

## 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	12/06/2018 01:47
Date Of Accident	08/06/2018 10:55
Exact Location Of Accident	WOODLANDS CHECKPOINT TOWARDS JOHORE
Country/State of Loss	SINGAPORE

### DETAILS OF OWN VEHICLE

Vehicle Registration Number	SLC8782R
<b>Insured/Policyholder</b>	
Name Of Registered Owner	KOW WEIJIE, KELVIN
NRIC No	S8400912A
Email Address	HOUSEOFKOW@GMAIL.COM
Mobile Phone No	(LOCAL) +65-94891655
Alternative Phone No	OFFICE-94891655

### Vehicle Particulars

Manufacturer	TOYOTA
Model	WISH
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	10836441
Cover Note Number	N.A.

### Driver

Name of Driver	KOW WEIJIE KELVIN
NRIC No	S8400912A
Date Of Birth	03/01/1984
Occupation	INDOOR
Date Of Driving Pass	23/01/2008
Driving Experience	10 YEARS AND 4 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-94891655
Fax Number	
Contact Number	OFFICE-94891655
Email Address	HOUSEOFKOW@GMAIL.COM

Address	BLK 152 LORONG 2 TOA PAYOH #17-324
Postcode	310152
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?	
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)	5
Passenger 1	NAME: : GLORIA GENDER: : FEMALE
Passenger 2	NAME: : KATE LYN GENDER: : FEMALE
Passenger 3	NAME: : EVANGELYN GENDER: : FEMALE
Passenger 4	NAME: : JONATHAN WU 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

ON THE DATE AND TIME MENTIONED I WAS QUEUING TO HAVE OUR PASSPORTS INSPECTED WHEN MY VEHICLE WAS HIT FROM THE REAR BY VEHICLE B. MY VEHICLE WAS STATIONARY WHEN IT WAS HIT. 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?	YES
Remarks/ Reasons:	WILL UPLOAD TO FILEZILA
Was there any audio recorded?	NO

#### DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	SCA61H
Vehicle Make/Model/Colour	VOLVO/XC60 T5 OCEAN/D/B

#### Details Of Properties

Vehicle Category	PRIVATE CAR
Name of Driver	LIEW NG MOI
NRIC/Passport Number	S1852486D
Contact Number	86886161
Address	
Postcode	
Insurance Company Name	
Nature Of Damage	
No. Of Passenger (Including Driver)	1

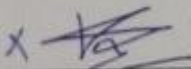
# Sketch Plan

## IMPORTANT NOTICE

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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.
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.

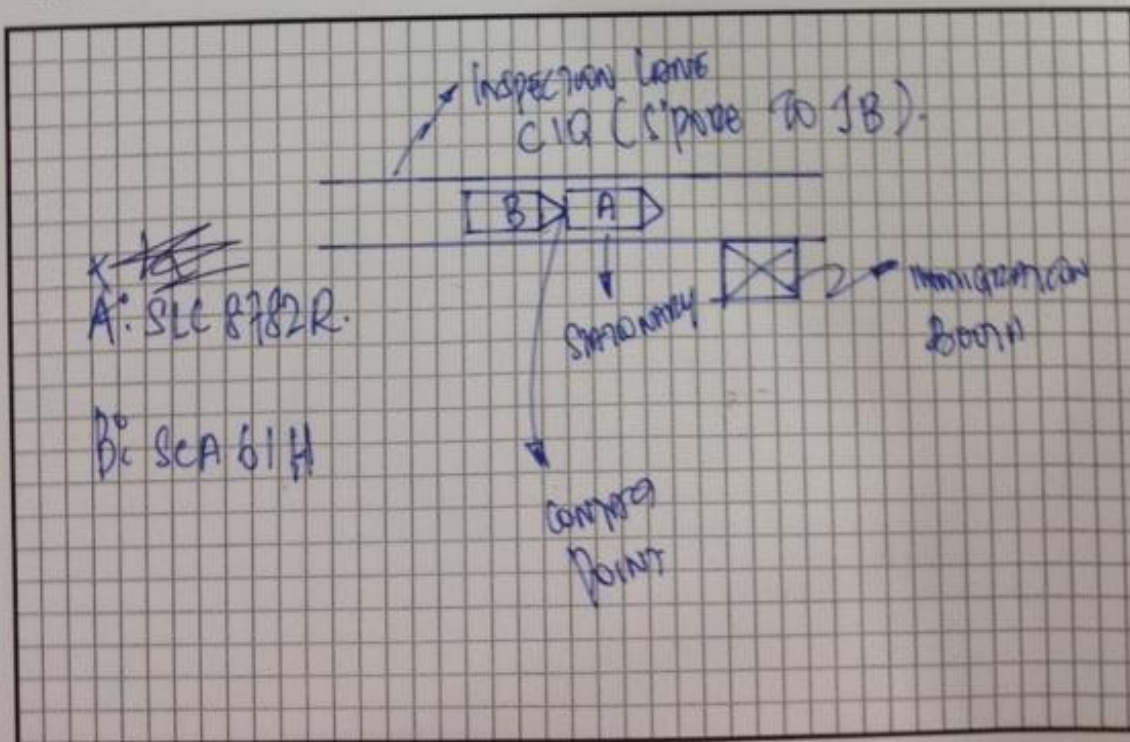
1715  
X  11/6/18  
Policyholder's Signature / Date & Time

