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

atoresaid.	
	ACCIDENT STATEMENT
Date Of Report	03/06/2018 22:16
Date Of Accident	01/06/2018 18:05
Exact Location Of Accident	ALONG PIE TOWARDS TUAS BEFORE STEVEN ROAD EXIT
Country/State of Loss	SINGAPORE
	DETAILS OF OWN VEHICLE
Vehicle Registration Number	SKS9681U
Insured/Policyholder	
Name Of Registered Owner	LEE YANMEI
NRIC No	S8636691F
Email Address	LEEYANMEI86@GMAIL.COM
Mobile Phone No	(LOCAL) +65-84993961
Alternative Phone No	OFFICE-84993961
Vehicle Particulars	
Manufacturer	SUZUKI
Model	S-CROSS 1.6 GLX 2WD CVT
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	10676675
Cover Note Number	

Driver

Name of Driver

NRIC No

S8636691F

Date Of Birth

27/12/1986

Occupation

INDOOR

Date Of Driving Pass

LEE YANMEI

S8636691F

17/12/1986

INDOOR

18/05/2006

Driving Experience 12 YEARS AND 0 MONTHS

Gender FEMALE

Mobile Number (LOCAL) +65-84993961

Fax Number

Contact Number OFFICE-84993961

EMail Address LEEYANMEI86@GMAIL.COM

APT BLK 526 JELAPANG ROAD #05-61 SINGAPORE 670526

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 2 NO Was any body injured in the Accident?

Was any injured conveyed to hospital by

ambulance?

YES Was any other material or property damaged? I have been approached by unknown person(s) YES soliciting/offering accident claims assistance. 1

Details of Police Action

Was the accident reported to the police? NO

If Yes, Please state which Police Station

Number of Passengers (Including Driver)

Was notice of intended Prosecution given? NO

If Yes, against whom?

Circumstances of Accident

I was traveling on lane 1 on PIE. The traffic was heavy due to the peak hour. As a result, there were frequent stops on lane 1. At the site of the accident, I had stopped due to cars stopping in front of me. After I stopped for approximately 10 seconds, I felt a bump into the rear of my car. Upon impact, I got out of my car to assess the damage and to collect details from the driver. The car plate number of the vehicle that knocked into the rear of my car was SFA6429G and the driver's name is Koh Chunjin Kathleen Monique (S840272Z). The driver was aware that she had knocked into my car and that my car had already come to a stop some moments before the impact. My boot was dented in, especially on the left side. The impact also warped the metal sheets above the left rear wheel. There were no other vehicles involved in the accident. No injury involved and we exchanged particulars.

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 SFA6429G

Vehicle Make/Model/Colour NISSAN/QASHQAI 1.2 DIG-T CVT ABS 2WD 5DR/DARK GRAY

Details Of Properties

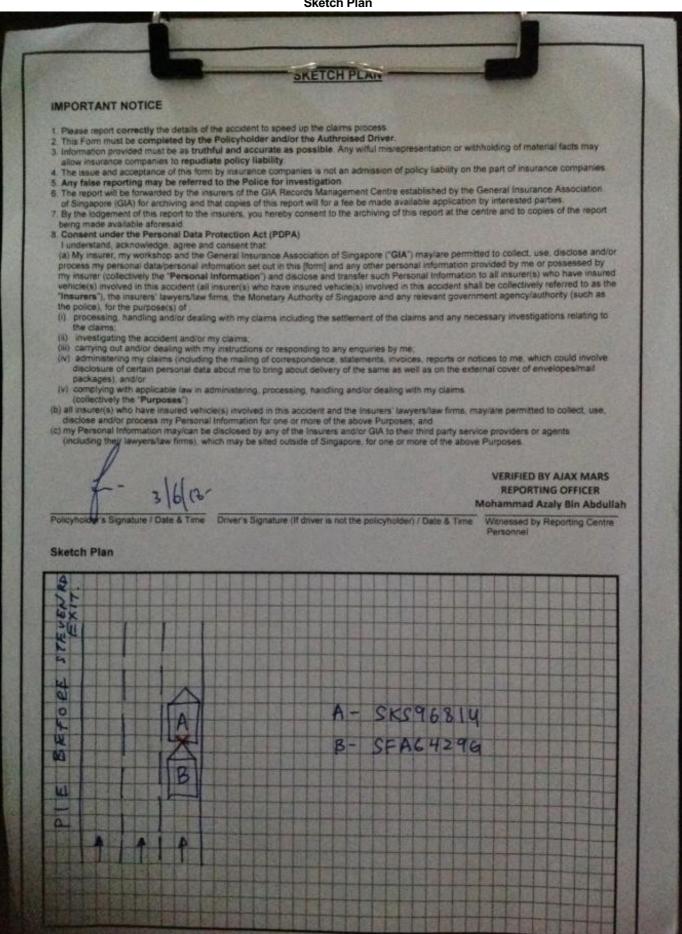
Vehicle Category PRIVATE CAR

KOH CHUNJIN KATHLEEN MONIQUE Name of Driver

NRIC/Passport Number S8402726Z **Contact Number** 90256408

Address Postcode

Insurance Company Name



ACCIDENT STATEMENT (2000 characters)

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My boot was dented in, especially on the left side. The impact also warped the metal sheets above the left rear wheel.

There were no other vehicles involved in the accident. No injury involved and we exchanged particulars.

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 AZALY BIN ABDULLAH		



MARS Officer

Registered Owner or Driver's Signature

Job Complete Date/Time

3 June 2018 at 8:50 PM

3 June 2018 at 8:50 PM

Date/Time:









