SINGAPORE ACCIDENT STATEMENT

IMPORTANT NOTICE

Contact Number EMail Address

- 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 <u>truthful and accurate</u> as possible. Any wilful misrepresentation or witholding 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.

aforesaid.	
	ACCIDENT STATEMENT
Date Of Report	17/07/2019 13:41
Date Of Accident	16/07/2019 14:50
Exact Location Of Accident	CLEMENTI AVE 5 NEAR BLK 324 CAR PARK
Country/State of Loss	SINGAPORE
	DETAILS OF OWN VEHICLE
Vehicle Registration Number	SKW3421Y
Insured/Policyholder	
Name Of Registered Owner	CHUA WEE KIANG
NRIC No	S8308012D
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-90013638
Alternative Phone No	OTHERS-90013638
Vehicle Particulars	
Manufacturer	NISSAN
Model	SYLPHY 1.5 1498CC
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	AVIVA LTD
Type Of Coverage	COMPREHENSIVE
Fleet Policy	NO
Policy Number	10778341
Cover Note Number	NA
Driver	
Name of Driver	CHUA BOON HWEE
NRIC No	S0140897F
Date Of Birth	06/01/1952
Occupation	INDOOR
Date Of Driving Pass	18/02/1976
Driving Experience	43 YEARS AND 4 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-97569312
Fax Number	

LHFISH04@YAHOO.COM

Address NA

Postcode

Was driver an employee of the Insured's Company NO

If No, Relationship of the Driver with the Insured **CHILDREN**

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** DRY Road Surface

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? NO

Was any injured conveyed to hospital by

Number of Passengers (Including Driver)

ambulance?

NO

NO

2

YES Was any other material or property damaged?

I have been approached by unknown person(s)

soliciting/offering accident claims assistance.

Passenger 1

NAME: : PASSENGER 1

GENDER: : FEMALE

Details of Police Action

Was the accident reported to the police?

If Yes.Please state which Police Station

Was notice of intended Prosecution given?

If Yes, against whom?

NO

NO

Circumstances of Accident

I WAS DRIVING AT 324 CLEMENTI AVE 5 CAR PARK. WHEN I DRIVING, SUDDENLY VEHICLE B REVERSING FROM HIS PARKING LOT AND KNOCKED ONTO RIGHT FRONT SIDE OF MY VEHICLE . NO INJURIES 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 GBC5928B

Vehicle Make/Model/Colour TOYOTA / DYNA 150 MANUAL

Details Of Properties

Vehicle Category COMMERCIAL VEHICLE DOUGLAS CHONG Name of Driver

NRIC/Passport Number S0017559E

Contact Number

Address Postcode

Insurance Company Name

Nature Of Damage

No. Of Passenger (Including Driver)

Sketch Plan

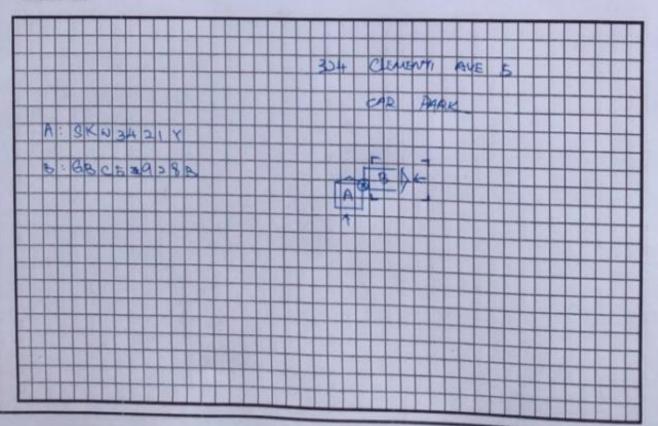
- MEARTANTARTHENIUM Please report correctly the details of the accident to speed up the claims process
- This Form must be completed by the Policyholder and/or the Authroised Driver.
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- of Singapore (GiA) for archiving and that copies of this report 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)
- (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.

