

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	29/06/2018 13:24
Date Of Accident	29/06/2018 09:20
Exact Location Of Accident	NEW BRIDGE ROAD JUNCTION OF CANTONMENT RD
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SKG9061Y
Insured/Policyholder	
Name Of Registered Owner	LION NAWAWI
NRIC No	S7470095J
Email Address	LIONNAWAWI@GMAIL.COM
Mobile Phone No	(LOCAL) +65-98581000
Alternative Phone No	OFFICE-98581000

Vehicle Particulars

Manufacturer	PEUGEOT
Model	5008
Exact Purpose for which vehicle was being used at time of accident	PRIVATE USE
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	10624015
Cover Note Number	

Driver

Name of Driver	LION NAWAWI
NRIC No	S7470095J
Date Of Birth	15/05/1974
Occupation	INDOOR
Date Of Driving Pass	20/06/2001
Driving Experience	17 YEARS AND 0 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-98581000
Fax Number	
Contact Number	OFFICE-98581000
Email Address	LIONNAWAWI@GMAIL.COM

Address	NA
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	CHAIN COLLISION
Weather Conditions	RAINING
Road Surface	WET

Other Information

Was any foreign vehicle involved in this accident?	NO
Number of vehicles involved in the accident	4
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

I WAS DRIVING ALONG OUTRAM RD TOWARD CANTONMENT RD AND IN WAS DRIVING AT THE MOST LEFT LANE. WHEN I JUST PASSED THE JUNCTION BETWEEN NEW BRIDGE RD AND CANTONMENT RD, I STOP MY VEHICLE STATIONARY DUE TO VEHICLE C THAT IN FRONT OF ME STOP. AFTER FEW SECOND, I FELT AN BIG IMPACT ON REAR. VEHICLE B HIT THE EMBER LIGHT AND DIDN'T MANAGED TO STOP IN TIME. AFTER THE IMPACT, I HIT ONTO VEHICLE C REAR PORTION. VEHICLE C HIT ONTO VEHICLE D REAR PORTION. WE MANAGED TO TAKE PHOTO AND EXCHANGED PARTICULARS. I FELT MY BACKACHE WAS PAIN AFTER THE IMPACT.

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	SHA8162M
Vehicle Make/Model/Colour	HYUNDAI/I40/YELLOW
Details Of Properties	
Vehicle Category	TAXI
Name of Driver	TAN BOON KEE, JASON
NRIC/Passport Number	S7916989G
Contact Number	90076521
Address	
Postcode	
Insurance Company Name	
Nature Of Damage	
No. Of Passenger (Including Driver)	1

DETAILS OF OTHER VEHICLE PROPERTY 2

Vehicle Registration Number	SGC2447H
Vehicle Make/Model/Colour	TOYOTA/ALTIS/BLACK
Details Of Properties	
Vehicle Category	PRIVATE CAR
Name of Driver	LEE NGIAP SIONG
NRIC/Passport Number	
Contact Number	
Address	
Postcode	
Insurance Company Name	
Nature Of Damage	
No. Of Passenger (Including Driver)	1

DETAILS OF OTHER VEHICLE PROPERTY 3

Vehicle Registration Number	SLL769K
Vehicle Make/Model/Colour	MERCEDES BENZ/A200/BLUE
Details Of Properties	
Vehicle Category	PRIVATE CAR
Name of Driver	UNKNOWN RIDER
NRIC/Passport Number	
Contact Number	97955035
Address	
Postcode	
Insurance Company Name	
Nature Of Damage	
No. Of Passenger (Including Driver)	1

Sketch Plan

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 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 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 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.
 (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/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.

