

## 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	28/04/2018 12:07
Date Of Accident	27/04/2018 16:50
Exact Location Of Accident	PIE TOWARDS CHANGI NEAR LORNIE EXIT
Country/State of Loss	SINGAPORE

### DETAILS OF OWN VEHICLE

Vehicle Registration Number	SKM6721P
<b>Insured/Policyholder</b>	
Name Of Registered Owner	NG SENG CHUAN
NRIC No	S2511749B
Email Address	DANIEL@AIRPARTSCENTRE.COM
Mobile Phone No	(LOCAL) +65-83181113
Alternative Phone No	OTHERS-83181113

### Vehicle Particulars

Manufacturer	MERCEDES-BENZ
Model	E200NGT-PC
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	10769499
Cover Note Number	N.A

### Driver

Name of Driver	NG SENG CHUAN
NRIC No	S2511749B
Date Of Birth	26/09/1961
Occupation	INDOOR
Date Of Driving Pass	17/05/1986
Driving Experience	31 YEARS AND 11 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-83181113
Fax Number	
Contact Number	OTHERS-83181113
EEmail Address	DANIEL@AIRPARTSCENTRE.COM

Address	NIL
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	RAINING
Road Surface	WET

#### 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

ON THE DATE AND TIME MENTIONED, I WAS DRIVING ALONG THE SAID MENTIONED ROAD WHICH WAS CONGESTED. WHEN A VEHICLE IN FRONT OF ME MADE A STOP, I FOLLOWED SUIT. WHEN MY VEHICLE WAS AT STATIONARY, IT WAS HIT FROM THE REAR BY VEHICLE B. DAMAGES WAS TO THE REAR PORTION OF MY VEHICLE. THE IMPACT CAUSED MY HANDPHONE TO DISLODGE FROM THE PHONE HOLDER AND CRACKED ITS SCREEN. NOBODY WAS INJURED. STATEMENT WAS READ TO ME AND I ACKNOWLEDGED IT.

#### 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	SJE5540E
Vehicle Make/Model/Colour	TOYOTA WISH 1.8 A / SIL
Details Of Properties	NIL
Vehicle Category	PRIVATE CAR
Name of Driver	SARAVANAN SO PONNAPPAN
NRIC/Passport Number	S7720848H
Contact Number	91474640
Address	
Postcode	
Insurance Company Name	
Nature Of Damage	
No. Of Passenger (Including Driver)	1

# 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;
  - (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.

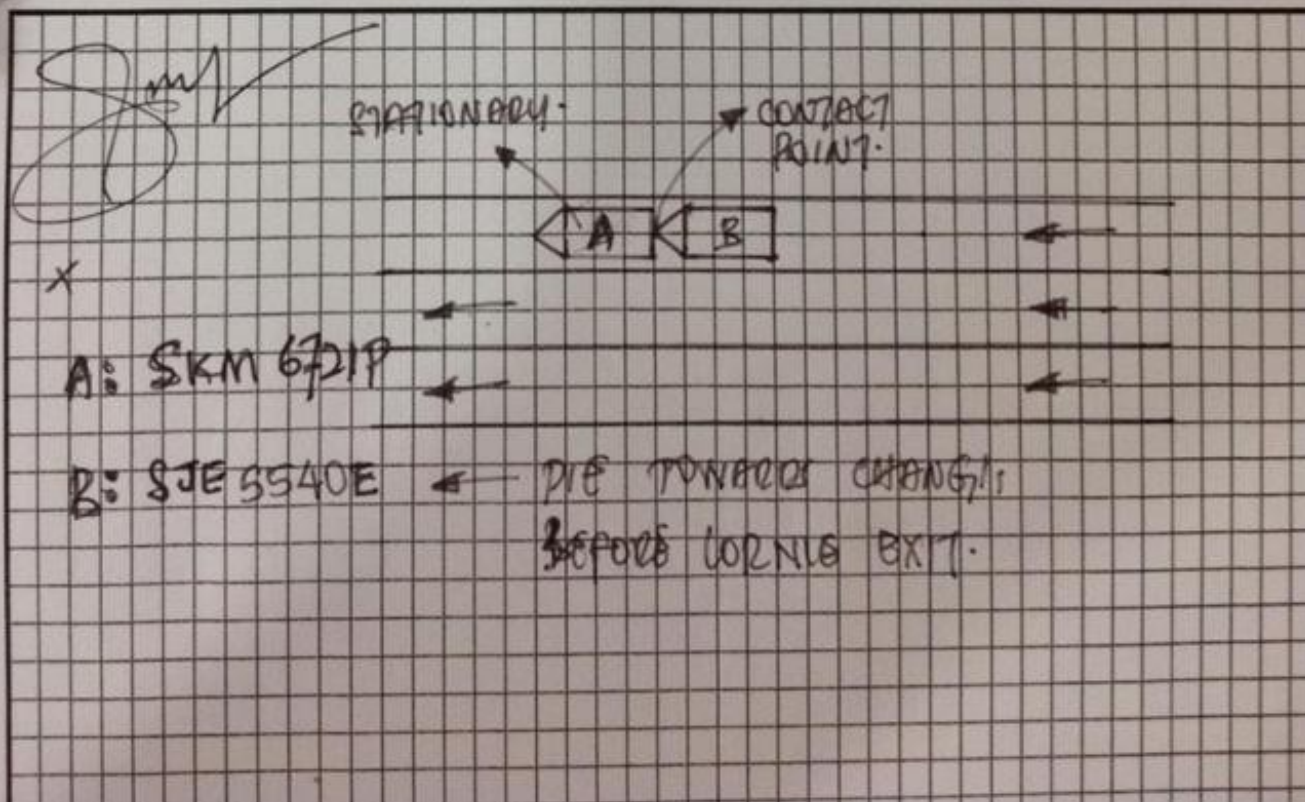
X  
Policyholder's Signature / Date & Time

