

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	30/10/2019 02:19
Date Of Accident	29/10/2019 07:45
Exact Location Of Accident	SLIP RD OF LORONG CHUAN AND BRADDELL RD
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SLK2434T
Insured/Policyholder	
Name Of Registered Owner	KOH KHOON THING
NRIC No	S8025555A
Email Address	BYGOGO29@GMAIL.COM
Mobile Phone No	(LOCAL) +65-96948280
Alternative Phone No	OFFICE-96948280

Vehicle Particulars

Manufacturer	TOYOTA
Model	COROLLA 1.6 ALTIS 1598C
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	1080167
Cover Note Number	

Driver

Name of Driver	KOH KHOON THING
NRIC No	S8025555A
Date Of Birth	29/08/1980
Occupation	INDOOR
Date Of Driving Pass	19/01/2001
Driving Experience	18 YEARS AND 9 MONTHS
Gender	FEMALE
Mobile Number	(LOCAL) +65-96948280
Fax Number	
Contact Number	OFFICE-96948280
Email Address	BYGOGO29@GMAIL.COM

Address	NIL
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	COLLISION - HEAD TO REAR
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	2
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

My vehicle SLK2434T was stationary along the slip rd of Lorong Chuan towards Braddell rd while giving way to the on coming traffic. As my vehicle was stationary, suddenly I felt an impact coming from my rear vehicle. I took awhile for me to come out from my vehicle as my tummy was hit by the steering wheel, and I discover that the 3rd party SFW1528X had collided onto my rear vehicle. We then move to the side road to take some photos and exchange our particulars. After the incident I straight away went to the KK hospital for a check up and was given 2 days mc.

Attachment(s)

Are accident photos available for attachment?	YES
Was there any video captured by Car Camera?	YES
Remarks/ Reasons:	WILL UPLOADED INTO FILEZILLA
Was there any audio recorded?	NO

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	SFW1528X
Vehicle Make/Model/Colour	TOYOTA / WISH / WHITE
Details Of Properties	NA
Vehicle Category	PRIVATE CAR
Name of Driver	MUHAMMAD FAUZAN BIN RAZALI
NRIC/Passport Number	S7802575A
Contact Number	87498321
Address	
Postcode	
Insurance Company Name	
Nature Of Damage	

No. Of Passenger (Including Driver)

Sketch Plan Pg. 1

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:

Driver's Signature
(If driver is not the policyholder)
Date & Time:

VERIFY BY AJAX MARS (ARC)
REPORTING OFFICER
MUHAMMAD SUMARDI BIN MOHD AFFANDI
Reporting Centre Personnel's Signature
Name:
NRIC/FIN No.:

Sketch Plan #2

SKETCH PLAN

BRADDELL
RD

Stationery

A SLK 2434 I

B SFW 1528 x

HERND
LORD

DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

REFER TO ATTACHED STATEMENT.

DECLARATION

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

Policyholder's Signature
Date & Time:

Driver's Signature
(If driver is not the policyholder)
Date & Time:

VERIFY BY AJAX MARS (ARC) REPORTING OFFICER
MUHAMMAD SUMARDI BIN MOHD AFFANDI

Reporting Centre Personnel's Signature
Name:
NRIC/FIN No.:

ACCIDENT STATEMENT (2000 characters)

My vehicle SLK2434T was stationary along the slip rd of Lorong Chuan towards Braddell rd while giving way to the on coming traffic. As my vehicle was stationary, suddenly I felt an impact coming from my rear vehicle. I took awhile for me to come out from my vehicle as my tummy was hit by the steering wheel, and I discover that the 3rd party SFW1528X had collided onto my rear vehicle. We then move to the side road to take some photos and exchange our particulars. After the incident I straight away went to the KK hospital for a check up and was given 2 days mc.

