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 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.

ACCIDENT STATEMENT	
Date Of Report	24/10/2020 14:37
Date Of Accident	23/10/2020 19:20
Exact Location Of Accident	PIE TOWARDS CHANGI AFTER EXIT 17D
Country/State of Loss	SINGAPORE
DETAILS OF OWN VEHICLE	
Vehicle Registration Number	SKS140Z
Insured/Policyholder	
Name Of Registered Owner	BOEY HE KAI
NRIC No	SXXXX050F
Email Address	BJUNWEI@LIVE.COM
Mobile Phone No	(LOCAL) +65-92332112
Alternative Phone No	OTHERS-92332112
Vehicle Particulars	
Manufacturer	TOYOTA
Model	HARRIER PREMIUM 2.0 A
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	10901376
Cover Note Number	NA
Driver	
Name of Driver	ASHTON BOEY BO JYUN
NRIC No	SXXXX264J
Date Of Birth	10/10/1994
Occupation	INDOOR
Date Of Driving Pass	14/04/2016
Driving Experience	4 YEARS AND 6 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-92332112
Fax Number	
Contact Number	OTHERS-92332112
EMail Address	BJUNWEI@LIVE.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	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)	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 SKS140Z was driving along PIE towards Changi before exit 17D on the 1st lane.As I was driving,suddenly the traffic ahead started to slow down and came to a stationary position.So I slow down my vehicle and managed to stop on time and came to a stationary position,a split second later I felt an hard impact coming from my rear vehicle and discovered that the 3rd party SLT1165D didn't managed to stop on time and collided onto my vehicle.Due to the impact my vehicle was push forward and collided onto the 1st vehicle SJA7334S.I managed to take some photos and exchange particulars with both parties,I went to the hospital and was given MC until 27/10/2020.

Attachment(s)

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

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	SLT1165D
Vehicle Make/Model/Colour	TOYOTA / SIENTA 1.5X HYBIRD A
Details Of Properties	
Vehicle Category	PRIVATE CAR
Name of Driver	LOO CHOON YONG , ALLAN
NRIC/Passport Number	SXXXX026Z
Contact Number	97998885
Address	
Postcode	
Insurance Company Name	

Nature Of Damage

No. Of Passenger (Including Driver)

DETAILS OF OTHER VEHICLE PROPERTY 2

Vehicle Registration Number	SJA7334S
Vehicle Make/Model/Colour	MITSUBISHI / LANCER 1.6 M
Details Of Properties	
Vehicle Category	PRIVATE CAR
Name of Driver	JUMARI BIN KASRAWI
NRIC/Passport Number	SXXXX242H
Contact Number	96227556
Address	
Postcode	
Insurance Company Name	
Nature Of Damage	
No. Of Passenger (Including Driver)	

DETAILS OF OTHER VEHICLE PROPERTY 2

Vehicle Registration Number	SJA7334S
Vehicle Make/Model/Colour	MITSUBISHI / LANCER 1.6 M

SKETCH PLAN

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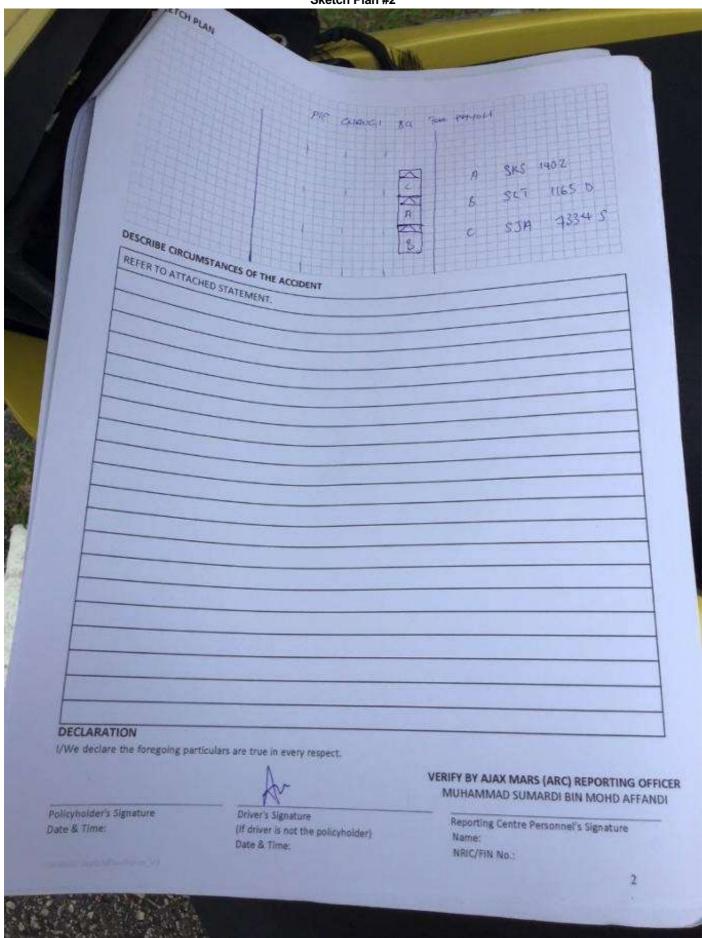8. **Consent under the Personal Data Protection Act (PDPA)**

   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.