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

VERIFIED BY AJAX MARKS  
REPORTING OFFICER  
Hashim Kamari

Witnessed by Reporting Centre  
Personnel 110618

## 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

11 June 2018 at 5:10 PM

Date/Time:

11 June 2018 at 5:11 PM

EMAIL ATTACHED

Susan

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**From:** Kelvin <houseofkow@gmail.com>  
**Sent:** Tuesday, 12 June 2018 11:34 PM  
**To:** Susan  
**Cc:** group@ajaxmars.com  
**Subject:** Re: GIA REPORT-SLC8782R

Dear MARS,

In my original report, I said that I was undecided about whether to file an insurance claim as the other driver (Madam Liew) wanted to discuss a settlement. Madam Liew has since informed me that she does not want to settle the matter. I would like to make a third-party damage claim against Madam Liew. I will be using my own workshop. Could you please amend my report documents accordingly so I can send it on to my workshop?

I have uploaded the video file to Dropbox- you can download it from this link:

<https://www.dropbox.com/s/v90fk1wqeej0zce/00000015.jdr?dl=0>

I hope you will be able to read the .jdr file format. This is what I copied off my iRoad Wifi in-car camera. I wasn't able to convert it into a different file format.

Grateful if I could hear from you as soon as possible please, thank you.

Kelvin Kow

On Tue, Jun 12, 2018 at 2:31 AM, Susan <[susan@ajaxmars.com](mailto:susan@ajaxmars.com)> wrote:

Dear Sir/Madam,

We acknowledged receipt of your email. We regret that we are unable to download the video footage from the link provided .

We don't have password to enter the link provided. Kindly assist to resend us the video with different link.

Maybe use drop box but please don't put to private.

Please find attached file, the GIA Accident Report for your perusal.

Thank you.

Best regards,

Susan



Accident Photo



Accident Photo





Accident Photo



Accident Photo



Accident Photo





Accident Photo



Accident Photo



Accident Photo





Accident Photo



Accident Photo



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Accident Photo



Accident Photo



**REPUBLIC OF SINGAPORE**  
IDENTITY CARD NO. **S8400912A**



Name  
**KOW WEIJIE, KELVIN**  
**(GAO WEIJIE KELVIN)**  
**高 炜 杰**

Race  
**CHINESE**

Date of birth  
**03-01-1984**

Sex  
**M**

Country/Place of birth  
**SINGAPORE**



**REPUBLIC OF SINGAPORE** **DRIVING LICENCE**



Licence Number: **S8400912A**

Name:  
**KOW WEIJIE, KELVIN**  
**(GAO WEIJIE)**

Birth Date: **03 Jan 1984**

Issue Date: **23 Jan 2008**



001564400C

Driving License

5341730



NRIC No. S8400912A



Date of issue  
19-08-2014

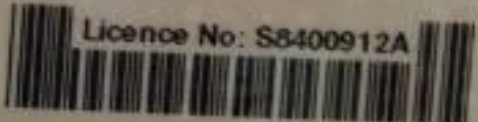
Address  
APT BLK 152 LORONG 2 TOA PAYOH  
#17-324  
SINGAPORE 310152

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

	PASS DATE
Class 3 Motor Cars $\leq$ 3000kg with $\leq$ 7 passengers, exclusive of the driver; and other motor vehicles $\leq$ 2500kg	23 Jan 2008

NP 428A

Licence No: S8400912A





## Addendum Sheet



GENERAL INSURANCE ASSOCIATION OF SINGAPORE RECORDS MANAGEMENT CENTRE  
6 Raffles Quay #18-00 Singapore 048580  
Tel (65) 6224 0010 Fax (65) 6224 0030  
Operating Hours : Monday to Friday, 09:00 – 17:00  
UEN: S66550020G / GST Reg. No.: M409017735

**IMPORTANT NOTE:** Please submit the completed Addendum form to the same Authorised Reporting Centre with whom you submitted the Original Report.

### ADDENDUM

#### (A) PARTICULARS OF PERSON MAKING THE AMENDMENTS:

Original Report No : MBHH18075926 Vehicle Registration No: SLC8782R  
Name (as shown in NRIC) : KOW WEIJIE KELVIN NRIC/FIN/Passport No : S8400912A  
(\* ~~Vehicle Owner~~ / Vehicle Owner) (\*) Please delete as appropriate  
Address : \_\_\_\_\_ Singapore ( )  
Contact (Tel) : \_\_\_\_\_ Mobile No. : 94891655  
Email Address : houseofkow@gmail.com  
Date of Accident : 08/06/2018 Time of Accident : 10:55  
Place of Accident : WOODLANDS CHECKPOINT TOWARDS JOHORE  
Insurance Company : AVIVA LTD

#### (B) ADDITIONAL INFORMATION / AMENDMENTS:

I have made a report on the above mentioned accident and would like to include additional information or make the following amendments:

ATTACHED VIDEO FOOTAGE INTO AVIVA FILE ZILLA

AMEND FROM REPORTING ONLY TO CLAIM 3RD PARTY

WITH EMAIL ATTACHED

\_\_\_\_\_  
Policyholder / Driver's Signature  
Date:

SUSAN  
\_\_\_\_\_  
Reporting Centre Personnel's Signature  
Name: F S NEO  
NRIC/FIN No.: \_\_\_\_\_  
Date: \_\_\_\_\_