

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	20/03/2018 14:03
Date Of Accident	19/03/2018 14:05
Exact Location Of Accident	JUNCTION GRANGE ROAD TURNING RIGHT
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SDD5510T
Insured/Policyholder	
Name Of Registered Owner	WOON WEE LECK
NRIC No	S1643442F
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-96699155
Alternative Phone No	OFFICE-96699155

Vehicle Particulars

Manufacturer	MITSUBISHI
Model	OUTLANDER 2.4 CVT ABS D/AIRBAG AWD S/R
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	10718701
Cover Note Number	

Driver

Name of Driver	LU SOR KHIM
NRIC No	S1683333I
Date Of Birth	30/06/1965
Occupation	INDOOR
Date Of Driving Pass	21/02/1987
Driving Experience	31 YEARS AND 0 MONTHS
Gender	FEMALE
Mobile Number	(LOCAL) +65-96699155
Fax Number	
Contact Number	
EEmail Address	LUSK306@HOTMAIL.COM

Address	APT BLK 3 MARINE TERRACE #10-288 SINGAPORE 440003
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	
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)	4
Passenger 1	NAME: : ADELINE HO GENDER: : FEMALE
Passenger 2	NAME: : CHEN KHENG HUAT GENDER: : MALE
Passenger 3	NAME: : CHOW KELJIN 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 (SDD5510T) was turning right from Grange rd toward Kim Seng road cross junction when a pedestrian cross the road. I stop but suddenly a taxi (SHA3174L) hit me from the back. Tried to stop the driver but he just looked at me, act as if nothing happened and moved off. No injuries involved.

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	SHA3174L
Vehicle Make/Model/Colour	HYUNDAI/SONATA NF 2.0 CRDI AT ABS 2WD 4DR TURBO/BLUE
Details Of Properties	
Vehicle Category	TAXI
Name of Driver	UNKNOWN
NRIC/Passport Number	

Contact Number	UNKNOWN
Address	
Postcode	
Insurance Company Name	
Nature Of Damage	
No. Of Passenger (Including Driver)	

Sketch Plan

SKETCH PLAN

IMPO

1. The details of the accident to speed up the claims process.
2. The Policyholder and/or the Authorised Driver.
3. Truthful and accurate as possible. Any wilful misrepresentation or withholding of material facts may repudiate policy liability.
4. This form by insurance companies is not an admission of policy liability on the part of insurance companies.
5. Any may be referred to the Police for investigation.
6. The records of this form by insurance companies is not an admission of policy liability on the part of insurance companies.
7. By the lodging 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)

- 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;
 - (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/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.

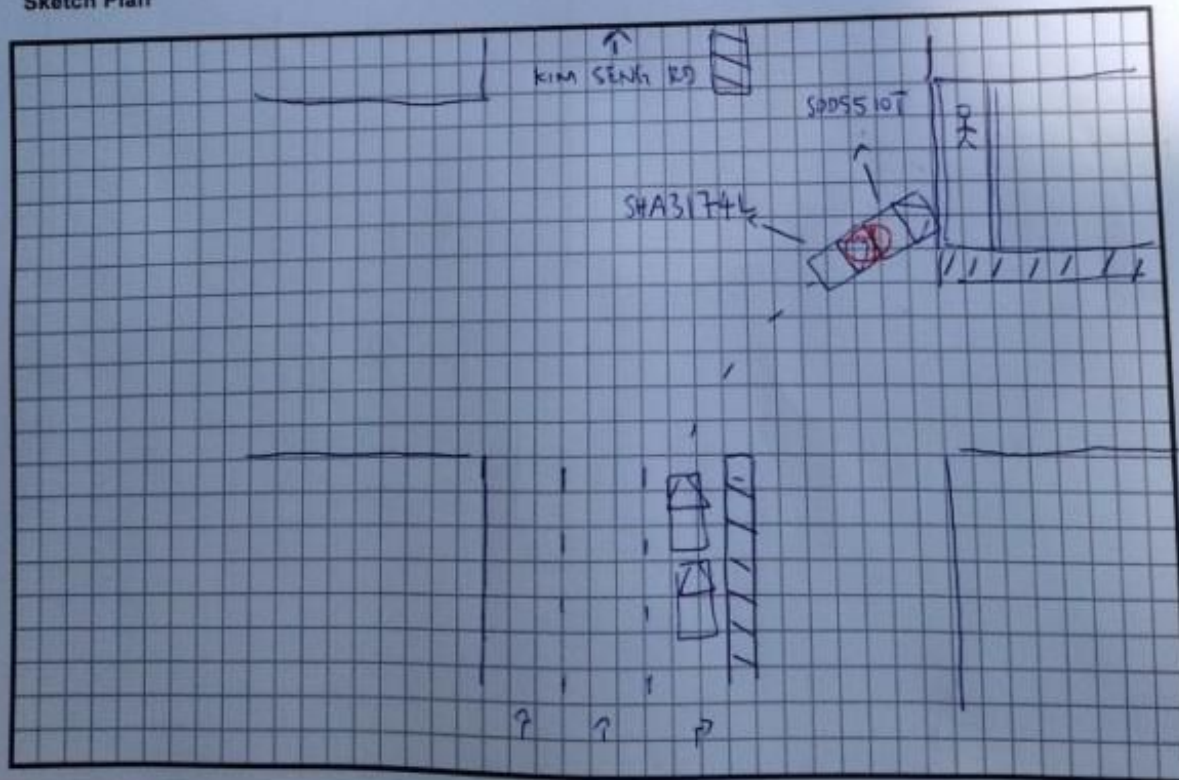
VERIFIED BY AJAX MARS
REPORTING OFFICER
MOHAMMAD SULHANDI BIN
MOHD AFFANDI

Policyholder's Signature / Date & Time

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

Witnessed by Reporting Centre
Personnel

Sketch Plan



ACCIDENT STATEMENT (2000 characters)

I (SDD5510T) was turning right from Grange rd toward Kim Seng road cross junction when a pedestrian cross the road. I stop but suddenly a taxi (SHA3174L) hit me from the back. Tried to stop the driver but he just looked at me, act as if nothing happened and moved off. 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 -
MOHAMMAD SULHANDI BIN MOH AFFANDI

MARS Officer



Registered Owner or Driver's Signature

Job Complete Date/Time

20 March 2018 at 12:16 PM

Date/Time:

20 March 2018 at 12:16 PM

Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



REPUBLIC OF SINGAPORE **DRIVING LICENCE**

Licence Number: **S 16833331**

Name:
LU SOR KHIM

Birth Date: **30 Jun 1965**
Issue Date: **15 Mar 2003**



 000290862E

REPUBLIC OF SINGAPORE
IDENTITY CARD NO. **S16833331**



Name
LU SOR KHIM

吕淑琴

Race
CHINESE

Date of Birth
30-06-1965

Sex
F

Country of Birth
SINGAPORE




Identification Card

