

## 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	09/06/2019 18:57
Date Of Accident	09/06/2019 08:55
Exact Location Of Accident	AYE TO CITY AFTER NORTH/SOUTH BUONA VISTA EXIT
Country/State of Loss	SINGAPORE

### DETAILS OF OWN VEHICLE

Vehicle Registration Number	SLM2448T
<b>Insured/Policyholder</b>	
Name Of Registered Owner	NG EN CHER
NRIC No	S7210605I
Email Address	ENCHER_DENIS@HOTMAIL.COM
Mobile Phone No	(LOCAL) +65-98236814
Alternative Phone No	Others-98236814

### Vehicle Particulars

Manufacturer	PEUGEOT
Model	508 SW ALLURE 1.6 THP A/T 2WD S/R
Exact Purpose for which vehicle was being used at time of accident	PRIVATE USE
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	SOMPO INSURANCE SINGAPORE PTE. LTD.
Type Of Coverage	COMPREHENSIVE
Fleet Policy	NO
Policy Number	D19MTPV01004205
Cover Note Number	NA

### Driver

Name of Driver	NG EN CHER
NRIC No	S7210605I
Date Of Birth	28/03/1972
Occupation	OUTDOOR
Date Of Driving Pass	26/03/1996
Driving Experience	23 YEARS AND 2 MONTHS

Gender	MALE
Mobile Number	(LOCAL) +65-98236814
Fax Number	
Contact Number	OTHERS-98236814
EEmail Address	ENCHER_DENIS@HOTMAIL.COM
Address	NA
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?	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)	2
Passenger 1	Name: : OUNG JASMINE 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

I was travelling along AYE towards CITY just after North/South Buona Vista exit it was 4 lane traffic and my vehicle SLM2448T was positioned in the 2nd lane as there was tree pruning ahead the traffic was slow moving and all cars on the 2nd lane were changing lane to 3rd lane suddenly third party vehicle SDD7278B collided onto my vehicle SLM2448T left rear and my vehicle SLM2448T moved forward and collided onto third party vehicle SME9323D rear right. No injuries involved CHAIN COLLISION TOTAL OF 3 VEHICLES 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	SDD7278B
Vehicle Make/Model/Colour	HYUNDAI LF SONATA 2.0 GLS A/T

Details Of Properties	NA
Vehicle Category	PRIVATE CAR
Name of Driver	CHUA YONG YUL
NRIC/Passport Number	S9830102Z
Contact Number	97894837
Address	
Postcode	
Insurance Company Name	
Nature Of Damage	
No. Of Passenger (Including Driver)	

DETAILS OF OTHER VEHICLE PROPERTY 2

Vehicle Registration Number	SME9323D
Vehicle Make/Model/Colour	MITSUBISHI OUTLANDER 2.0 C
Details Of Properties	NA
Vehicle Category	PRIVATE CAR
Name of Driver	UNKNOWN
NRIC/Passport Number	
Contact Number	UNKNOWN
Address	
Postcode	
Insurance Company Name	
Nature Of Damage	
No. Of Passenger (Including Driver)	

# Sketch Plan

## SKETCH PLAN

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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 envelope/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 sited outside of Singapore, for one or more of the above Purposes.

VERIFIED BY AJAX MARS

REPORTING OFFICER

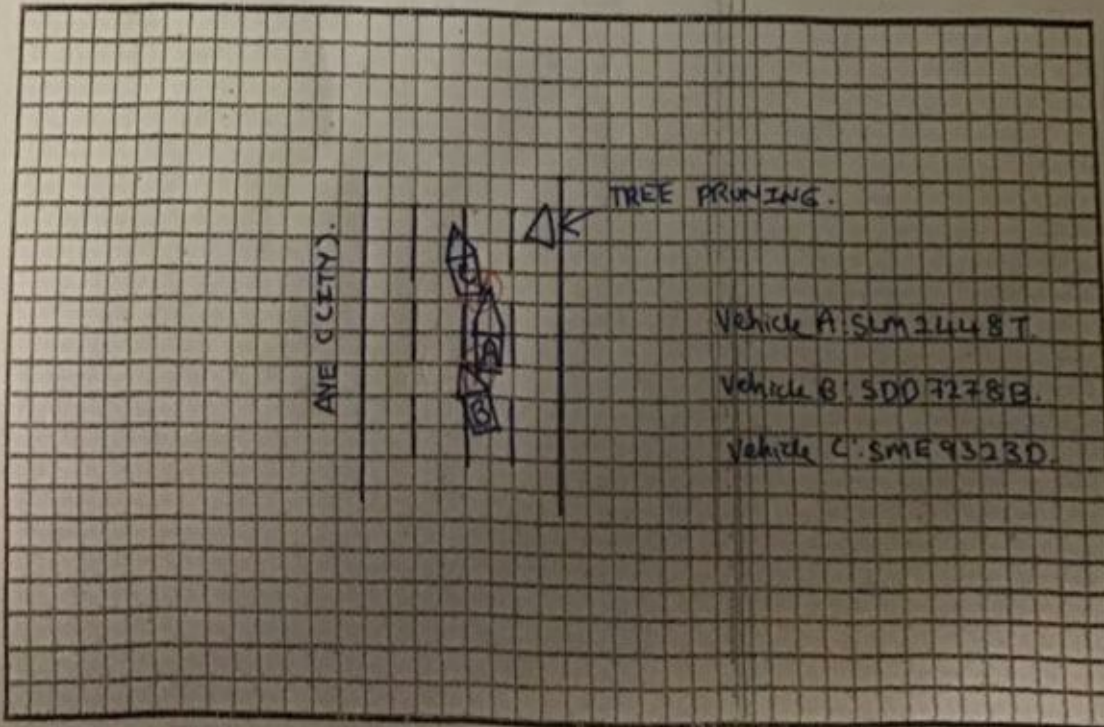
Mohamed Saifulah S/O Syed  
Masood

Witnessed by Reporting Centre  
Personnel

Policyholder's Signature / Date & Time

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

### Sketch Plan



# Common Statement

**ACCIDENT STATEMENT (2000 characters)**

I was travelling along AYE towards CITY just AFTER NORTH/SOUTH BUONA VISTA EXIT it was 4 lane traffic and my vehicle SLM2448T was positioned in the 2nd lane as there was tree pruning ahead the traffic was slow moving and all cars on the 2nd lane were changing lane to 3rd lane suddenly third party vehicle SDD7278B collided onto my vehicle SLM2448T left rear and my vehicle SLM2448T moved forward and collided onto third party vehicle SME9323D rear right. No injuries involved

CHAIN COLLISION TOTAL OF 3 VEHICLES 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 -  
MOHAMED SAIFULLAH S/O SYED MASOOD

MARS Officer



Registered Owner or Driver's Signature

Job Complete Date/Time

9 June 2019 at 5:00 PM

Date/Time:

9 June 2019 at 5:00 PM

Accident Photo





Accident Photo



Accident Photo





Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo





Accident Photo



Driving License

**REPUBLIC OF SINGAPORE DRIVING LICENCE**

Licence Number **S7210605I**

Name  
**NG EN CHER**  
**(HUANG ENZE)**

Birth Date **28 Mar 1972**

Issue Date **26 Aug 2009**

**001778049H**

**REPUBLIC OF SINGAPORE**

IDENTITY CARD NO. **S7210605I**

Name  
**NG EN CHER**  
**(HUANG ENZE)**  
**黄恩泽**

Race  
**CHINESE**

Date of birth **28-03-1972** Sex **M**

Country of birth  
**SINGAPORE**

## Driving License

