

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 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	03/02/2018 14:33
Date Of Accident	02/02/2018 19:20
Exact Location Of Accident	ALONG DEMSPEY ROAD
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SGU945E
Insured/Policyholder	
Name Of Registered Owner	CHUNG HEEJIN
NRIC No	G5819558N
Email Address	HEEJIN311@GMAIL.COM
Mobile Phone No	(LOCAL) +65-91792207
Alternative Phone No	OFFICE-91792207
Vehicle Particulars	
Manufacturer	BMW
Model	535 3.0 I 2979CC
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	10680491
Cover Note Number	N.A.
Driver	
Name of Driver	CHUNG HEEJIN
NRIC No	G5819558N
Date Of Birth	11/03/1979
Occupation	INDOOR
Date Of Driving Pass	03/04/2007
Driving Experience	10 YEARS AND 9 MONTHS
Gender	FEMALE
Mobile Number	(LOCAL) +65-91792207
Fax Number	
Contact Number	OFFICE-91792207
Email Address	HEEJIN311@GMAIL.COM

Address NIL
 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
 Weather Conditions RAINING
 Road Surface WET

Other Information

Was any foreign vehicle involved in this accident? NO
 Number of vehicles 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

I was on Demspey Road. My car was stationary as traffic ahead had come to a standstill when car SJD6482M collided from behind onto the rear of my car. Damages to my car were on the rear portion. I felt discomfort on my back and neck and will consult medical.

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 SJD6482M
 Vehicle Make/Model/Colour HONDA/ ACCORD
 Details Of Properties NA
 Vehicle Category PRIVATE CAR
 Name of Driver WEE MING YEN
 NRIC/Passport Number S7677371H
 Contact Number 91828889
 Address
 Postcode
 Insurance Company Name
 Nature Of Damage
 No. Of Passenger (Including Driver)

ATG.

Sketch Plan

SKETCH PLAN

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7. By the lodgement of this report in the Insurance, 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 be permitted to collect, use, disclose under 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 Insurers who have insured vehicles involved in this accident (as Insurers who have insured vehicles 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 purposes 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 making 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 envelope/postal packages; and/or
 (v) complying with applicable law in administering, processing, handling and/or dealing with my claims (collectively the "Purposes");
 (b) all Insurers who have insured vehicles involved in the accident and the Insurers' lawyers/law firms, may be 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.

[Signature] Feb 3, 2018

Policyholder's Signature / Date & Time

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

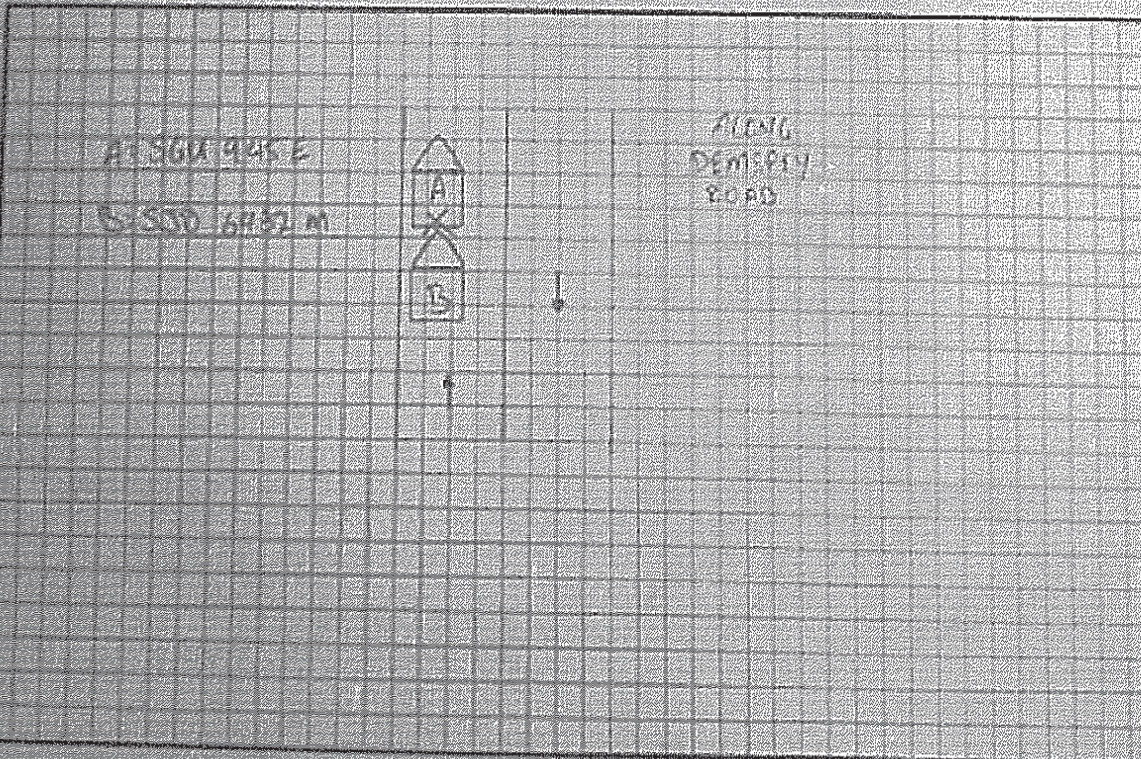
VERIFIED BY AJAX MARS
REPORTING OFFICER

Muhammad Faizal

[Signature]

Witnessed by Reporting Centre
Personnel

Sketch Plan



Sketch Plan #2

ACCIDENT STATEMENT (2000 characters)

I was on Denspey Road. My car was stationary as traffic ahead had come to a standstill when car SJD6482M collided from behind onto the rear of my car. Damages to my car were on the rear portion. I felt discomfort on my back and neck and will consult medical.

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 -
MUHAMMAD FAIZAL BIN PASILA

MARS Officer



Registered Owner or Driver's Signature

Job Complete Date/Time

3 February 2018 11:50 am

Date/Time:

3 February 2018 11:50 am

REPUBLIC OF SINGAPORE DRIVING LICENCE



Licence Number: G5819558N

Name:

CHUNG HEEJIN

Birth Date: 11 Mar 1979

Issue Date: 18 May 2017

Valid Till: 10/06/2022



REPUBLIC OF SINGAPORE
FIN G5819558N



Name

CHUNG HEEJIN

Date of Birth
11-03-1979

Sex
F

Nationality
KOREAN, SOUTH



YOU ARE LICENSED TO DRIVE VEHICLES IN THE FOLLOWING CLASS(ES)

EFFECTIVE DATE

Class 3 Motor cars with unladen weight \leq 3000kg with \leq 7 passengers, exclusive of driver; and other motor vehicles with unladen weight \leq 2500kg 03 Apr 2007

NP 428A



FA1826045

DEPENDANT'S PASS
Immigration Regulations



FIN G5819558N

MULTIPLE JOURNEY VISA ISSUED

Date of Issue	Date of Expiry
10-04-2017	31-03-2020



YOU ARE TO SURRENDER THIS CARD WHEN IT IS CANCELLED OR HAS EXPIRED, OR WHEN A NEW CARD IS ISSUED TO YOU.