

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	15/03/2018 13:06
Date Of Accident	14/03/2018 18:20
Exact Location Of Accident	ALG PIE TUAS NEAR STEVEN RD EXIT
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SLD5624D
Insured/Policyholder	
Name Of Registered Owner	PHUA WEI ZHENG JUSTIN
NRIC No	S8829537D
Email Address	LEONGAMELIA@GMAIL.COM
Mobile Phone No	(LOCAL) +65-96802438
Alternative Phone No	OFFICE-96802438

Vehicle Particulars

Manufacturer	NISSAN
Model	QASHQAI 1.2 1197CC
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	10751397
Cover Note Number	N.A.

Driver

Name of Driver	LEONG MEI YAN, AMELIA
NRIC No	S8843696B
Date Of Birth	09/11/1988
Occupation	INDOOR
Date Of Driving Pass	15/02/2011
Driving Experience	7 YEARS AND 0 MONTHS
Gender	FEMALE
Mobile Number	(LOCAL) +65-96802438
Fax Number	
Contact Number	
EEmail Address	LEONGAMELIA@GMAIL.COM

Address	NIL
Postcode	
Was driver an employee of the Insured's Company	NO
If No, Relationship of the Driver with the Insured	SPOUSE
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	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)	2
Passenger 1	NAME: : PHUA WEI ZHENG JUSTIN GENDER: : MALE

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 SLD5624D was driving along the PIE towards Tuas. Near the Stevens Road exit, I was in the 1st (rightmost) lane. The cars in front of me braked suddenly so I did a hard brake and managed to stop in time. Then, we heard a loud bang and felt a sudden impact coming from the back. We stopped the car and saw that it was a Silver Wish SGL9693U that had rear-ended us.

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	SGL9693U
Vehicle Make/Model/Colour	TOYOTA/ WISH/ SILVER
Details Of Properties	NA
Vehicle Category	PRIVATE CAR
Name of Driver	RAGHAVAN PRABHAKARAN
NRIC/Passport Number	S2661523B
Contact Number	98584450
Address	
Postcode	
Insurance Company Name	
Nature Of Damage	

No. Of Passenger (Including Driver)

Sketch Plan

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 Authorized Driver.
3. Information provided must be as truthful and accurate as possible. Any willful misrepresentation or withholding of material facts may allow insurance companies to repudiate policy liability.
4. The issue and acceptance of this form by insurance companies is not an admission of policy liability on the part of insurance companies.
5. Any false reporting may be referred to the Police for investigation.
6. The 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 application by interested parties.
7. By the judgement 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 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 my vehicle(s) involved in this accident (all insurers) who have insured vehicle(s) involved in the 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:
 - (1) processing, handling and/or dealing with my claims including the settlement of the claims and any necessary investigations relating to the claims;
 - (2) investigating the accident and/or my claims;
 - (3) carrying out and/or dealing with my instructions or responding to any enquiries by me;
 - (4) 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
 - (5) complying with applicable law in administering, processing, handling and/or dealing with my claims.
 - (ii) 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/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.

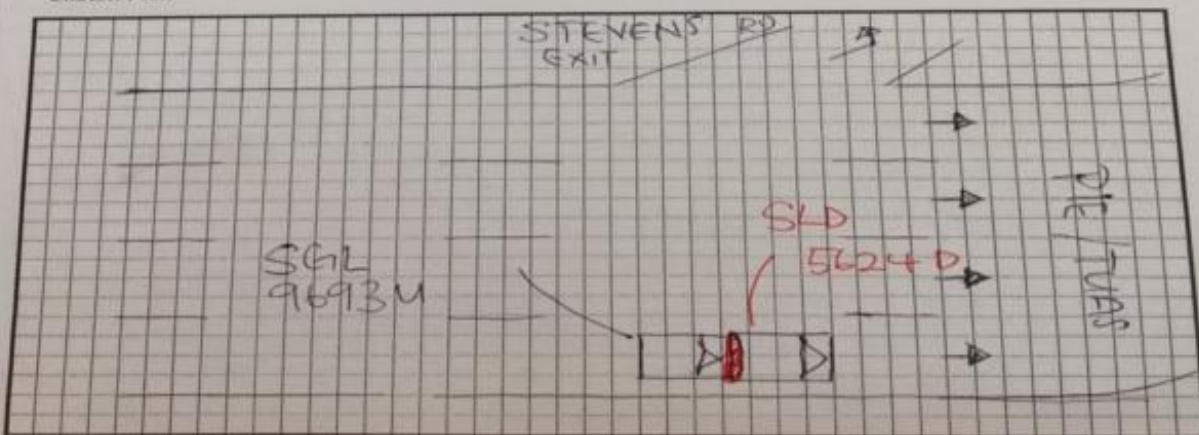
VERIFIED BY AJAX MARS
REPORTING OFFICER
MUHAMMAD SUMARDI BIN
MOHD AFFANDI

Policyholder's Signature / Date & Time

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

Witnessed by Reporting Centre
Personnel

Sketch Plan



Sketch Plan #2

ACCIDENT STATEMENT (2000 characters)

I SLD5624D was driving along the PIE towards Tuas. Near the Stevens Road exit, I was in the 1st (rightmost) lane. The cars in front of me braked suddenly so I did a hard brake and managed to stop in time. Then, we heard a loud bang and felt a sudden impact coming from the back. We stopped the car and saw that it was a Silver Wish SGL9693U that had rear-ended us.

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

15 March 2018 12:22 pm

Date/Time:

15 March 2018 12:22 pm

Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Driving License

REPUBLIC OF SINGAPORE **DRIVING LICENCE**

License Number: **S8843696B**

Name:

LEONG MEI YAN, AMELIA
(LIANG MEIYAN)

Birth Date: **09 Nov 1988**

Issue Date: **15 Feb 2011**



 001937708K

REPUBLIC OF SINGAPORE

IDENTITY CARD NO. S8843696B



Name

LEONG MEI YAN, AMELIA
(LIANG MEIYAN)

梁美彦

Race

CHINESE

Date of birth

09-11-1988

Sex

F

Country of birth

SINGAPORE







Driving License

