

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	12/02/2018 21:24
Date Of Accident	12/02/2018 17:45
Exact Location Of Accident	ALONG PIE TOWARDS TUAS NEAR CTE EXIT
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SKK2464T
Insured/Policyholder	
Name Of Registered Owner	TAN CHOK KWANG VINCENT
NRIC No	S1801566H
Email Address	TCHOKKWA@HOTMAIL.COM
Mobile Phone No	(LOCAL) +65-92957848
Alternative Phone No	OFFICE-92957848

Vehicle Particulars

Manufacturer	VOLKSWAGEN
Model	PASSAT 1.8 TSI

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	10590194
Cover Note Number	NA

Driver

Name of Driver	TAN CHOK KWANG VINCENT
NRIC No	S1801566H
Date Of Birth	27/11/1967
Occupation	INDOOR
Date Of Driving Pass	24/08/1993
Driving Experience	24 YEARS AND 5 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-92957848
Fax Number	
Contact Number	OFFICE-92957848
EMail Address	TCHOKKWA@HOTMAIL.COM

Address	THE REGENCY AT TIONG BAHRU, 38 CHAY YAN STREET #11-05
Postcode	169907
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	CLEAR
Road Surface	DRY

Other Information

Was any foreign vehicle involved in this accident?	NO
Number of vehicles involved in the accident	
Was any body injured in the Accident?	NO
Was any injured conveyed to hospital by ambulance?	
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

Was driving along PIE towards CTE on second lane. Car in front applied brake in view of heavy traffic. My vehicle managed to break in time because I kept a safe distance from the vehicle in front. However, the rear of my vehicle was hit by vehicle SKT402M. Accident occurred around 5.45pm on 12 Feb 2018. No injuries involved.

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	SKT402M
Vehicle Make/Model/Colour	MERCEDES BENZ / A180 (R17)
Details Of Properties	NA
Vehicle Category	PRIVATE CAR
Name of Driver	FONG JIA WEI MERVYN
NRIC/Passport Number	S8516251I
Contact Number	92203199
Address	
Postcode	
Insurance Company Name	
Nature Of Damage	
No. Of Passenger (Including Driver)	1