1MM 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

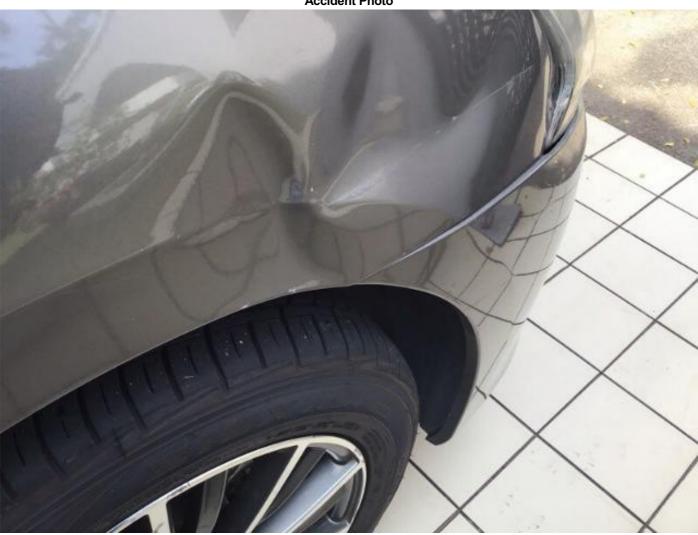


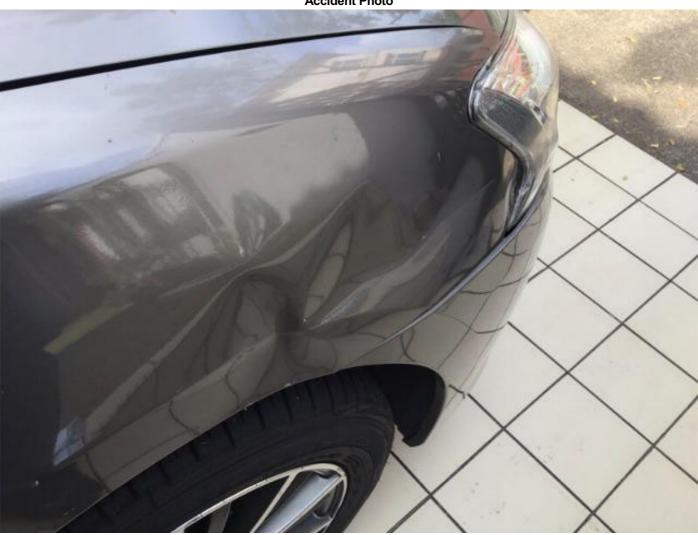
Common Statement Pg. 1

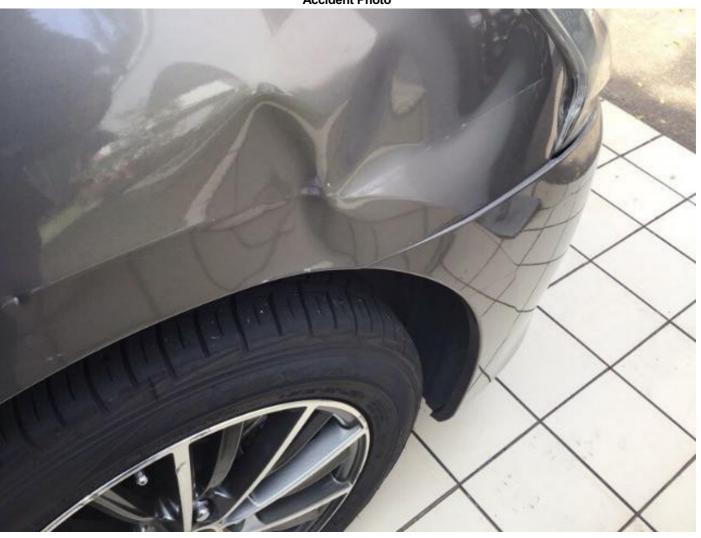
(2000 01141401010)	
I WAS DRIVING AT 324 CLEMENTI AVISUDDENLY VEHICLE B REVERSING FONTO RIGHT FRONT SIDE OF MY VE	FROM HIS PARKING LOT AND KNOCKED
Taxi Voucher No.:	
DECLARATION I/We declare that the above particulars & information provid VERIFIED BY AJAX MARS REPORTING OFFICER - WONG JUN KEAT	ded above are true in every aspect
MARS Officer Job Complete Date/Time	Registered Owner or Driver's Signature Date/Time:
17 July 2019 at 10:44 AM	17 July 2019 at 10:44 AM