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

VERIFIED BY AJAX MARS  
REPORTING OFFICER  
Hashim Kamari

Witnessed by Reporting Centre  
Personnel 270418.

## Sketch Plan



ACCIDENT STATEMENT (2000 characters)

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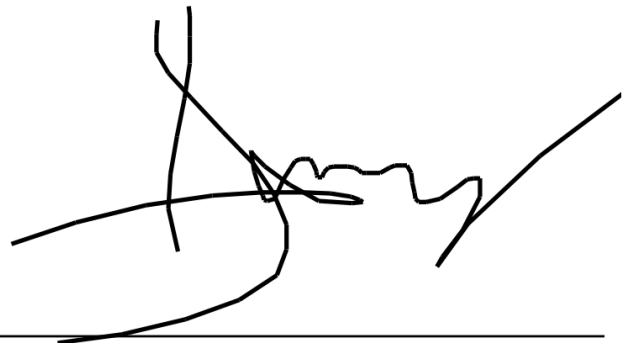
Taxi Voucher No.:

DECLARATION

I/We declare that the above particulars & information provided above are true in every aspect

VERIFIED BY AJAX MARS REPORTING OFFICER -  
HASHIM BIN KAMARI

MARS Officer



Registered Owner or Driver's Signature

Job Complete Date/Time

27 April 2018 at 6:41 PM

Date/Time:

27 April 2018 at 6:41 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





Driving License

REPUBLIC OF SINGAPORE  
IDENTITY CARD NO. S2511749B



Name  
NG SENG CHUAN  
黄 勝 泉



Face  
CHINESE

Date of Birth 26-09-1961 Sex M

Country of Birth  
SELANGOR



REPUBLIC OF SINGAPORE DRIVING LICENCE

Licence Number S2511749B

Name  
NG SENG CHUAN



Birth Date: 26 Sep 1961  
Issue Date: 06 Oct 2003



Driving License

0411830



NRIC No. **S2511749B**



Blood Group **O+** Date of issue **06-07-1992**

APT BLK 145 SERANGOON NORTH AVENUE 1 # 2-15  
SINGAPORE 550145  
NRIC No: S2511749B Date: 06-07-1992

YOU ARE LICENSED TO DRIVE VEHICLES IN THE FOLLOWING CLASS(ES)

	PASS DATE
<b>Class 3</b> Motor Cars and Motor Tractors the weight of which unladen does not exceed 2500 kilograms	<b>17 May 1986</b>

NP 428A

Licence No: S2511749B

