY MARS OFFICER - HELMY, S8111652J

MARS Officer

Registered Owner or Driver's Signature

Job Complete Date/Time

Date/Time:



## Describe Circumstances of the Accident

was driving along P2B towards TMAS on the eastern right lane of a 3-lane road. I was the first of 4 vehicles ahead slowed down due to traffic congestion. I applied brake and slowed down my vehicle. Behind vehicle D out of side vehicle B came from the rear and collided into the rear portion of my vehicle. Upon the impact, my vehicle pushed forward and collided into the rear portion of vehicle D. After the accident, I alerted and realized that I was involved in a chain collision of 4 vehicles.

Vehicle A - SKV 1231A

Vehicle B - ST1552

Vehicle C - SGH 1512H

Vehicle D - SSZ 1662C

## Declaration

I/We declare the foregoing particulars are true in every respect.

Policyholder's Signature / Date & Time

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

Witnessed by Reporting Centre Personnel