

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	01/08/2018 18:59
Date Of Accident	01/08/2018 08:40
Exact Location Of Accident	ALONG HOUGANG AVE 3
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SLJ1280G
Insured/Policyholder	
Name Of Registered Owner	KOH SHAW JIUNN
NRIC No	S7438063H
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-93891677
Alternative Phone No	OTHERS-93891677

Vehicle Particulars

Manufacturer	VOLKSWAGEN
Model	SPORTSVAN 1.4 AT AM13HZ CL
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	SOMPO INSURANCE SINGAPORE PTE. LTD.
Type Of Coverage	COMPREHENSIVE
Fleet Policy	NO
Policy Number	D17MTPV01015711
Cover Note Number	N.A

Driver

Name of Driver	KUAH GEOK HONG
NRIC No	S7833215H
Date Of Birth	05/11/1978
Occupation	INDOOR
Date Of Driving Pass	11/02/1999
Driving Experience	19 YEARS AND 5 MONTHS
Gender	FEMALE
Mobile Number	(LOCAL) +65-93891677
Fax Number	
Contact Number	
Email Address	JANETKUAH@GMAIL.COM

Address	HDB HOUGANG, 374 HOUGANG STREET 31 #11-71
Postcode	530374
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	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)	2
Passenger 1	NAME: : CHERMAINE KOH GENDER: : FEMALE

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 (SLJ1280G) was driving along Hougang Ave 3 on the most left lane when suddenly a car (SLQ5479M) hit me from the back. No injuries involved.

Attachment(s)

Are accident photos available for attachment?	YES
Was there any video captured by Car Camera?	YES
Was there any audio recorded?	NO

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	SLQ5479M
Vehicle Make/Model/Colour	BMW 730LI AT / BLK
Details Of Properties	NIL
Vehicle Category	PRIVATE CAR
Name of Driver	ONG PANG TEE
NRIC/Passport Number	S7143744B
Contact Number	96857807
Address	
Postcode	
Insurance Company Name	
Nature Of Damage	
No. Of Passenger (Including Driver)	1

Sketch Plan

IMPORTANT NOTICE

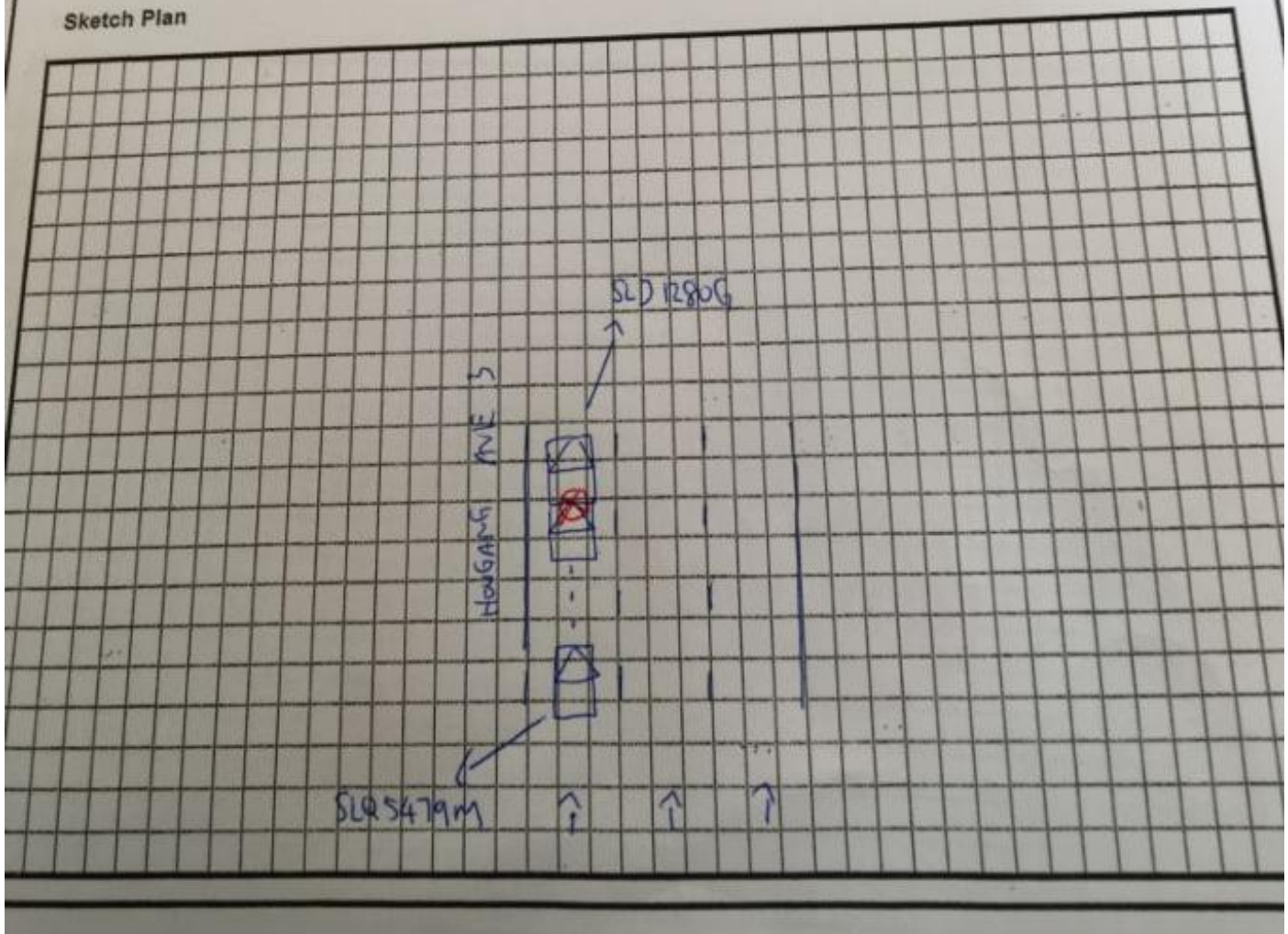
1. Please report correctly the details of the accident to speed up the claims process.
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5. Any false reporting may be referred to the Police for investigation.
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7. By the lodgement of this report to the insurers, you hereby consent to the archiving of this report at the centre.
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, process my personal data/personal information set out in this form and any other personal information provided by me and/or 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 "Insurers"), the Insurers' lawyers/law firms, the Monetary Authority of Singapore and any relevant government agency/authority (collectively the "Purposes") 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 (SLJ1280G) was driving along Hougang ave 3 on the most left lane when suddenly a car (SLQ5479M) hit me from the back. 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

1 August 2018 at 3:45 PM

Date/Time:

1 August 2018 at 3:45 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



Accident Photo



Accident Photo



Accident Photo



Driving License

REPUBLIC OF SINGAPORE **DRIVING LICENCE**

Licence Number: **S7833215H**
Name:

KUAH GEOK HONG
(KE YUFENG)

Birth Date: **05 Nov 1978**
Issue Date: **15 Dec 2003**



 001051546H

REPUBLIC OF SINGAPORE
IDENTITY CARD NO. **S7833215H**



Name

KUAH GEOK HONG
(KE YUFENG)
柯 玉 凤

Race

CHINESE

Date of birth

05-11-1978

Sex

F

Country of birth

SINGAPORE







Driving License

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

PASS DATE

11 Feb 1999

Class 3 Motor Cars and Motor Tractors the weight of which unladen does not exceed 2500 kilograms

Licence No: S7833215H



NP 428A

4310548



NRIC No. S7833215H



Date of issue

20-11-2008

Address

APT BLK 374 HOUGANG STREET 31
#11-71
SINGAPORE 530374

PICS BY INSURED



PICS BY INSURED





PICS BY INSURED





PICS BY INSURED



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.: M400017735

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 : MBHH18099603 Vehicle Registration No: SLJ1280G
Name(as shown in NRIC) : KUAH GEOK HONG NRIC/FIN/Passport No : S7833215H
(*Vehicle Driver / ~~Vehicle Owner~~ (*) Please delete as appropriate
Address : _____ Singapore()
Contact (Tel) : _____ Mobile No. : 93891677
Email Address : janetkuah@gmail.com
Date of Accident : 01/08/2018 Time of Accident : 08:40
Place of Accident : ALONG HOUGANG AVE 3
Insurance Company: SOMPO INSURANCE SINGAPORE PTE. 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 & PICS BY INSURED

Policyholder / Driver's Signature
Date:

SUSAN

Reporting Centre Personnel's Signature
Name: F S NEO
NRIC/FIN No.:
Date: 02/08/2018