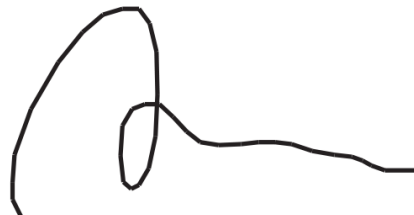
Taxi Voucher No.:

DECLARATION

I/We declare that the above particulars & information provided above are true in every aspect

VERIFIED BY AJAX MARS REPORTING OFFICER -
MUHAMMAD SUMARDI BIN MOHD AFFANDI

MARS Officer



Registered Owner or Driver's Signature

Job Complete Date/Time

29 October 2019 at 7:19 PM

Date/Time:

29 October 2019 at 7:19 PM



Children's Hospital
SingHealth

Reg No 1389042279

TAX INVOICE

GST REG NO : M0368910N

ORIGINAL

KFINMA / FB / 29.10.2019 1223 hrs / Page 1 of 1

KOH KHOON THING -XU QUNTING	Tax Invoice Number : 7719251550G0001
174 CANBERRA DRIVE	Bill Ref Number : 7719251550G-0001-01
#03-12 THE VISIONAIRE	Tax Invoice Date : 29.10.2019 1223 hrs
SINGAPORE 767949	Patient NRIC/HRN : S8025555A
Patient : KOH KHOON THING -XU QUNTING	Visit Date : 29.10.2019 0839 hrs
	Visit / Bill Location : KXLWT / KXLWT / OBS
	Payment Class : PRIVATE
	Type of Supply : Cash/Credit

SERVICE CODE	DESCRIPTION	QUANTITY	AMOUNT(S\$)
	PROFESSIONAL FEES - DOCTOR	Subtotal	97.00
CONFOBGM	CONSULT - REPEAT VISIT, OG24H/DEL SUITE (PTE)	1	97.00
	X-RAY INVESTIGATIONS	Subtotal	60.00
XRP008D	U/S, OBS/GYN-ROUTINE SIMPLE SC	1	60.00
	SPECIALISED INVESTIGATIONS	Subtotal	51.00
VC0003	CARDIOTOGRAPHY (CTG)	1	51.00
	CONSUMABLES	Subtotal	45.00
ICA006	ACTIM PARTUS / PROM	1	45.00
	Subtotal Charges		253.00
	Total Charges Payable		253.00
AMOUNT PAYABLE BEFORE TAX			253.00
ADD : 7 % GST			17.71
AMOUNT PAYABLE AFTER TAX			270.71
NET AMOUNT PAYABLE			270.71
KOH KHOON THING -XU QUNTING			270.71
PAYMENT			
KOH KHOON THING -XU QUNTING	29.10.2019	AMEX	270.71
AMOUNT DUE FROM			
KOH KHOON THING -XU QUNTING			0.00

ST: P S8025555A

*** You are served by MOHANAMMBAL D/O ARUMUGAM ***

Your next appointment:

Date	Time	Location
31.10.2019	1000 hrs	ANTENATAL MONITORING CLINIC
31.10.2019	1010 hrs	ANTENATAL MONITORING CLINIC
31.10.2019	1250 hrs	SPECIALIST CLINIC D
31.10.2019	1530 hrs	NUTRITION AND DIETETICS
12.11.2019	0915 hrs	SPECIALIST CLINIC A
18.11.2019	1030 hrs	SPECIALIST CLINIC D

medical certificate



**KK Women's and
Children's Hospital**
SingHealth

Reg No 198904227G

ORIGINAL

MEDICAL CERTIFICATE

OBS2019325735

Name KOH KHOON THING -XU QUNTING		NRC No. 58025555A	
This is to certify that the above-named is unfit for duty for a period of <u>2</u> days from <u>29-Oct-2019</u> to <u>30-Oct-2019</u>			
Type of medical leave granted :			
<input type="checkbox"/> Hospitalization Leave	<input checked="" type="checkbox"/> Outpatient Sick Leave		
Admitted on : _____	<input type="checkbox"/> Maternity Leave,	Delivered on : _____	
Discharged on : _____	<input type="checkbox"/> Sterilization Leave,	Operated on : _____	
This certificate is not valid for absence from court attendance.			
Diagnosis		Surgical Operation (if applicable)	
Fit for light duty from <u>N.A.</u> to <u>N.A.</u>			
Comments : The above-named patient attended my clinic at <u>N.A.</u> and left at <u>N.A.</u> No medical leave is necessary.			
Hospital	Date	Signature, Name (in BLOCK LETTERS) and Designation/MCR No.	
KK Women's and Children's Hospital Pte. Ltd.	29-Oct-2019	MADURAI SARAVANAA RAJALAKSHMI, 64154E	

Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Driving License



Driving License

