

## 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	19/01/2019 13:14
Date Of Accident	18/01/2019 07:05
Exact Location Of Accident	TPE TOWARDS PIE AFTER KJE EXIT
Country/State of Loss	SINGAPORE

### DETAILS OF OWN VEHICLE

Vehicle Registration Number	SGJ6762J
<b>Insured/Policyholder</b>	
Name Of Registered Owner	TAN CHOON GIN
NRIC No	S6808414H
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-88121812
Alternative Phone No	OFFICE-88121812
<b>Vehicle Particulars</b>	
Manufacturer	TOYOTA
Model	COROLLA 1.6 ALTIS 1598CC
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
<b>Insurance Company</b>	
Name of Insurance Company	AVIVA LTD
Type Of Coverage	COMPREHENSIVE
Fleet Policy	NO
Policy Number	10680409
Cover Note Number	
<b>Driver</b>	
Name of Driver	AW MUI YAN
NRIC No	S8637011E
Date Of Birth	18/12/1986
Occupation	INDOOR
Date Of Driving Pass	04/02/2016
Driving Experience	2 YEARS AND 11 MONTHS
Gender	FEMALE
Mobile Number	(LOCAL) +65-88121812
Fax Number	
Contact Number	
Email Address	BELSKY1415@GMAIL.COM

Address	NIL
Postcode	
Was driver an employee of the Insured's Company	NO
If No, Relationship of the Driver with the Insured	RELATIVE
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 (including own vehicle) involved in the accident	3
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)	1

#### Details of Police Action

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

#### Circumstances of Accident

REFER TO POLICE REPORT - T/20190118/2122 LODGED AT HOUGANG NPC. ON 18/01/2019 AT ABOUT 0707HRS, I WAS DRIVING ALONG TAMPINES EXPRESSWAY TOWARDS PANISLAND EXPRESSWAY. I WAS TRAVELLING IN MY VEHICLE, A MATT BROWN TOYOTA ALTIS, SGJ6762J AT THE RIGHT MOST LANE. I WAS ALONG THE VICINITY AFTER KALLANG - PAYA LEBAR EXPRESSWAY EXIT. THE WEATHER WAS SLIGHTLY DRIZZLING AND TRAFFIC WAS MODERATE. I OBSERVED THAT TRAFFIC AHEAD WAS SLOWING DOWN HENCE, I SLOWED DOWN MY VEHICLE. MOMENTS LATER, THERE IS AN IMPACT TOWARDS THE REAR OF MY VEHICLE. I WAS NOT INJURED. I CAME OUT OF MY VEHICLE AND MADE A CHECK AND DISCOVERED I WAS INVOLVED IN A CHAIN COLLISION. THE VEHICLE BEHIND ME IS A BLUE HYUNDAI, SLH7192Z AND THE SUBSEQUENT VEHICLE IS BLACK TOYOTA AEROTOURER SJM1016L. I OBSERVED THAT NONE OF THE DRIVER HAD ANY PASSENGER AND NONE OF THEM IS INJURED. I DID NOT HAVE ANY PASSENGER INSTEAD. NO POLICE OR AMBULANCE CAME DOWN. WE EXCHANGED OUR PARTICULARS AND DETAILS. THE DAMAGES ON MY VEHICLE IS AROUND THE BACK BUMPER AREA. THE WHOLE BUMPER WAS DENTED INWARDS. ON THE SAME DAY LATER, I FELT PAIN AROUND MY NECK AND BACK AREA. I WENT TO INTEMEDICAL 24 HR CLINIC AND WAS AWARDED 5 DAYS OF MEDICAL LEAVE. I WAS NOT DIAGNOSED WITH ANY MAJOR INJURIES. I DO NOT HAVE VIDEO RECORDING OF THE ACCIDENT.

#### 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	SLH7192Z
Vehicle Make/Model/Colour	HYUNDAI/TL TUCSON 2.0/BLUE
Details Of Properties	
Vehicle Category	PRIVATE CAR
Name of Driver	HO LIK KOON EDWIN

NRC/Passport Number	S7440060D
Contact Number	96936039
Address	
Postcode	
Insurance Company Name	
Nature Of Damage	
No. Of Passenger (Including Driver)	1

#### DETAILS OF OTHER VEHICLE PROPERTY 2

Vehicle Registration Number	SJM1016L
Vehicle Make/Model/Colour	TOYOTAWISH 1.8 AUTO/BLACK
Details Of Properties	
Vehicle Category	PRIVATE CAR
Name of Driver	TAN BOON LENG
NRC/Passport Number	S8712148H
Contact Number	93260726
Address	
Postcode	
Insurance Company Name	
Nature Of Damage	
No. Of Passenger (Including Driver)	1

#### DETAILS OF INJURED PERSON 1

Name	AW MUI YAN
Approximate Age	
Injuries Sustain	
Injured person in which vehicle?	SGJ6762J
Were seat belts worn?	YES
Was this injured conveyed to hospital by ambulance?	NO
Address	
Postcode	



# Sketch Plan

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 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 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.  
(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 used outside of Singapore, for one or more of the above Purposes.

VERIFIED BY AJAX MARS  
REPORTING OFFICER  
JUN KEAT

Policyholder's Signature / Date & Time

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

Witnessed by Reporting Centre  
Personnel

## Sketch Plan

A	S	G	J	6	3	6	2	3
B	S	L	H	7	1	9	2	2
C	S	J	M	1	6	1	6	5