[Signature]

Policyholder's Signature / Date & Time

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

VERIFIED BY AJAX MARS
REPORTING OFFICER
THOMAS NG CHIN CHUN

Witnessed by Reporting Centre
Personnel

Sketch Plan

	<p style="text-align: center;">(continued)</p> <table border="1" style="margin-left: auto; margin-right: auto;"> <tr> <td>A:</td> <td>SK</td> <td>69061Y</td> </tr> <tr> <td>B:</td> <td>SHA</td> <td>8162M</td> </tr> <tr> <td>C:</td> <td>SG</td> <td>5244JH</td> </tr> <tr> <td>D:</td> <td>SL</td> <td>269K</td> </tr> </table>	A:	SK	69061Y	B:	SHA	8162M	C:	SG	5244JH	D:	SL	269K
A:	SK	69061Y											
B:	SHA	8162M											
C:	SG	5244JH											
D:	SL	269K											

Sketch Plan #2 Pg. 1

ACCIDENT STATEMENT (2000 characters)

I WAS DRIVING ALONG OUTRAM RD TOWARD CANTONMENT RD AND IN WAS DRIVING AT THE MOST LEFT LANE. WHEN I JUST PASSED THE JUNCTION BETWEEN NEW BRIDGE RD AND CANTONMENT RD, I STOP MY VEHICLE STATIONARY DUE TO VEHICLE C THAT IN FRONT OF ME STOP. AFTER FEW SECOND, I FELT AN BIG IMPACT ON REAR. VEHICLE B HIT THE EMBLE LIGHT AND DIDNT MANAGED TO STOP IN TIME. AFTER THE IMPACT, I HIT ONTO VEHICLE C REAR PORTION. VEHICLE C HIT ONTO VEHICLE D REAR PORTION. WE MANAGED TO TAKE PHOTO AND EXCHANGED PARTICULARS. I FELT MY BACKACHE WAS PAIN AFTER THE IMPACT.

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 -
NG CHIN CHUN

MARS Officer



Registered Owner or Driver's Signature

Job Complete Date/Time

29 June 2018 12:20 pm

Date/Time:

29 June 2018 12:20 pm



SINGAPORE POLICE FORCE



T/20180629/2186

1 of 4

Police Station Of Origin:
Bukit Merah East N.P.C
A 391 New Bridge Road Police Cantonment
Complex SINGAPORE 088762
Tel No: 1800-2369999

Report No. T/20180629/2186

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 29/06/2018 21:12	Vide Report No.:	Station Diary No.: 189
--	------------------	---------------------------

Informant's Particulars

Name of Informant: LION NAWAWI			Address: APT BLK 1G CANTONMENT ROAD #24-83 SINGAPORE 085701		
ID Type / ID No.: NRIC NO / S7470095J			Contact No.: Home/Office: Mobile: 98581000		
Nationality: SINGAPORE CITIZEN			Email:		
Sex: Male	Age: 44	Date of Birth: 15/05/1974	Type of Informant: Driver		
Race: Chinese			Language: English		Institution / School Name:
Occupation: PROJECT MANAGER			Driving Licence Information: Class: 3 Date of Expiry:		

General Information of the Accident

Type of Accident:	Injury Attended by Police	Drink Drive: No	Date/Time of Accident: 29/06/2018 09:20	Type of Location: Straight Road
Location: Along Road 1 CANTONMENT ROAD				
Left most lane on Cantonment Rd next to Police Cantonment Complex.				
Weather: Drizzling		Road Surface: Wet		Road Speed Limit:
Traffic Flow:		Traffic Control:		Traffic Volume:
Type of Collision: Between Moving Vehicles - Head To Rear				Anyone conveyed by ambulance: No

Details of Vehicle Involved

Vehicle No.	Type	Make	Model	Color	Condition	No of Passenger
SGC2447H	Car					1
SHA8162M	Car					1
SKG9061Y	Car	PEUGEOT	5008 1.6 TURBO LUXURY	Grey	Seriously Damaged	1
SLL769K	Car					1



Police Station Of Origin:
Bukit Merah East N.P.C
A 391 New Bridge Road Police Cantonment
Complex SINGAPORE 088762
Tel No: 1800-2369999

CONTINUATION OF REPORT

Details of Vehicle Insurance				
Vehicle No.	Insurance Company	Insurance No	Effective	Expiry Date
SKG9061Y	AVIVA LTD	10624015	19/10/2015	18/10/2018

Details of Person Involved				
Any Pedestrian Involved: No				
No. of Pedestrians Injured: NIL		Use of Pedestrian Crossing: NA		
Name	LEE NGIAP SONG		ID No.	S1196462A
Related Vehicle	SGC2447H (Car)		Contact No.	96890212
Hospital/Clinic	NIL		Class of Driving Licence & Expiry Date	Class: NIL Date of Expiry: NIL
Date Treatment	NIL		Date Discharge	NIL
No. of Days granted Medical Leave	NIL		Degree of Injury	NIL
Driver				
Name	TAN BOON HEE, JASON		ID No.	S7916989G
Related Vehicle	SHA8162M (Car)		Contact No.	90076521
Hospital/Clinic	NIL		Class of Driving Licence & Expiry Date	Class: NIL Date of Expiry: NIL
Date Treatment	NIL		Date Discharge	NIL
No. of Days granted Medical Leave	NIL		Degree of Injury	NIL
Driver				
Name	LION NAWAWI		ID No.	S7470095J
Related Vehicle	SKG9061Y (Car)		Contact No.	98581000
Hospital/Clinic	PARKWAY SHENTON, 1 CANTONMENT RD #01-02		Class of Driving Licence & Expiry Date	Class: 3 Date of Expiry: NIL
Date Treatment	29/06/2018		Date Discharge	29/06/2018
No. of Days granted Medical Leave	07		Degree of Injury	Serious



**SINGAPORE
POLICE FORCE**



T/20180629/2186

Police Station Of Origin:
Bukit Merah East N.P.C
A 391 New Bridge Road Police Cantonment
Complex SINGAPORE 088762
Tel No: 1800-2369999

3 of 4

Report No. T/20180629/2186

CONTINUATION OF REPORT

Brief Details.

On 29/06/2018 at about 0920hrs, I just passed the junction between New Bridge Rd and Cantonment Rd and was driving on the left-most lane of Cantonment Rd. I stopped my vehicle stationary as Vehicle 3 in front of me that also had stopped. Vehicle 2 passed the amber light of the junction and did not managed to stop in time, hitting onto the rear of my vehicle, causing me to feel a big impact. Due to the rear impact, my vehicle collided with the rear of Vehicle 3. Subsequently, Vehicle 3 also hit the rear of Vehicle 4 due to the impact. I exchanged particulars with the drivers of Vehicle 2 and 3. Vehicle 4 had already drove off as his car was not seriously damaged. Traffic police was at scene, as well as the ambulance, however, as I did not feel any pain at the point of the incident, I did not wish to be conveyed. About two hours later, I felt backache and went to see a doctor.



**SINGAPORE
POLICE FORCE**



T/20180629/2186

Police Station Of Origin:
Bukit Merah East N.P.C
A 391 New Bridge Road Police Cantonment
Complex SINGAPORE 088762
Tel No: 1800-2369999

4 of 4

Report No. T/20180629/2186

CONTINUATION OF REPORT

Sketch Plan

Informant is not able to provide sketch plan

○ **IMPORTANT:** Please attach a copy of your vehicle's Insurance Certificate to this report. If you don't have the certificate with you now, please fax a copy to 65474885 stating the **report number** as reference.

Signature Of Officer Recording The Report:

A /
Sgt 3 SUEN ZHI CAI

Signature Of Informant:

Signature Of Interpreter:

Not applicable

Date/Time:

29/06/2018 21:12

Officer In Charge Of Case:

TP / GIT /
Insp MOHAMMED FADZLY BIN ABDUL AZIZ
Contact No.: 65476355

Classification Of Case:

Authentication Stamp

NP168