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

Policyholder's Signature	Driver's Signature	Reporting Centre Personnel's Signature
Date & Time:	(If driver is not the policyholder)	Name:
	Date & Time:	NRIC/FIN No.:

ETCH PLAN

PIE CHANGGI BG TOM PAYPOLI

A   SKS   1402
B   SLT   1165 D
C   SJA   7334 S

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.:

2

ACCIDENT STATEMENT (2000 characters)

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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

24 October 2020 at 1:47 AM
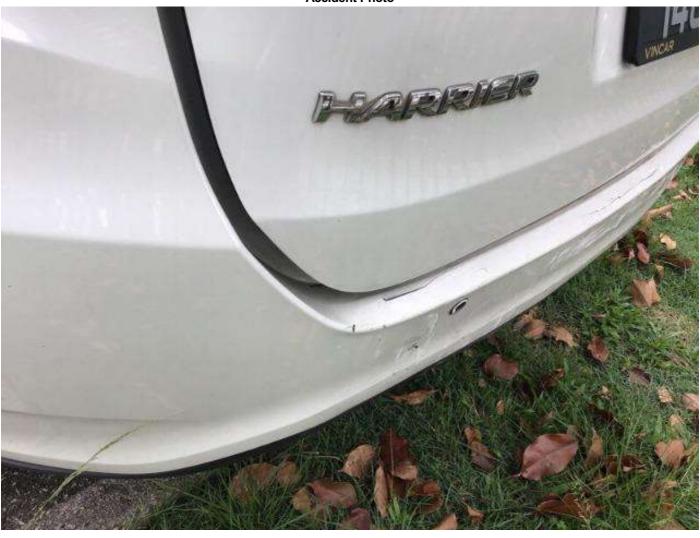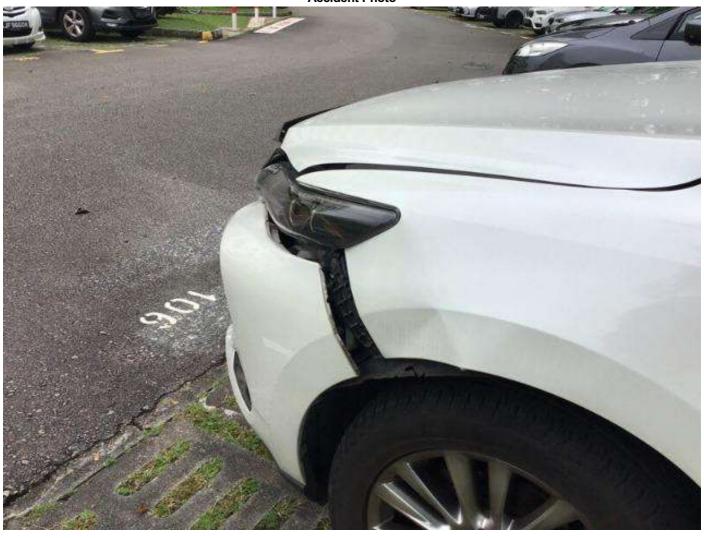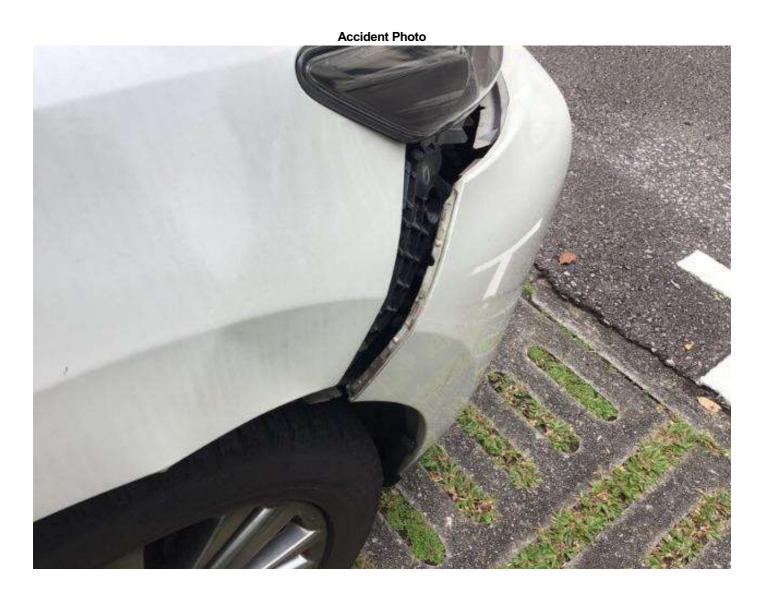
Date/Time:

24 October 2020 at 1:47 PM

Accident Photo

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REPUBLIC OF SINGAPORE — DRIVING LICENCE
Licence Number: S9439264J
Name: ASHTON BOEY BO JYUN
Birth Date: 10 Oct 1994
Issue Date: 14 Apr 2016
002557841C

REPUBLIC OF SINGAPORE
IDENTITY CARD NO. S9439264J
Name: ASHTON BOEY BO JYUN
梅 博 竣
Race: CHINESE
Date of birth: 10-10-1994
Sex: M
Country of birth: SINGAPORE

YOU ARE LICENSED TO DRIVE VEHICLES IN THE FOLLOWING CLASSES!

Class 3   Motor cars with unladen weight =< 3000kg with =< 7   EFFECTIVE DATE
           passengers, exclusive of driver; and other motor   14 Apr 2015
           vehicles with unladen weight =< 2500kg

Licence No S943926J

NP 428A

5054694

NRIC No. S9439264J

Date of Issue
30-06-2012

Address
APT BLK 124 JURONG EAST STREET 13
#23-19
SINGAPORE 600124

REPUBLIC OF SINGAPORE   DRIVING LICENCE

Licence Number: S1539242H

Name
JUMARI BIN KASHAWI

Birth Date: 13 Dec 1962
Issue Date: 30 Jul 2003