

## 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	14/09/2016 13:45
Date Of Accident	13/09/2016 22:00
Exact Location Of Accident	JUNCT JURONG WEST ST 91 & 92
Country/State of Loss	Singapore

### DETAILS OF OWN VEHICLE

Vehicle Registration Number	SKE5377Z
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#### Insured/Policyholder

Name Of Registered Owner	CHUA LYE CHOON
NRIC No	S6847696H
Email Address	chualyechoon@gmail.com
Mobile Phone No	(LOCAL) +65-90035903
Alternative Phone No	Office-90035903

#### Vehicle Particulars

Manufacturer	NISSAN
Model	ALMERA 1.5 4AT ABS AIRBAG 2WD 4DR CMFT
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	10473254
Cover Note Number	NA

#### Driver

Name of Driver	CHUA LYE CHOON
NRIC No	S6847696H
Date Of Birth	27/12/1968
Occupation	Indoor
Date Of Driving Pass	07/10/1991
Driving Experience	24 Years And 11 Months
Gender	Male
Mobile Number	(Local) +65-90035903
Fax Number	
Contact Number	Office-90035903
EEmail Address	chualyechoon@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- Head to Rear (TP Hit Insured)

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

On 13/09/16 at 10 pm, I was driving along JURONG West st 92 toward JURONG West st 91. At the junction, after the traffic light turn green. I wanted to make a right turn but there was a pedestrian, so I stop to give way. After a few seconds I felt an impact from my rear. VEH b shc5541L collided into my rear causing damage. Total 2 cars was involved in the accident.

Are accident photos available for attachment? Yes

#### DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number SHC5541L

Vehicle Make/Model/Colour RENAULT/LATITUDE 2.0L DCI AUTO D/AB 4DR/RED

Details Of Properties

Name of Driver LIEW LAI YET

NRIC/Passport Number S2537891A

Contact Number 93520031

Address

Postcode

Insurance Company Name

Nature Of Damage

No. Of Passenger (Including Driver) 1

#### Details of Witness

Name

Phone Number

Email Address

## Sketch Plan

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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 my 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.

VERIFIED BY OFFICER  
HELMY S8111652J

Policyholder's Signature / Date & Time

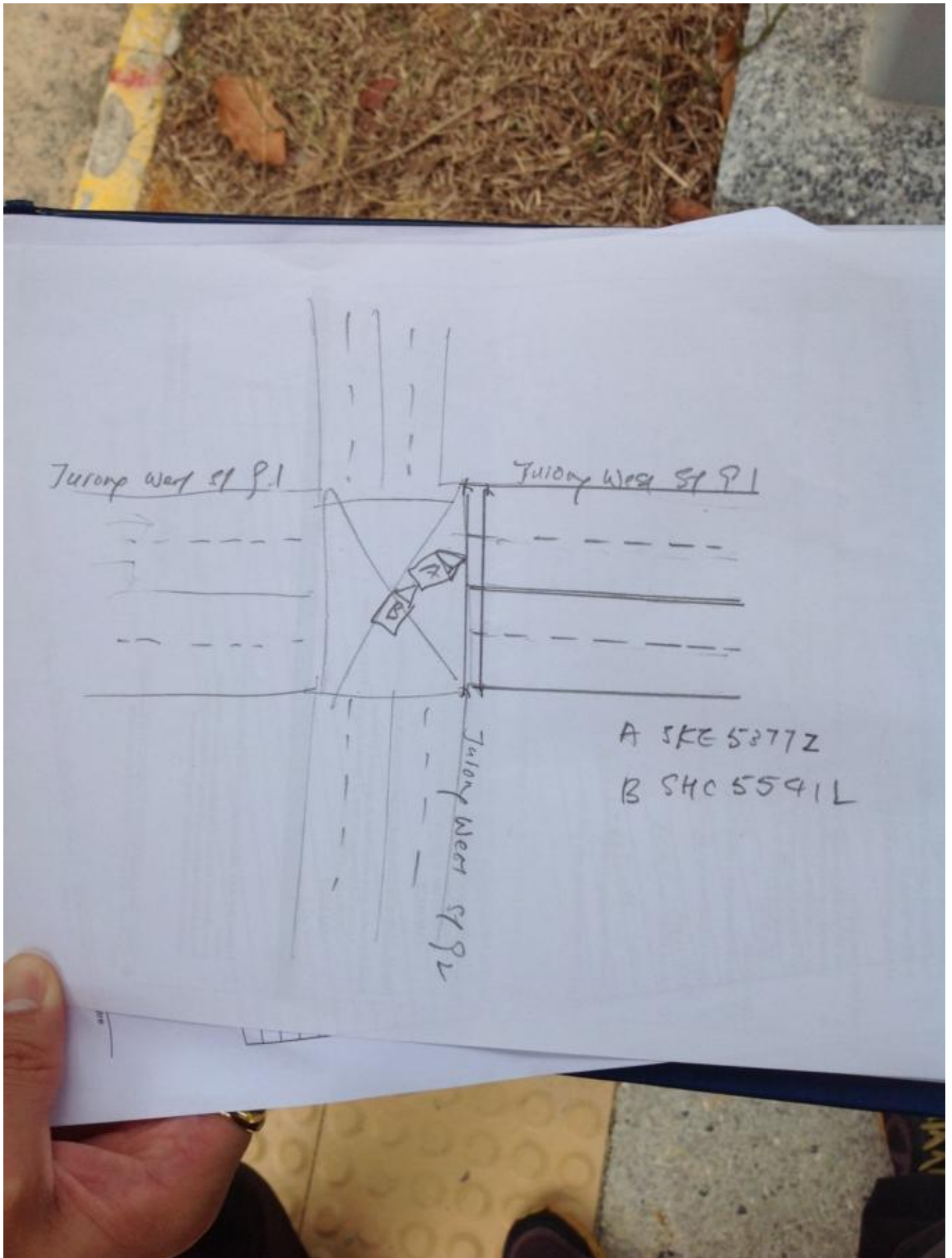
Driver's Signature (If driver is not the policyholder) / Date & Time

Witnessed by Reporting Centre  
Personnel

### Sketch Plan

Attachment -

Sketch Plan #2



## Accident Sketch Plan

### ACCIDENT STATEMENT (2000 characters)

On 13/09/16 at 10 pm, I was driving along JURONG West st 92 toward JURONG West st 91. At the junction, after the traffic light turn green. I wanted to make a right turn but there was a pedestrian, so I stop to give way. After a few seconds I felt an impact from my rear. VEH b shc5541L collided into my rear causing damage. Total 2 cars was involved in the accident.

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

14 September, 2016 11:15 am

Date/Time:

14 September, 2016 11:15 am



Accident Photo



Accident Photo



Accident Photo





Accident Photo



Accident Photo



Accident Photo



Accident Photo



AM11:15 14/SEP/2016

Accident Photo





Accident Photo



## Driving License



## Driving License

