

## 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	31/07/2018 22:57
Date Of Accident	30/07/2018 07:55
Exact Location Of Accident	CTE TOWARDS CITY BEFORE ANG MO KIO EXIT
Country/State of Loss	SINGAPORE

### DETAILS OF OWN VEHICLE

Vehicle Registration Number	SGT4530Y
<b>Insured/Policyholder</b>	
Name Of Registered Owner	NG MUI CHEN
NRIC No	S7717699C
Email Address	RACHELNG57@GMAIL.COM
Mobile Phone No	(LOCAL) +65-88162080
Alternative Phone No	OFFICE-88162080

### Vehicle Particulars

Manufacturer	TOYOTA
Model	CAMRY 2.0
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	10581081
Cover Note Number	N.A.

### Driver

Name of Driver	NG MUI CHEN
NRIC No	S7717699C
Date Of Birth	05/07/1977
Occupation	INDOOR
Date Of Driving Pass	09/06/2003
Driving Experience	15 YEARS AND 1 MONTH
Gender	FEMALE
Mobile Number	(LOCAL) +65-88162080
Fax Number	
Contact Number	OFFICE-88162080
Email Address	RACHELNG57@GMAIL.COM

Address	BLK 38 LORONG 5 TOA PAYOH #09-485
Postcode	310038
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	
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)	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, SGT4530Y was driving along CTE towards city on the 3rd lane. And my vehicle was stationary at that point of time due to the heavy traffic condition and heavy rain. Suddenly I felt an impact from behind. After alighting to check, I realised that the last vehicle SLV3997X had collided onto the 3rd party SLK4025C vehicle. Due to the impact, the 3rd party vehicle had moved forward and collided onto my SGT4530Y's rear bumper. No injuries involved and i managed to exchange particulars with the 3rd party and the last vehicle, and managed to take some pictures.

#### 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	SLK4025C
Vehicle Make/Model/Colour	VOLKSWAGEN/GOLF 1.2/RED
Details Of Properties	
Vehicle Category	PRIVATE CAR
Name of Driver	CHANG CHENG YU
NRIC/Passport Number	S8009651H
Contact Number	93266818
Address	
Postcode	
Insurance Company Name	
Nature Of Damage	
No. Of Passenger (Including Driver)	1

## DETAILS OF OTHER VEHICLE PROPERTY 2

Vehicle Registration Number	SLV3997X
Vehicle Make/Model/Colour	TOYOTA/SIENTA HYBRID/GRN
Details Of Properties	
Vehicle Category	PRIVATE CAR
Name of Driver	NORFAIZAL BIN KAMIS
NRIC/Passport Number	S8514245C
Contact Number	91448897
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.
2. This Form must be completed by the Policyholder and/or the Authorized Driver.
3. Information provided must be as truthful and accurate as possible. Any willful 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 GJA 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 judgement 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 insurers) 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 envelope/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/are 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.

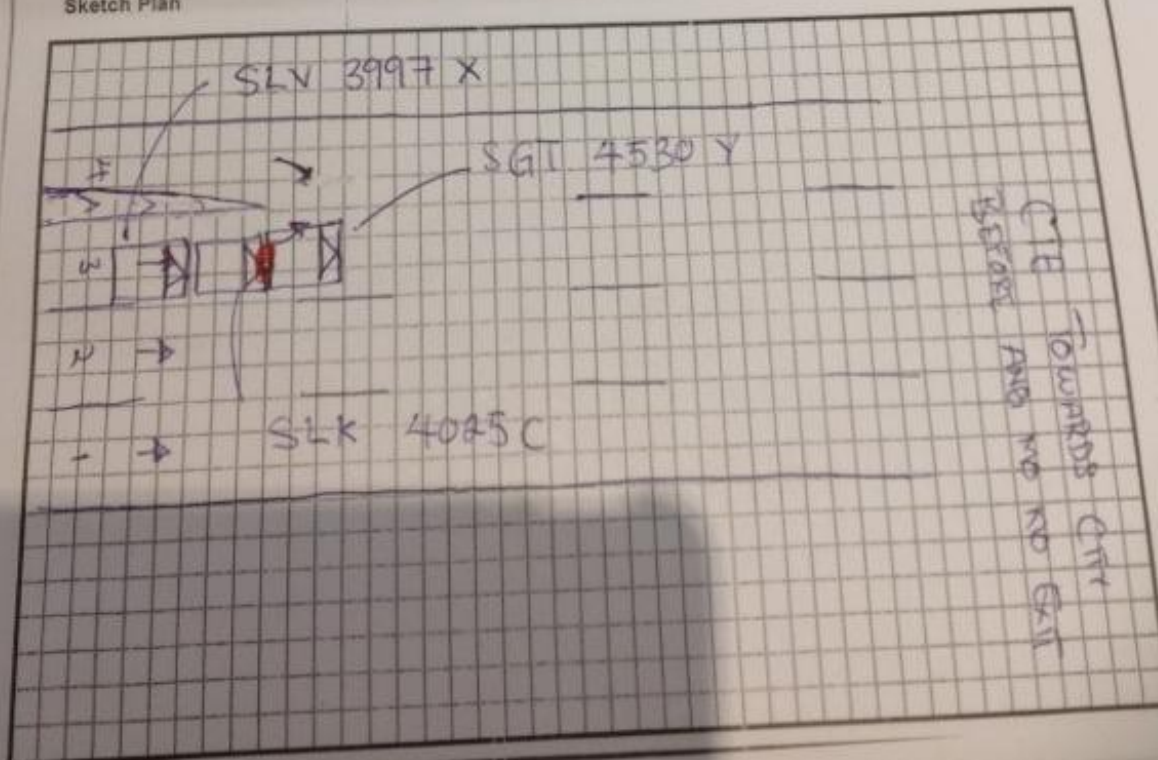
VERIFIED BY AJAX MARS  
REPORTING OFFICER  
MUHAMMAD SUMARDI BIN  
MOHD AFFANDI

Policyholder's Signature / Date & Time

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

Witnessed by Reporting Centre  
Personal

## Sketch Plan



**ACCIDENT STATEMENT (2000 characters)**

I , SGT4530Y was driving along CTE towards city on the 3rd lane. And my vehicle was stationary at that point of time due to the heavy traffic condition and heavy rain. Suddenly I felt an impact from behind. After alighting to check, I realised that the last vehicle SLV3997X had collided onto the 3rd party SLK4025C vehicle. Due to the impact, the 3rd party vehicle had moved forward and collided onto my SGT4530Y's rear bumper. No injuries involved and i managed to exchange particulars with the 3rd party and the last vehicle, and managed to take some pictures.

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 -  
MUHAMMAD SUMARDI BIN MOHD AFFANDI

MARS Officer



Registered Owner or Driver's Signature

Job Complete Date/Time

31 July 2018 8:59 pm

Date/Time:

31 July 2018 9:00 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**



Accident Photo



Accident Photo



**Accident Photo**



**Accident Photo**





Accident Photo



Accident Photo



Accident Photo



Accident Photo





# Driving License

