

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 liability.
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	12/12/2018 19:42
Date Of Accident	11/12/2018 21:30
Exact Location Of Accident	ALONG SLIP ROAD OF ANG MO KIO AVE 6 AND AVE 1.
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SMD6032T
Insured/Policyholder	
Name Of Registered Owner	SIA CHONG HOCK
NRIC No	S2548510F
Email Address	SCH1955K@GMAIL.COM
Mobile Phone No	(LOCAL) +65-96274248
Alternative Phone No	OFFICE-96274248

Vehicle Particulars

Manufacturer	HONDA
Model	JAZZ 1.3 CVT
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	10864741
Cover Note Number	

Driver

Name of Driver	SIA CHONG HOCK
NRIC No	S2548510F
Date Of Birth	01/09/1955
Occupation	INDOOR
Date Of Driving Pass	01/02/1985
Driving Experience	33 YEARS AND 10 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-96274248
Fax Number	
Contact Number	OFFICE-96274248
Email Address	SCH1955K@GMAIL.COM

Address	NIL
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	COLLISION - HEAD TO REAR
Weather Conditions	CLEAR
Road Surface	WET

Other Information

Was any foreign vehicle involved in this accident?	NO
Number of vehicles involved in the accident	2
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)	3
Passenger 1	NAME: : CHAN LAI WAH GENDER: : FEMALE
Passenger 2	NAME: : SHERILYN SIA GENDER: : FEMALE

Details of Police Action

Was the accident reported to the police?	YES
If Yes, Please state which Police Station	
POLICE STATION NAME [OTHER]	BISHAN N.P.C.
Was notice of intended Prosecution given?	NO
If Yes, against whom?	

Circumstances of Accident

On 11/12/2018 at about 2130hrs, I was driving along Ang Mo Kio Ave 6 on the left most lane of a 3 lane road. Then I took the slip road on the left. At the slip road, I had to stop due to the oncoming vehicle coming from Ang Mo Kio Ave 1. All of a sudden, I felt an impact from the rear portion of my vehicle. The rear bumper on my car sustained dents, cracks and there was a misalignment. We both exchanged particulars and contact numbers. No one was injured.

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	SHA7669A
Vehicle Make/Model/Colour	HYUNDAI/i40 1.7L CRDI AT ABS AIRBAG 4DR
Details Of Properties	
Vehicle Category	PRIVATE CAR
Name of Driver	SAFRIY BIN JAMIL
NRIC/Passport Number	S7909045Z
Contact Number	97899527

Address

Postcode

Insurance Company Name

Nature Of Damage

No. Of Passenger (Including Driver)

Sketch Plan

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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.

VERIFIED BY AJAX MARS

REPORTING OFFICER

Johnny

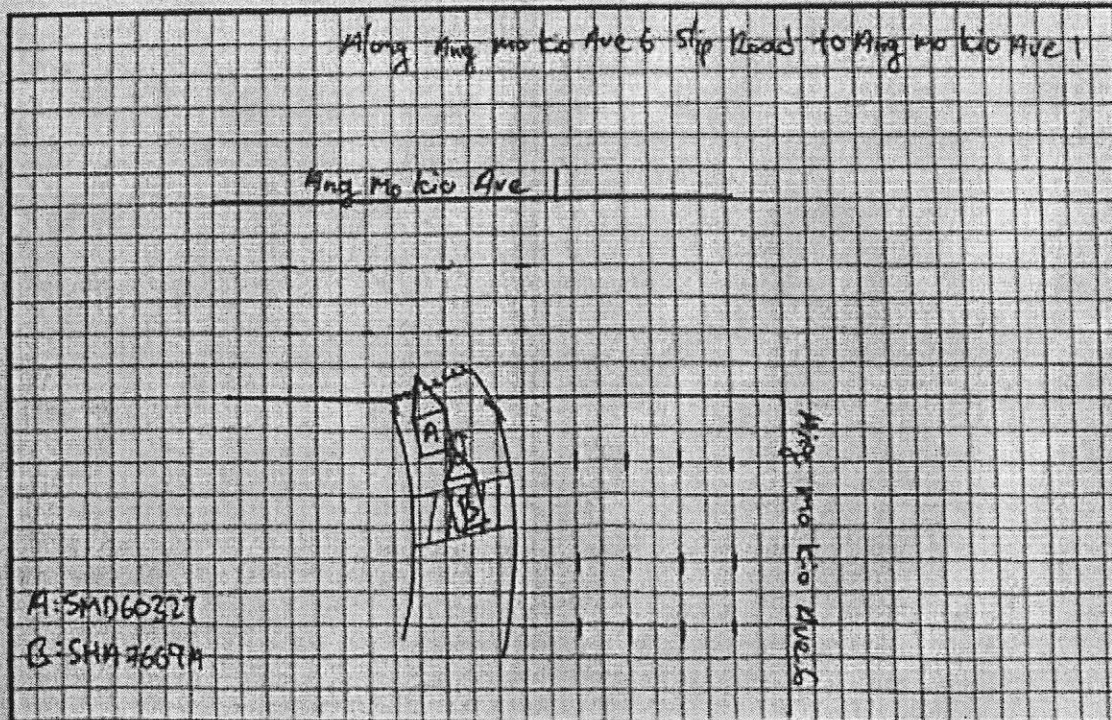
Voo Cheon Yee

Policyholder's Signature / Date & Time

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

Witnessed by Reporting Centre Personnel

Sketch Plan



Annex D

NOTICE OF REPORTING

This is to confirm that Sin Chong Hock, NRIC/FIN: S2548510F, 58 Pemimpin Place S576055 HP: 96274248 has reported to the Police a non-injury traffic accident which occurred near Ang Mo Kio Ave 6 towards Ang Mo Kio Ave 1 on the slip road on 11/12/2018 at about 2130hrs involving the following vehicles:

V1) SMD6032T (Complainant's vehicle)

V2) SHA7669A (Other party's vehicle) - Safriy Bin Jamil, S7909045Z, HP 97899527

On 11/12/2018 at about 2130hrs, I was driving along Ang Mo Kio Ave 6 on the left most lane of a 3 lane road. Then I took the slip road on the left. At the slip road, I had to stop due to the oncoming vehicles coming from Ang Mo Kio Ave 1. All of a sudden, I felt an impact from the rear. I alighted from the vehicle and noticed that a taxi (V2) had collided into the rear portion of my vehicle. The rear bumper on my car sustained dents, cracks and there was a misalignment.

We both exchanged particulars and contact numbers. No one was injured.

If this accident was reported to the Police within 24 hours of its occurrence, then he/she has complied with Sec 84(2) of the Road Traffic Act, Cap 276.

Rank/Name of Issuing Officer: SGT (3) Nur Marissa

Date: 12/12/2018 Time: 0859hrs


S/D Ref: eSD.61

Police Post/Unit: Bishan NPC

Original - to be issued to informant

Duplicate - to be submitted to Traffic Police


BISHAN NPC
10 BISHAN STREET 23
SINGAPORE 57023
TEL: 1800-000-0000


NRIC: S2548510F

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 -
JOHNNY VOO CHEON YEE

MARS Officer

Sia Choy Hock

Registered Owner or Driver's Signature

Job Complete Date/Time

12 December 2018 at 1:04 PM

Date/Time:

12 December 2018 at 1:04 PM