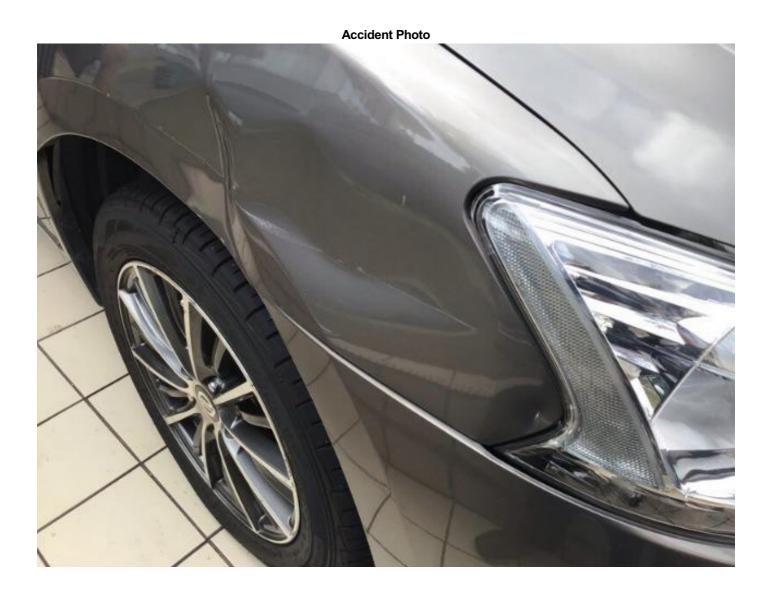




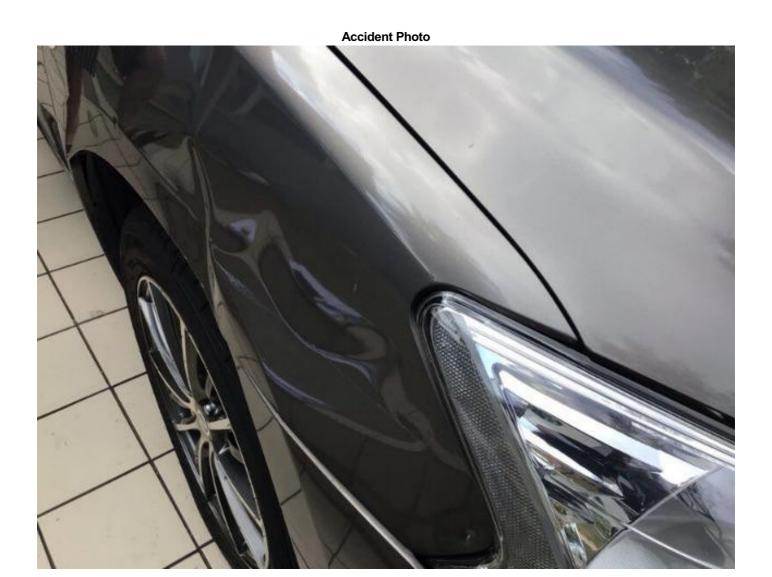
















Identification Card



Addendum Sheet Pg. 1



GENERAL INSURANCE ASSOCIATION OF SINGAPORE RECORDS MANAGEMENT CENTRE

6 Raffles Quay #18-00 Singapore 048580 Tel (65) 6224 0010 Fax (65) 6224 0030 Operating Hours : Monday to Friday, 09:00 – 17:00 UEN: S66SS0020G / GST Reg. No.: M400017735

<u>IMPORTANT NOTE</u>: Please submit the completed Addendum form to the <u>same</u> Authorised Reporting Centre with whom you submitted the Original Report.

ADDENDUM (A) PARTICULARS OF PERSON MAKING THE AMENDMENTS: Original Report No: MBHH19093492 _____Vehicle Registration No: SKW3421Y Name(as shownin NRIC) : CHUA BOON HWEE ___NRIC/FIN/Passport No : __S0140897F (*Vehicle Driver / Vehicle Owner) (*) Please delete as appropriate Address ____Singapore() 97569312 _____Mobile No.:_ Contact (Tel) LHFISH04@YAHOO.COM Email Address Date of Accident : _____16/07/2019 ____Time of Accident : 14:50 Place of Accident : ___CLEMENTI AVE 5 NEAR BLK 324 CAR PARK Insurance Company : ____ AVIVA LTD (B) ADDITIONALINFORMATION / AMENDMENTS: I have made a report on the above mentioned accident and would like to include additional information or make the following amendments: TO AMEND GENDER IN REPORT SHIRLEY LOO Policyholder / Driver's Signature Reporting Centre Personnel's Signature Date: Name: SHIRLEY LOO NRIC/FIN No.:

Date:

17 JULY 2019

GIARMC addendumform V: