

## 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	03/06/2019 23:13
Date Of Accident	02/06/2019 01:00
Exact Location Of Accident	GEYLANG ROAD NEAR IN FRONT OF CITY PLAZA.
Country/State of Loss	SINGAPORE

### DETAILS OF OWN VEHICLE

Vehicle Registration Number	SLL8208K
<b>Insured/Policyholder</b>	
Name Of Registered Owner	MAKAN MATTERS
Co Reg No	53241044X
Email Address	NOEMAIL
Mobile Phone No	
Alternative Phone No	OFFICE-91282097

### Vehicle Particulars

Manufacturer	VOLKSWAGEN
Model	CADDY MAXI 1.4 TSI AT SAJHK5
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	20000793
Cover Note Number	

### Driver

Name of Driver	SEE CHAI LEE
NRIC No	S1287782Z
Date Of Birth	13/11/1958
Occupation	INDOOR
Date Of Driving Pass	23/11/1977
Driving Experience	41 YEARS AND 6 MONTHS
Gender	FEMALE
Mobile Number	(LOCAL) +65-91282097
Fax Number	
Contact Number	
Email Address	TANLIANGG@GMAIL.COM

Address	NIL
Postcode	
Was driver an employee of the Insured's Company	NO
If No, Relationship of the Driver with the Insured	OTHER - HIRER
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	4
Was any body injured in the Accident?	NO
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?	NO
If Yes, Please state which Police Station	
Was notice of intended Prosecution given?	NO
If Yes, against whom?	

#### Circumstances of Accident

I was on queue at the junction going to Turn Right". Upon the lights are in our favor, all the vehicles moved forward intending to Turn Right". Suddenly the vehicle ahead of me jammed brakes, I jammed my brakes too and at the same time I felt an impact from my rear vehicle. I later realized that my vehicle was being hit from the rear and my vehicle hit the vehicle ahead of me, Later I realized that I am involve in a chain accident. Involving 4 vehicles. Mine is the 3rd vehicle from the front vehicle. I exchange particulars. No injury involved.

#### 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	SHC8208E
Vehicle Make/Model/Colour	MERCEDES BENZ E220 BLUETEC WHITE
Details Of Properties	NA
Vehicle Category	TAXI
Name of Driver	LOW KIM KEE
NRIC/Passport Number	
Contact Number	97387889
Address	
Postcode	
Insurance Company Name	
Nature Of Damage	
No. Of Passenger (Including Driver)	

**DETAILS OF OTHER VEHICLE PROPERTY 2**

Vehicle Registration Number	SJM7557C
Vehicle Make/Model/Colour	TOYOTA WISH 2.0 AUTO GREY
Details Of Properties	NA
Vehicle Category	PRIVATE CAR
Name of Driver	SUFFIAN
NRIC/Passport Number	S9643143J
Contact Number	84102030
Address	
Postcode	
Insurance Company Name	
Nature Of Damage	
No. Of Passenger (Including Driver)	

**DETAILS OF OTHER VEHICLE PROPERTY 3**

Vehicle Registration Number	SJY5998M
Vehicle Make/Model/Colour	TOYOTA WISH 2.0 AUTO WHITE
Details Of Properties	NA
Vehicle Category	PRIVATE CAR
Name of Driver	ASPHARI
NRIC/Passport Number	S7728738H
Contact Number	
Address	
Postcode	
Insurance Company Name	
Nature Of Damage	
No. Of Passenger (Including Driver)	

# Sketch Plan

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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 (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

3/6/19.

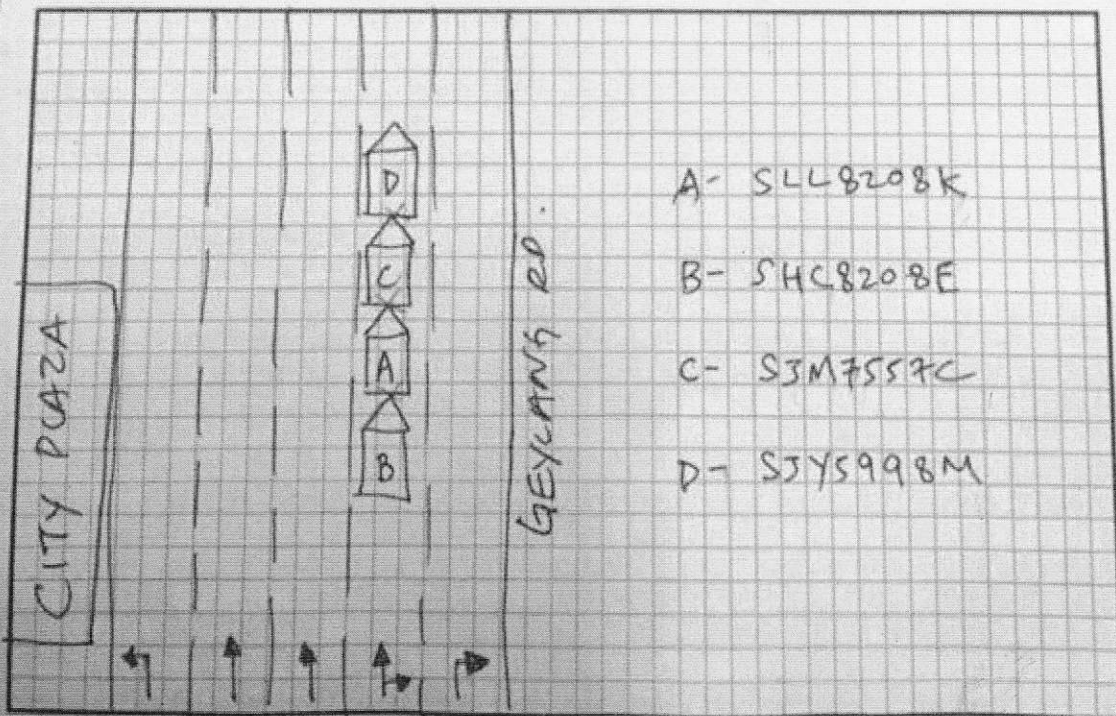
Mohammad Azaly Bin Abdullah

Policyholder's Signature / Date & Time

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

Witnessed by Reporting Centre  
Personnel

## Sketch Plan



A- SLL8208K

B- SHC8208E

C- SJM7557C

D- SJY5998M

ACCIDENT STATEMENT (2000 characters)

I was on queue at the junction going to Turn Right". Upon the lights are in our favour, all the vehicles moved forward intending to Turn Right". Suddenly the vehicle ahead of me jammed brakes, I jammed my brakes too and at the same time I felt an impact from my rear vehicle. I later realised that my vehicle was being hit from the rear and my vehicle hit the vehicle ahead of me,

Later I realised that I am involve in a chain accident. Involving 4 vehicles. Mine is the 3rd vehicle from the front vehicle.

I exchange particulars.

No injury involved.

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 -  
MOHAMMAD AZALY BIN ABDULLAH

MARS Officer



Registered Owner or Driver's Signature

Job Complete Date/Time

3 June 2019 at 3:19 PM

Date/Time:

3 June 2019 at 3:12 PM