### 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 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.	
	ACCIDENT STATEMENT
Date Of Report	23/09/2018 18:37
Date Of Accident	23/09/2018 13:15
Exact Location Of Accident	CTE SLIP RD TO PIE TOWARDS CHANGI
Country/State of Loss	SINGAPORE
DETAILS OF OWN VEHICLE	
Vehicle Registration Number	SKZ5022L
Insured/Policyholder	
Name Of Registered Owner	TOH BOON SHING
NRIC No	S7811650A
Email Address	VINCENTAKATOH@HOTMAIL.COM
Mobile Phone No	(LOCAL) +65-98583894
Alternative Phone No	OFFICE-98583894
Vehicle Particulars	
Manufacturer	TOYOTA
Model	WISH 1.8
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

for repair to your vehicle?

If No, Please state action to be taken THIRD PARTY PRIVATE CAR Vehicle Category

**Insurance Company** 

Name of Insurance Company **AVIVA LTD** 

Type Of Coverage **COMPREHENSIVE** 

Fleet Policy NO

Policy Number 10714715

Cover Note Number

**Driver** 

Name of Driver TOH BOON SHING

NRIC No S7811650A Date Of Birth 28/04/1978 Occupation **INDOOR Date Of Driving Pass** 25/06/1999

**Driving Experience** 19 YEARS AND 2 MONTHS

Gender MALE

Mobile Number (LOCAL) +65-98583894

Fax Number

Contact Number OFFICE-98583894

**EMail Address** VINCENTAKATOH@HOTMAIL.COM

HDB SRI GEYLANG SERAI, 2C GEYLANG SERAI. (S) Address

#10-29 405002

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**

**CHAIN COLLISION** Type Of Accident

Weather Conditions **CLEAR** Road Surface DRY

### Other Information

Postcode

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

NO

3

YES Was any other material or property damaged?

I have been approached by unknown person(s)

soliciting/offering accident claims assistance.

Number of Passengers (Including Driver)

Passenger 1

NAME: : ONG HWEE BIN

GENDER: : FEMALE

Passenger 2 : TOH REN JIE NAME:

> : MALE **GENDER:**

### **Details of Police Action**

Was the accident reported to the police?

If Yes, Please state which Police Station

Was notice of intended Prosecution given?

If Yes, against whom?

NO

NO

#### **Circumstances of Accident**

I WAS DRIVING ALONG CTE SLIP RD TOWARDS PIE. WHEN TRAFFIC IN FRONT WAS JAM, I CAME TO A STOP AND WAS STATIONARY, WAITING FOR TRAFFIC TO CLEAR. SUDDENLY VEHICLE B COLLIDED ONTO REAR OF MY VEHICLE AND MY VEHICLE WAS PUSHED FORWARD AND COLLIDED ONTO VEHICLE C. NO INJURIES INVOLVED.

### Attachment(s)

Are accident photos available for attachment? YES Was there any video captured by Car Camera? YES

Remarks/ Reasons: PENDING VIDEO FROM INSURED

Was there any audio recorded?

### **DETAILS OF OTHER VEHICLE PROPERTY 1**

Vehicle Registration Number SHA3640H Vehicle Make/Model/Colour HYUNDAI / I40

**Details Of Properties** 

**TAXI** Vehicle Category

YEO LIK TECK Name of Driver NRIC/Passport Number S6901409G Contact Number 83831188

Address

Postcode

Insurance Company Name

Nature Of Damage

No. Of Passenger (Including Driver)

### **DETAILS OF OTHER VEHICLE PROPERTY 2**

Vehicle Registration Number SJM8663Y
Vehicle Make/Model/Colour HONDA / JAZZ

**Details Of Properties** 

Vehicle Category PRIVATE CAR

Name of Driver DICKSON LIM TING CHENG

NRIC/Passport Number S9490192H Contact Number 81180464

Address Postcode

Insurance Company Name

Nature Of Damage

No. Of Passenger (Including Driver)

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# **Sketch Plan** 1. Please report correctly the details of the accident to speed up the cialms process. 2. This form must be completed by the Policyhalder analor the Authroleed Driver. 3. Information provided must be as truthful and accurate as possible. Any witful misrepresentation or withholding of melerial 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. 8. 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 cooles of this report will for a fee be made svaliable 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) (a) My Insurer, my workshop and the General Insurance Association of Singapore ("GIA") may/are permitted to collect, use, disclose and/a process my personal data/personal information set out in this form) and any other personal information provided by me or possessed by my personal information set out in this form) and any other personal information to all insurer(s) who have insure my insurer (collectively the "Personal Information") and alsoless and transfer such Personal Information to all insurer(s) who have insured in the personal information in as in the personal information in a set of the personal information in a vehicle(s) involved in this applicant (all insurer(s) who have insured vehicle(s) involved in this applicant shall be obligated to as the vehicle(s) involved in this applicant shall be obligated 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, involces, reports or notices to me, which could involve (iv) administering my claims (including the mailing of correspondence, statements, involces, reports or notices to me, which could involve (iv) administering my claims (including the mailing of correspondence, statements, involces, reports or notices to me, which could involve (iv) disclosure of certain personal data about me to pring about delivery of the same as well as on the external cover of envelopes/mail packages); and/or 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 se sited outside of Singapore, for one or more of the above Purposes. VERIFIED BY AJAX M/ REPORTING OFFICER Jun Keat Witnessed by Reporting Cent Policyholder's Signature / Date & Time Driver's Signature (If driver is not the policyholder) / Date & Time Parsonnel Sketch Plan 4 9: SK2. 50221 B SHASLHOH CISTMALESY A

# Common Statement Pg. 1

# **ACCIDENT STATEMENT (2000 characters)**

WAS JAM, I CAME TO A STOP AND CLEAR. SUDDENLY VEHICLE B CO	RD TOWARDS PIE. WHEN TRAFFIC IN FRONT WAS STATIONARY, WAITING FOR TRAFFIC TO LLIDED ONTO REAR OF MY VEHICLE AND MY AND COLLIDED ONTO VEHICLE C. NO	
Taxi Voucher No.:		
Are you claiming your own insurance policy for the repair of your vehicle?	No, Claim 3rd party	
DECLARATION  I/We declare that the above particulars & information provided above are true in every aspect		
VERIFIED BY AJAX MARS REPORTING OFFICER - WONG JUN KEAT		
MARS Officer	Registered Owner or Driver's Signature	
Job Complete Date/Time	Date/Time:	
23 September, 2018 5:56 pm	23 September, 2018 5:57 pm	























