

## 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	05/01/2019 21:40
Date Of Accident	05/01/2019 16:10
Exact Location Of Accident	ALONG PIE TOWARDS CHANGI AFTER LORINIE ROAD EXIT
Country/State of Loss	SINGAPORE

### DETAILS OF OWN VEHICLE

Vehicle Registration Number	SDY8898U
<b>Insured/Policyholder</b>	
Name Of Registered Owner	CHIA CHOON POH (XIE JUNBAO)
NRIC No	S7435492J
Email Address	CHIA8898@GMAIL.COM
Mobile Phone No	(LOCAL) +65-98313350
Alternative Phone No	OFFICE-98313350

### Vehicle Particulars

Manufacturer	HONDA
Model	ODYSSEY 2.4 EX-S 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	10811613
Cover Note Number	

### Driver

Name of Driver	CHIA CHOON POH (XIE JUNBAO)
NRIC No	S7435492J
Date Of Birth	19/10/1974
Occupation	INDOOR
Date Of Driving Pass	20/12/1993
Driving Experience	25 YEARS AND 0 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-98313350
Fax Number	
Contact Number	OFFICE-98313350
EEmail Address	CHIA8898@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 (including own vehicle) involved in the accident	2
Was any body injured in the Accident?	YES
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)	5
Passenger 1	NAME: : CHIA KAR ZOLEW GENDER: : MALE
Passenger 2	NAME: : CHIA SHEW NEE SKYLAN GENDER: : FEMALE
Passenger 3	NAME: : CHIA ZENSIN HILZAZ GENDER: : MALE
Passenger 4	NAME: : KHONG YANG PENG 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

On the 5th Jan 2019, as I was travelling on PIE Towards Changi Airport at around 4:15pm on lane 2, After Lornie Road, the vehicle in front of me slow down and I follow suit. Suddenly without warning I heard a very loud bang from the rear of my car. After getting down I discover that vehicle SHB4103E had hit into the rear of my vehicle. Myself and 4 others in my car felt pain all over our bodies.

#### Attachment(s)

Are accident photos available for attachment?	YES
Was there any video captured by Car Camera?	YES
Remarks/ Reasons:	WILL UPLOAD INTO FILEZILLA ONCE INSURED SEND
Was there any audio recorded?	NO

#### DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	SHB4103E
-----------------------------	----------

Vehicle Make/Model/Colour HYUNDAI/I40 1.7 CRDI F/L AT ABS AIRBAG 4DR  
Details Of Properties  
Vehicle Category PRIVATE CAR  
Name of Driver LOW YUE CHAI  
NRIC/Passport Number  
Contact Number 98282246  
Address  
Postcode  
Insurance Company Name  
Nature Of Damage  
No. Of Passenger (Including Driver)

**DETAILS OF INJURED PERSON 1**

Name CHIA CHOON POH (XIE JUNBAO)  
Approximate Age  
Injuries Sustain  
Injured person in which vehicle? SDY8898U  
Were seat belts worn?  
Was this injured conveyed to hospital by ambulance?  
Address  
Postcode

**DETAILS OF INJURED PERSON 2**

Name CHIA KAR ZOLEW  
Approximate Age  
Injuries Sustain  
Injured person in which vehicle? SDY8898U  
Were seat belts worn?  
Was this injured conveyed to hospital by ambulance?  
Address  
Postcode

**DETAILS OF INJURED PERSON 3**

Name CHIA SHEW NEE SKYLAN  
Approximate Age  
Injuries Sustain  
Injured person in which vehicle? SDY8898U  
Were seat belts worn?  
Was this injured conveyed to hospital by ambulance?  
Address  
Postcode

**DETAILS OF INJURED PERSON 4**

Name CHIA ZENSIN HILZAZ  
Approximate Age  
Injuries Sustain  
Injured person in which vehicle? SDY8898U  
Were seat belts worn?  
Was this injured conveyed to hospital by ambulance?  
Address  
Postcode

## DETAILS OF INJURED PERSON 5

Name \* KHONG YANG PENG

Approximate Age

Injuries Sustain

Injured person in which vehicle? SDY8898U

Were seat belts worn?

Was this injured conveyed to hospital by ambulance?

Address

Postcode

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 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 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 insurers who have insured vehicle(s) involved in the 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 enquires 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

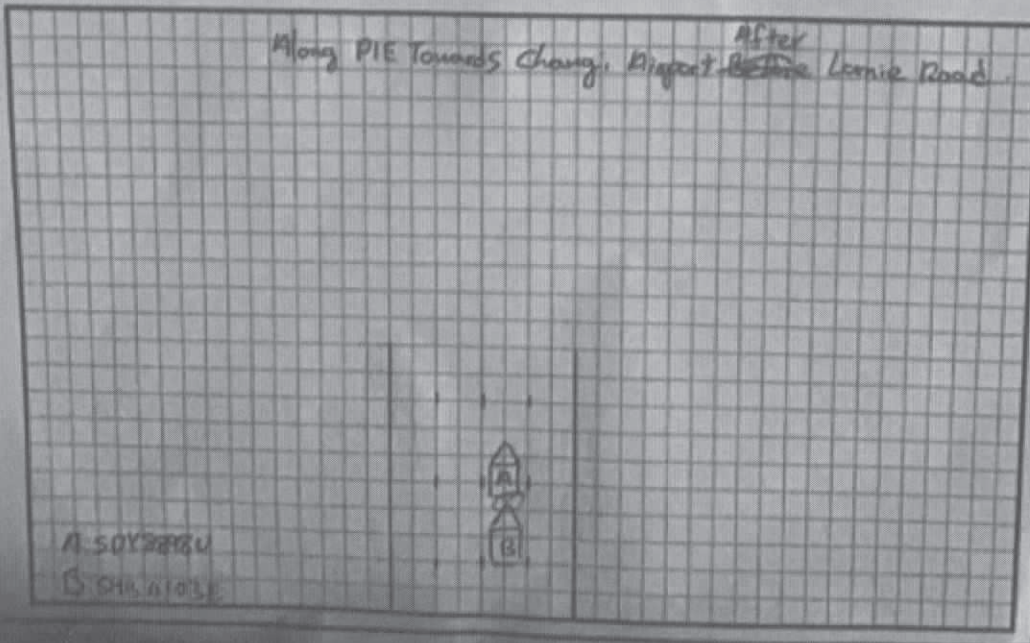
*S Jan 2019*  
Policyholder's Signature / Date & Time

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

VERIFIED BY AJAX MARS  
REPORTING OFFICER  
Johnny  
Voo Cheon Yee

Witnessed by Reporting Centre Personnel

Sketch Plan



Common Statement

ACCIDENT STATEMENT (2000 characters)

On the 5th Jan 2019, as I was travelling on PIE Towards Changi Airport at around 4:15pm on lane 2, After Lornie Road, the vehicle in front of me slow down and I follow suit. Suddenly without warning I heard a very loud bang from the rear of my car. After getting down I discover that vehicle SHB4103E had hit into the rear of my vehicle. Myself and 4 others in my car felt pain all over our bodies.

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 -  
VOO CHEON YEE

MARS Officer



Registered Owner or Driver's Signature

Job Complete Date/Time

5 January 2019 at 6:51 PM

Date/Time:

5 January 2019 at 6:51 PM