

## 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	15/11/2017 17:50
Date Of Accident	15/11/2017 07:30
Exact Location Of Accident	ALONG SLIP RD FROM BKE TO KJE
Country/State of Loss	SINGAPORE

### DETAILS OF OWN VEHICLE

Vehicle Registration Number	SLC2109A
<b>Insured/Policyholder</b>	
Name Of Registered Owner	ANG GOON HWEE
NRIC No	S7503787B
Email Address	AXHARPOON@HOTMAIL.COM
Mobile Phone No	(LOCAL) +65-98488960
Alternative Phone No	OFFICE-98488960

### Vehicle Particulars

Manufacturer	HONDA
Model	STEPWAGON
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	10735584

Cover Note Number

### Driver

Name of Driver	ANG GOON HWEE
NRIC No	S7503787B
Date Of Birth	02/02/1975
Occupation	INDOOR
Date Of Driving Pass	30/03/1995
Driving Experience	22 YEARS AND 7 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-98488960
Fax Number	
Contact Number	OFFICE-98488960
EMail Address	AXHARPOON@HOTMAIL.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 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  
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

ON THE DATE AND TIME MENTIONED I WAS DRIVING ALONG THE SAID MENTIONED ROAD WHEN A CAR IN FRONT OF ME SLOWED DOWN. ON SEEING THIS I FOLLOW SUIT. VEHICLE B ALSO SLOWED DOWN BEHIND ME. AS VEHICLE B WAS ABOUT TO STOP, IT WAS HIT BY VEHICLE C FROM THE REAR, AND THE IMPACT PUSHED VEHICLE B AND HIT THE REAR OF MY VEHICLE. I HAD ALREADY MADE A COMPLETE STOP, BEFORE VEHICLE B CAME IN CONTACT WITH MY VEHICLE. LATER I DISCOVERED THAT THERE WERE TWO OTHER VEHICLES BEHIND VEHICLE B THAT WAS ALSO INVOLVED IN THIS CHAIN COLLISION. NOBODY WAS INJURED. STATEMENT WAS READ TO ME AND I ACKNOWLEDGED IT.

#### Attachment(s)

Are accident photos available for attachment? YES  
Was there any video captured by Car Camera? YES  
Remarks/ Reasons: UPLOADED INTO AVIVA FILE ZILLA  
Was there any audio recorded? NO

#### DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number GBD1778M  
Vehicle Make/Model/Colour TOYOTA/DYNA 150/WHITE  
Details Of Properties  
Name of Driver MURUGAN RAGUVARAN  
NRIC/Passport Number  
Contact Number 90141946  
Address  
Postcode  
Insurance Company Name  
Nature Of Damage  
No. Of Passenger (Including Driver) 3

#### Details of Witness

Name

Phone Number

Email Address

#### DETAILS OF OTHER VEHICLE PROPERTY 2

Vehicle Registration Number GQ80X  
Vehicle Make/Model/Colour TOYOTA/DYNA 150/WHITE  
Details Of Properties  
Name of Driver TEO CHIN KIAN  
NRIC/Passport Number  
Contact Number 96645020  
Address  
Postcode  
Insurance Company Name  
Nature Of Damage  
No. Of Passenger (Including Driver) 1

#### Details of Witness

Name  
Phone Number  
Email Address

#### DETAILS OF OTHER VEHICLE PROPERTY 3

Vehicle Registration Number GBF6221J  
Vehicle Make/Model/Colour TOYOTA/DYNA 3.0  
Details Of Properties  
Name of Driver RAJU PILLAI THIYAGARAJAN  
NRIC/Passport Number S2732972A  
Contact Number 62682468  
Address  
Postcode  
Insurance Company Name  
Nature Of Damage  
No. Of Passenger (Including Driver) 1

#### Details of Witness

Name  
Phone Number  
Email Address

# Sketch Plan

## SKETCH PLAN

### IMPORTANT NOTICE

1. Please read carefully the inside of the accident to speed on the sketch plan.
2. The sketch plan to be completed by the Police Officer and/or the Accident Officer.
3. The sketch plan must be completed and accurate as possible. Any extra information or anything of interest should be added to the sketch plan to the Police Officer's file.
4. The sketch plan must be completed in the Police Officer's file.
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VERIFIED BY ACCIDENT  
REPORTING OFFICER  
DATE: 10/10/2010

### Sketch Plan

CLIP PHOTO OF BUS TO WSP	
A: SLEPION	[A] [K] [R] [C] [S] [D]
B: GBT (P)	
C: GGT (X)	
D: GBT (D)	

ACCIDENT STATEMENT (2000 characters)

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NOBODY WAS INJURED. STATEMENT WAS READ TO ME AND I ACKNOWLEDGED IT.

Taxi Voucher No.:

DECLARATION

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

VERIFIED BY AJAX MARS REPORTING OFFICER -  
HASHIM BIN KAMARI

MARS Officer



Registered Owner or Driver's Signature

Job Complete Date/Time

15 November 2017 at 12:04 PM

Date/Time:

15 November 2017 at 12:05 PM