

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	06/03/2019 17:02
Date Of Accident	05/03/2019 09:10
Exact Location Of Accident	PIE (CHANGI) AROUND LORNIE RD EXIT
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SMG6313G
Insured/Policyholder	
Name Of Registered Owner	HO CHIN NING
NRIC No	S8324345G
Email Address	CHINNING@GMAIL.COM
Mobile Phone No	(LOCAL) +65-84186010
Alternative Phone No	OFFICE-64787535

Vehicle Particulars

Manufacturer	HONDA
Model	ODYSSEY-2.4 (A)
Exact Purpose for which vehicle was being used at time of accident	
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	
Cover Note Number	80003032

Driver

Name of Driver	HO CHIN NING
NRIC No	S8324345G
Date Of Birth	20/08/1983
Occupation	INDOOR
Date Of Driving Pass	26/01/2008
Driving Experience	11 YEARS AND 1 MONTH
Gender	MALE
Mobile Number	(LOCAL) +65-84186010
Fax Number	
Contact Number	OFFICE-64787535
Email Address	CHINNING@GMAIL.COM

Address	-
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	CHAIN COLLISION
Weather Conditions	CLEAR
Road Surface	DRY

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?	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

AS ANNEX D&E

Attachment(s)

Are accident photos available for attachment?	YES
Was there any video captured by Car Camera?	YES
Was there any audio recorded?	NO

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	SLQ7060Z
Vehicle Make/Model/Colour	SUZUKI VITARA / RED
Details Of Properties	
Vehicle Category	PRIVATE CAR
Name of Driver	
NRIC/Passport Number	
Contact Number	
Address	
Postcode	
Insurance Company Name	
Nature Of Damage	
No. Of Passenger (Including Driver)	

DETAILS OF OTHER VEHICLE PROPERTY 2

Vehicle Registration Number	SLF7885T
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Vehicle Make/Model/Colour	MAZDA / GREY
Details Of Properties	
Vehicle Category	PRIVATE CAR
Name of Driver	PAN XINHAO
NRIC/Passport Number	S8416117I
Contact Number	96258251
Address	
Postcode	
Insurance Company Name	
Nature Of Damage	
No. Of Passenger (Including Driver)	

Sketch Plan Pg. 1

Vehicle Number: SNG 63139

SKETCH PLAN

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7. By the lodgment 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.(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.
 - (d) my Personal Information will also be collected and used to compile claims history for the purpose of fraud detection, investigation and management in present and all future claims.
 - (e) the information so collected under (d) above may be shared / disclosed:
 - (i) to all insurers and/or any other third parties that assist in evaluating, investigating, controlling or managing fraud, regulators, law enforcement and government agencies as reasonably required for the purposes stated, or
 - (ii) for complying with requirements under any regulations, laws or court orders.


Policyholder's Signature

Date & Time: 6 Mar 2019
0915 hrs


Driver's Signature

(If driver is not the policyholder)
Date & Time:

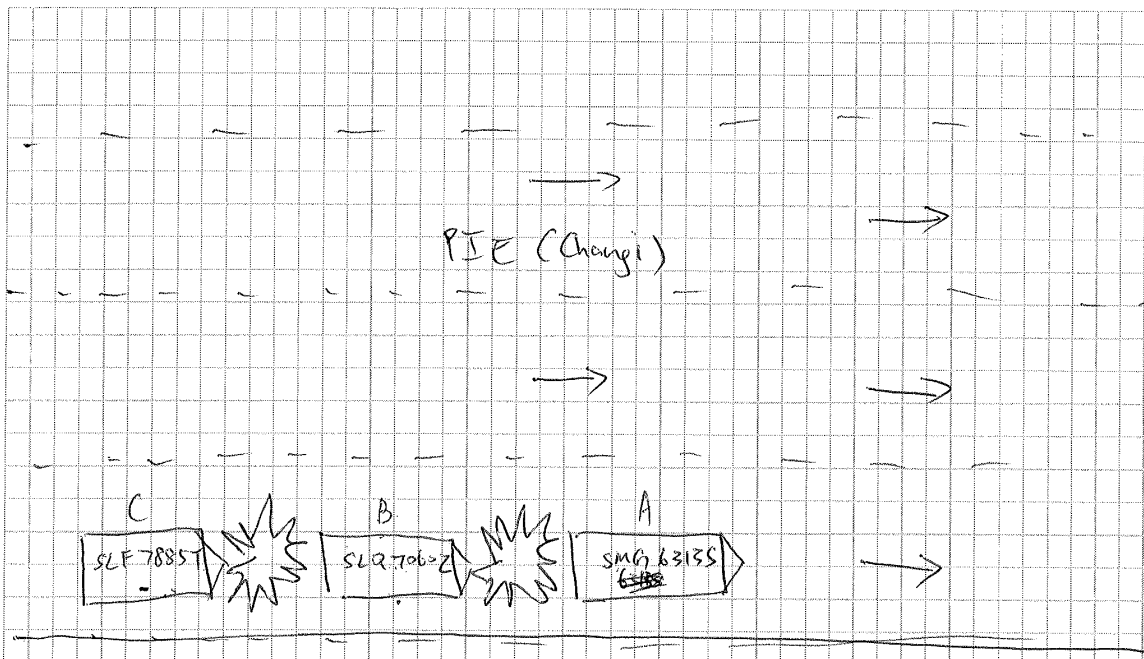

Reporting Centre Personnel's Signature

Name:
NRIC/FIN No.:

Sketch Plan Pg. 2

Vehicle Number: SMG 6313S

SKETCH PLAN



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

I was driving along the PIE (Changi) at around 0910hrs on 5 March 2019. I was driving along the fastest lane, around Lornie road exit. I had to slow down because traffic in front of me suddenly slowed. After a short pause, I felt that my car was hit from behind. I checked my rear view mirror and noticed that although the car behind me had also stopped in time, it had been hit ~~behind~~ from behind by another car.

We all got out of the car to examine the damage. The car immediately behind mine was SLQ 7060Z. There was a driver and a passenger in the front seat. Both were unhurt.

The car behind, which caused the accident, was SLF 7885T. Both front airbags were deployed and the front of the car had crumpled in. But the driver was unhurt.

We exchanged particulars and I drove off after that.

*Statement recorded in _____ language by driver.

*Own Damage (OD) Claim submission must be proceeded within 14 Days from Date of Accident.

DECLARATION

I/We declare the foregoing particulars are true in every respect.

Policyholder's Signature

Date & Time: 6 Mar 2019

0915hrs.

Driver's Signature

(If driver is not the policyholder)

Date & Time:

Reporting Centre Personnel's Signature

Name:

NRIC/FIN No.:

Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo





Accident Photo

