## 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 <u>truthful and accurate</u> as possible. Any wilful misrepresentation or witholding 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.

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	ACCIDENT STATEMENT	
Date Of Report	01/03/2018 13:48	
Date Of Accident	28/02/2018 18:20	
Exact Location Of Accident	JCT OF BUKIT PURMEI AND TELOK BLANGAH WAY	
Country/State of Loss	SINGAPORE	
DETAILS OF OWN VEHICLE		
Vehicle Registration Number	SLB2514T	
Insured/Policyholder		
Name Of Registered Owner	THNG HENG GUAN	
NRIC No	S1287572Z	
Email Address	ROGERTHNG@GMAIL.COM	
Mobile Phone No	(LOCAL) +65-96853063	
Alternative Phone No	OFFICE-96853063	
Vehicle Particulars		
Manufacturer	NISSAN	
Model	NOTE 1.2	
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	10727584	
Cover Note Number		

## Driver

Name of Driver THNG HENG GUAN

NRIC No S1287572Z

Date Of Birth 24/02/1958

Occupation INDOOR

Date Of Driving Pass 28/11/1979

Driving Experience 38 YEARS AND 3 MONTHS

Gender MALE

Mobile Number (LOCAL) +65-96853063

Fax Number

Contact Number OFFICE-96853063

EMail Address ROGERTHNG@GMAIL.COM

31 ALEXANDRA ROAD #03-02 SINGAPORE 159967

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

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

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NO

NO

Was any other material or property damaged? YES

I have been approached by unknown person(s)

NO soliciting/offering accident claims assistance.

Number of Passengers (Including Driver)

## **Details of Police Action**

Was the accident reported to the police?

If Yes, Please state which Police Station

Was notice of intended Prosecution given?

If Yes, against whom?

## **Circumstances of Accident**

I WAS DRIVING ALONG LOWER DELTA RD TOWARDS TELOK BLANGAH AREA AND I WAS DRIVING AT THE SECOND LANE. WHEN IM ABOUT TO REACH THE CROSS JUNCTION BETWEEN BUKIT PURMEI AND TELOK BLANGAH, TRAFFIC LIGHT SHOWS RED SO I SLOW DOWN AND STOP MY VEHICLE STATIONARY, AFTER FEW SECOND, SUDDENLY I FELT A BIG IMPACT FROM REAR SO I DECIDED TO CAME DOWN AND CHECK. VEHICLE B COLLIDED ONTO MY REAR PORTION AND THE DRIVER TOLD ME HE WAS TEXTING WITH HIS PHONE AND FORGET TO APPLIED HAND BRAKED. WE TOOK PHOTO ON THE SPOT AND EXCHANGED PARTICULRAS. NO INJURIES INVOLVED. PLEASE REFER TO THE VIDEO FOOTAGE.

### Attachment(s)

Are accident photos available for attachment? YES Was there any video captured by Car Camera? YES

Remarks/ Reasons: PENDING VIDEO FROM INSURED

Was there any audio recorded? NO

## **DETAILS OF OTHER VEHICLE PROPERTY 1**

Vehicle Registration Number PC8182A

ISUZU/LT134P/WHITE Vehicle Make/Model/Colour

**Details Of Properties** 

Vehicle Category PRIVATE CAR Name of Driver LIU ZHONG AO NRIC/Passport Number G5032289R Contact Number 96273665

Address Postcode

Insurance Company Name

## **Sketch Plan**



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- 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 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;

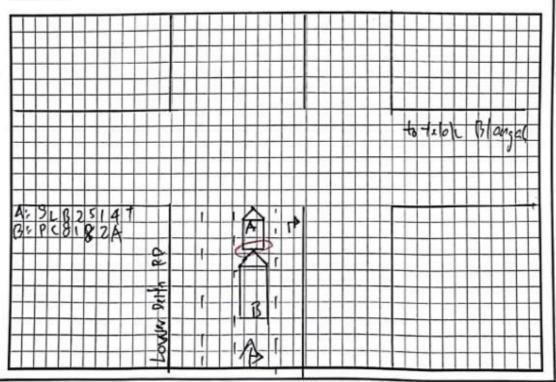
- (W) administering my claims (including the mailing of correspondence, statements, invoices, reports or notices to me, which could involve disclosure of certain personal data about me to bring about delivery of the same as well as on the external cover of envelopes/mail packages); and/or
- (v) complying 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 AJAX MARS REPORTING OFFICER THOMAS NG CHIN CHUN

Policyholder Signature / Date & Time Driver's Signature (If driver is not the policyholder) / Date & Time Witnessed by Reporting Centre

Personnel

## Sketch Plan



# Common Statement Pg. 1

# **ACCIDENT STATEMENT (2000 characters)**

AND I WAS DRIVING AT THE SECON CROSS JUNCTION BETWEEN BUY LIGHT SHOWS RED SO I SLOW DO AFTER FEW SECOND, SUDDENLY DECIDED TO CAME DOWN AND COPORTION AND THE DRIVER TOLD FORGET TO APPLIED HAND BRAKE	ELTA RD TOWARDS TELOK BLANGAH AR OND LANE. WHEN IM ABOUT TO REACH TO KIT PURMEI AND TELOK BLANGAH, TRAF OWN AND STOP MY VEHICLE STATIONAR I FELT A BIG IMPACT FROM REAR SO I HECK. VEHICLE B COLLIDED ONTO MY FOUND ME HE WAS TEXTING WITH HIS PHONE KED. WE TOOK PHOTO ON THE SPOT AN INJURIES INVOLVED. PLEASE REFER TO	THE FFIC RY. REAR AND D
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 AJAX MARS REPORTING OFFICER - NG CHIN CHUN	
MARS Officer	Registered Owner or Driver's Signature
Job Complete Date/Time	Date/Time:
1 March 2018 at 11:33 AM	1 March 2018 at 11:33 AM













