

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	22/02/2018 17:48
Date Of Accident	22/02/2018 07:50
Exact Location Of Accident	PIE (TUAS)
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SKX212Z
Insured/Policyholder	
Name Of Registered Owner	LONG DENGHAN
NRIC No	S8121971J
Email Address	DENGHAN_LONG@MHE-DEMAG.COM
Mobile Phone No	(LOCAL) +65-96770863
Alternative Phone No	OFFICE-96770863

Vehicle Particulars

Manufacturer	NISSAN
Model	QASHQAI 2.0
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	10704955
Cover Note Number	NA

Driver

Name of Driver	LONG DENGHAN
NRIC No	S8121971J
Date Of Birth	22/07/1981
Occupation	INDOOR
Date Of Driving Pass	14/07/2004
Driving Experience	13 YEARS AND 7 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-96770863
Fax Number	
Contact Number	OFFICE-96770863
EEmail Address	DENGHAN_LONG@MHE-DEMAG.COM

Address	HDB CHOA CHU KANG, 430 CHOA CHU KANG AVENUE 4 #07-559
Postcode	680430
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
Number of vehicles involved in the accident	
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

My car was stationary on lane 4 of PIE towards Tuas heading into the roundabout to AYE. At around 7.51am, I SKX0212Z suddenly felt an impact and my car surge forward abit. I stopped my car and exit to saw SJM1528B hit my car from the rear and a lorry GBE1739X had also hit the car behind me.No injuries involved.

Attachment(s)

Are accident photos available for attachment?	YES
Was there any video captured by Car Camera?	YES
Remarks/ Reasons:	WILL FORWARD TO INSURANCE COMPANY
Was there any audio recorded?	NO

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	SJM1528B
Vehicle Make/Model/Colour	CHEVROLET / CHEVY AVEO 1.4A
Details Of Properties	NA
Vehicle Category	PRIVATE CAR
Name of Driver	CHAN
NRIC/Passport Number	
Contact Number	96659051
Address	
Postcode	
Insurance Company Name	
Nature Of Damage	
No. Of Passenger (Including Driver)	

DETAILS OF OTHER VEHICLE PROPERTY 2

Vehicle Registration Number	GBE1739X
Vehicle Make/Model/Colour	NISSAN / CABSTAR 3.0 5M
Details Of Properties	
Vehicle Category	COMMERCIAL VEHICLE
Name of Driver	UNKNOWN
NRIC/Passport Number	
Contact Number	68585038
Address	
Postcode	
Insurance Company Name	
Nature Of Damage	
No. Of Passenger (Including Driver)	

Sketch Plan

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)
 - (a) I understand, acknowledge, agree and consent that:
 - (i) My Insurer, my workshop and the General Insurance Association of Singapore ("GIA") may/are permitted to collect, use, disclose 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 the vehicle(s) involved in this accident (all Insurer(s) who have insured vehicle(s) involved in this accident shall be collectively referred to as "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.
 - (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/are 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.

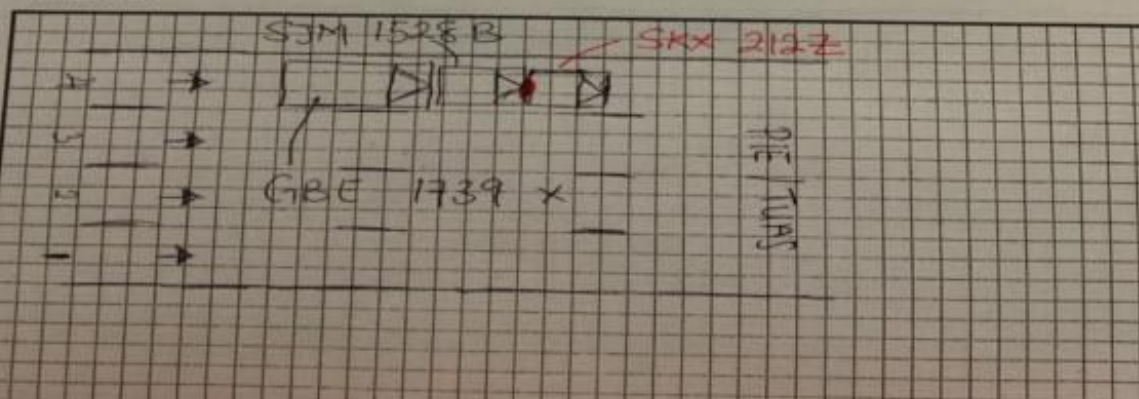
VERIFIED BY AJAX M/
REPORTING OFFICE
MUHAMMAD SUMARD
MOHD AFFANDI

Policyholder's Signature / Date & Time

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

Witnessed by Reporting Office Personnel

Sketch Plan



Common Statement

ACCIDENT STATEMENT (2000 characters)

My car was stationary on lane 4 of PIE towards Tuas heading into the roundabout to AYE. At around 7.51am, I SKX0212Z suddenly felt an impact and my car surge forward abit. I stopped my car and exit to saw SJM1528B hit my car from the rear and a lorry GBE1739X had also hit the car behind me.No injuries involved.

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 SUMARDI BIN MOHD AFFANDI

MARS Officer



Registered Owner or Driver's Signature

Job Complete Date/Time

22 February 2018 11:27 am

Date/Time:

22 February 2018 11:27 am

Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo

