

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 Submission 15/12/2021 03:20 (SGT)
Date of Accident 13/12/2021 14:10 (SGT)
Exact Location of Accident Near Aft Kheam Hock Rd, Singapore
Additional Location Information Before Entering Ple
Country/State of Loss Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number SJX5069A

INSURED/POLICYHOLDER

Is company? No
Name Of Registered Owner CHIN TZE LEONG MARK
NRIC No S7832699I
Email Address markchin78@gmail.com
Mobile Phone No (Phone) +65-88386036
Alternative Phone No (Office) +65-88386036

VEHICLE PARTICULARS

Manufacturer Honda
Model Civic
Variant -
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 - Claiming third party
Vehicle Category Private car
Transmission Auto
CC 1339

INSURANCE COMPANY

Name of Insurance Company Aviva Ltd
Type of Coverage Comprehensive
Fleet Policy No
Policy Number 10983666
Cover Note Number -

DRIVER

Name of Driver CHIN TZE LEONG MARK
NRIC No S7832699I

Date Of Birth	30/10/1978
Occupation	Indoor
Date Of Driving Pass	30/12/1996
Driving experience	25 YEARS
Gender	Male
Mobile Number	(Phone) +65-88386036
Alt. Phone Number	(Office) +65-88386036
Email Address	markchin78@gmail.com
Address	952 DUNEARN ROAD
Address complement	06-11
Postcode	589482
Is the driver the policyholder?	Yes
If No, Relationship of the Driver with the Insured	-
Does Driver Own Other Vehicles?	No
Vehicle Registration Number of Other Vehicle Owned by Driver	-
Insurance Company of Other Vehicle Owned by Driver	-

GENERAL INFORMATION OF THE ACCIDENT

Type of Accident	Side Swipe
Weather Conditions	Clear
Road Surface	Dry

OTHER INFORMATION

Was any foreign vehicle involved in the accident?	No
Number of vehicles involved in the accident	2
Was anybody injured in the Accident?	No
Was any injured conveyed to hospital by ambulance?	-
Was any other vehicle or property damaged?	Yes
Number of Passengers (Including Driver)	1
Has the driver been approached by unknown person(s) soliciting/offering accident claims assistance?	No

DETAILS OF POLICE ACTION

Was the accident reported to the police?	Yes
Police Station Name	Clementi Neighbourhood Police Centre
Police Station Phone No	(Phone) +65-18008729999
Alt. Police Station Phone No	(Fax) +65-68728039
Police Station Address	No. Singapore 129858
Was notice of intended Prosecution given?	No
If yes, against whom?	-

CIRCUMSTANCES OF ACCIDENT

ON 13/12/2021 AR ABOUT 1410HRS, I WAS DRIVING MY VEHICLE BEARING LICENSE PLATE SJX5069A ALONG LORNIE HIGHWAY TOWARDS TUAS EXIT. I WAS DRIVING ON A 4 LANE ROAD. I WAS ON THE SECOND LANE, AS I AM APPROACHING THE EXIT OF PIE TUAS, A VEHICLE BEARING LICENSE SJA9916A CHANGE LANE FROM THE RIGHT SIDE. THE FIRST TIME I GAVE IT A HONK TO ALERT THE DRIVER AS HE WAS TOO NEAR TO MY VEHICLE , WHEN HE TRIED TO CHANGE LANE AGAIN, HE FORCED HIS WAY THROUGH AND THE SIDE OF HIS VEHICLE AND CAME INTO CANTACH WITH MY FRONT DRIVER SIDE BUMPER. THE IMPACT CAUSED MY SHOULDER AND NECK TO HURT.

THE DRIVER DID NOT STOP AND PROCEEDED TO DROVE OFF, I GAVE HONK AND HIGH BEAM TO ALERT THE DRIVER TO STOP BUT HE DID NOT, THUS I DROVE TO FOLLOW HIM.

SUBSEQUENTLY, AFTER A FEW MINUTES OF FOLLOWING THE DRIVER, HE DECIDED TO STOP ALONG THE LEFT SIDE OF THE EXPRESSWAY.

WE EXCHANGED PARTICULARS AND DROVE OFF. I THE WENT TO SEEL MEDICAL TREATMENT IMMEDIATELY. I WISH TO STATE THAT I HAVE A BUILD IN IN CAR CAMERA AND IT WAS RECORDING THE WHOLE INCIDENT.

I AM MAKING THIS REPORT FOR RECORD AND INSURANCE CLAIM PURPOSES.

ATTACHMENT(S)

Are accident photos available for attachment?	Yes
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Was there any video captured by Car Camera?	Yes
Reasons for not uploading a video of the accident	HAD UPLOADED INTO FILEZILLA
Was there any audio recorded?	No

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	SJA9916A
Vehicle Manufacturer	Mazda
Vehicle Model	ROADSTER
Vehicle Variant	-
Vehicle Colour	White
Vehicle Category	Private car
Name of Driver	LIM RUIHAN, ETHAN
NRIC No	T0121394B
Contact Number	(Phone) +65-82882307
Address	-
Address complement	-
Postcode	-
Insurance Company Name	-
Nature Of Damage	-
Details of property damaged in accident	-
No. Of Passenger (Including Driver)	-

SKETCH PLAN**IMPORTANT NOTICE**

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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:

14122021

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

**VERIFY BY AJAX MARS (ARC)
REPORTING OFFICER
MOHAMMAD AZALY BIN ABDULLAH**

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

Ver. 30042021

ACCIDENT DIAGRAM



[Signature]

Policyholder's Signature
Date & Time:

14/12/21.

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

VERIFIED BY AJAX MARS (ARC)
REPORTING OFFICER
MOHAMMAD AZALY BIN ABDULLAH

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

SKETCH PLAN

REFER TO ATTACHED ACCIDENT DIAGRAM

DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

Please refer to Police Report

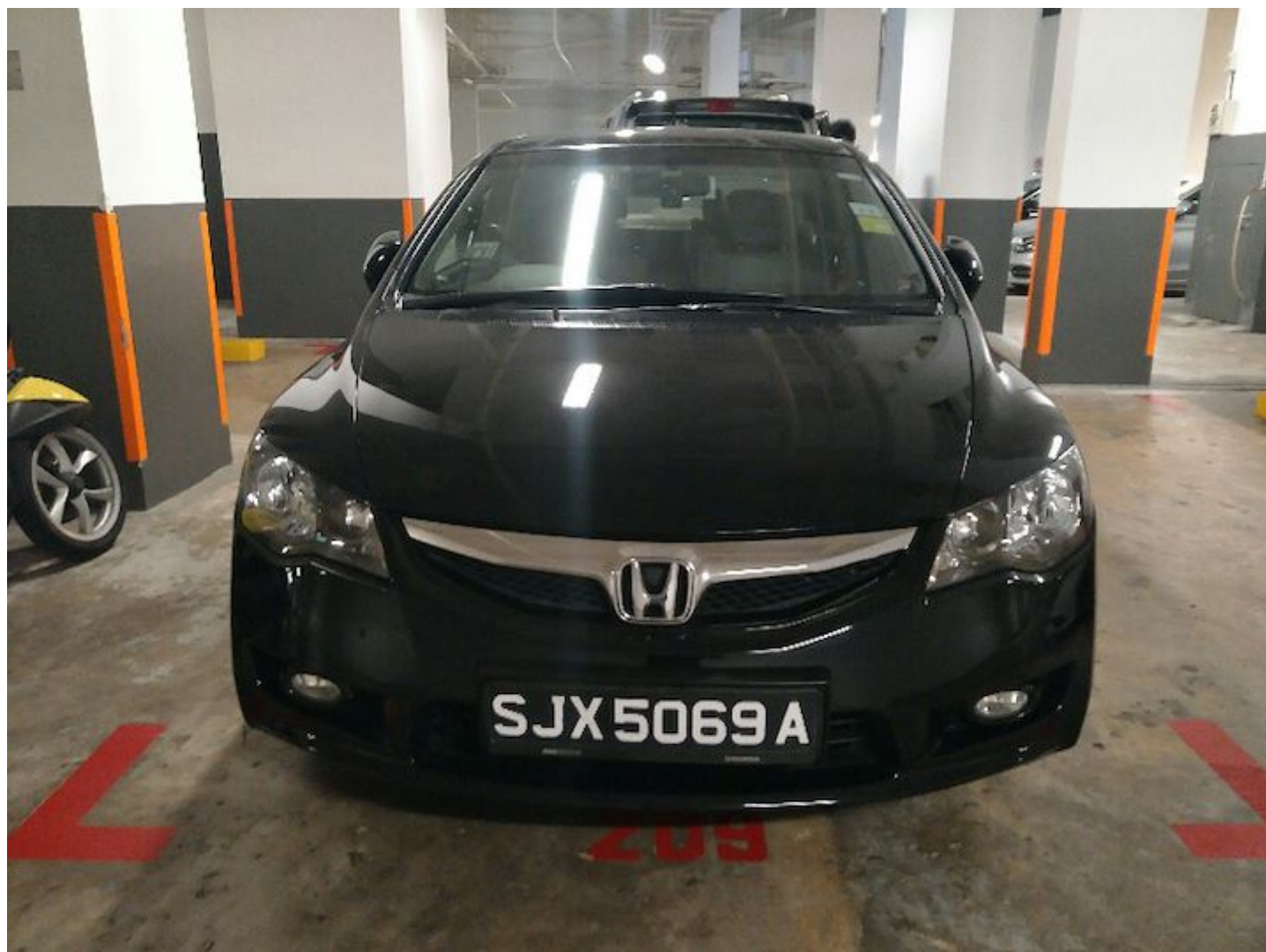
DECLARATION

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

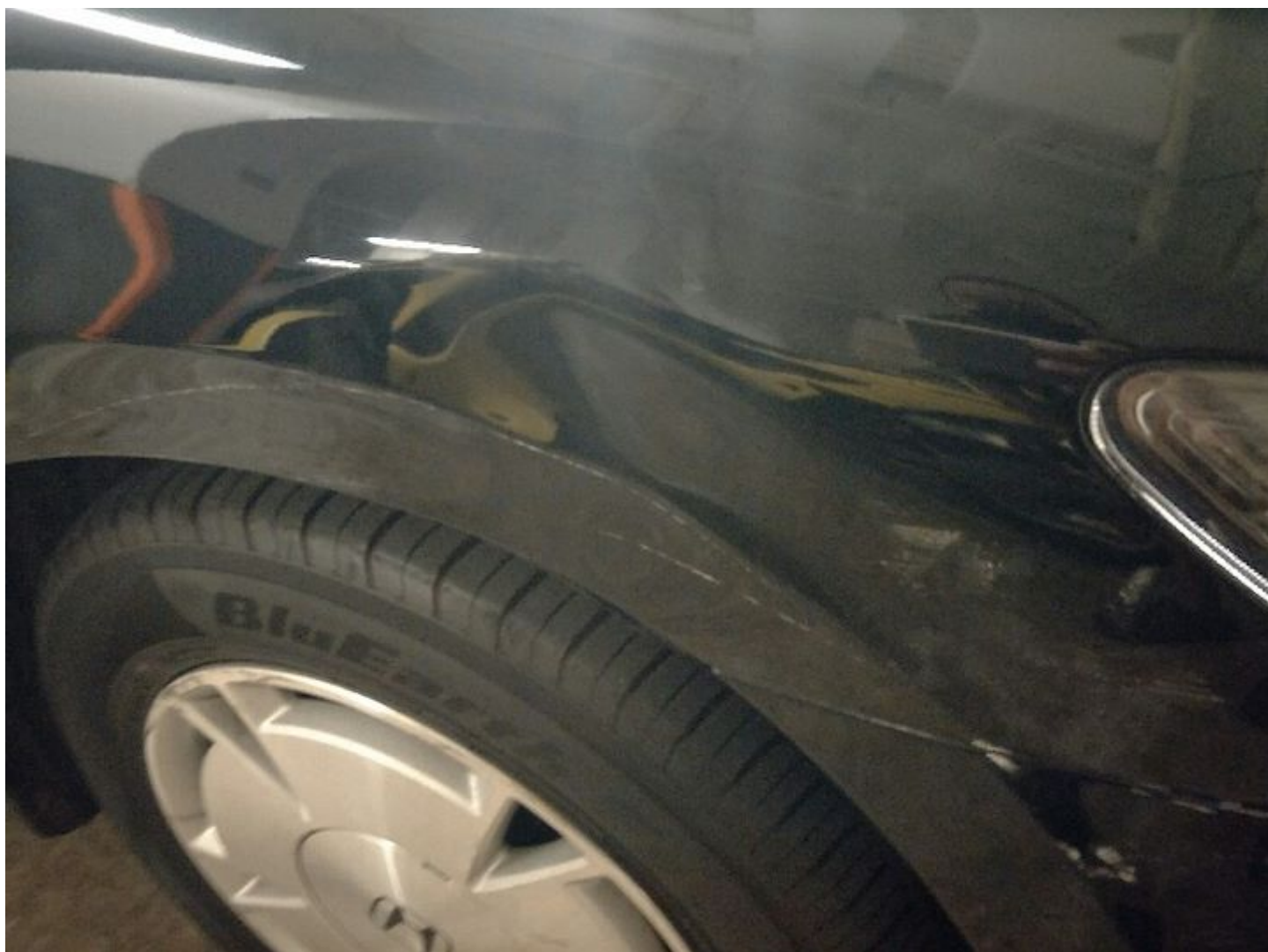

 Policyholder's Signature
 Date & Time: 14122021

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

VERIFY BY AJAX MARS (ARC)
REPORTING OFFICER
 MOHAMMAD AZALY BIN ABDULLAH
 Reporting Centre Personnel's Signature
 Name:
 NRIC/FIN No.:



























**SINGAPORE
POLICE FORCE**



T/20211214/2029

Police Station Of Origin:
Clementi N.P.C
20 Clementi Avenue 5 SINGAPORE 129858
Tel No: 1800-8729999

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Report No. T/20211214/2029

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 14/12/2021 11:13	Vide Report No.:	Station Diary No.: 29
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Informant's Particulars

Name of Informant: MARK CHIN TZE LEONG	Address: BLK 952 DUNEARN ROAD #06-11 SINGAPORE 589482
ID Type / ID No.: NRIC NO / S78326991	Contact No.: Home/Office: Mobile: 88386036
Nationality: SINGAPORE CITIZEN	Email:
Sex: Male Age: 43 Date of Birth: 30/10/1978	Type of Informant: Driver
Race: Chinese	Language: Institution / School Name:
Occupation: Polytechnic lecturer	Driving Licence Information: Class: 3 Date of Expiry:

General Information of the Accident

Type of Accident:	Injury Others	Drink Drive: No	Date/Time of Accident: 13/12/2021 14:10	Type of Location: Straight Road
Location: LORNIE HIGHWAY				
Weather: Clear		Road Surface: Dry	Road Speed Limit:	
Traffic Flow: One Way		Traffic Control: Not Controlled	Traffic Volume: Moderate	
Type of Collision: Between Moving Vehicles - Side Swipe - Same Direction			Anyone conveyed by ambulance: No	

Details of Vehicle Involved

Vehicle No.	Type	Make	Model	Color	Condition	No of Passenger
SJA9916A	Car				Slightly Damaged	1
SJX5069A	Car	HONDA	CIVIC IMA 1.3L CVT	Black	Slightly Damaged	0

Details of Vehicle Insurance

Vehicle No.	Insurance Company	Insurance No	Effective	Expiry Date
SJX5069A	AVIVA LTD	10983666	22/05/2020	20/06/2022



SINGAPORE POLICE FORCE

Police Station Of Origin:
Clementi N.P.C
20 Clementi Avenue 5 SINGAPORE 129858
Tel No: 1800-8729999



T/20211214/2029

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Report No. T/20211214/2029

CONTINUATION OF REPORT

Details of Person Involved			
Any Pedestrian Involved: No			
No. of Pedestrians Injured: NIL		Use of Pedestrian Crossing: NA	
Driver			
Name	LIM RUIHAN ETHAN	ID No.	T0121394B
Related Vehicle	SJA9916A (Car)	Contact No.	82882307
Hospital/Clinic	NIL	Class of Driving Licence & Expiry Date	Class: NIL Date of Expiry: NIL
Date Treatment	NIL	Date Discharge	NIL
No. of Days granted Medical Leave	NIL	Degree of Injury	NIL
Driver			
Name	MARK CHIN TZE LEONG	ID No.	S7832699I
Related Vehicle	SJX5069A (Car)	Contact No.	88386036
Hospital/Clinic	NATIONAL UNIVERSITY OF SINGAPORE	Class of Driving Licence & Expiry Date	Class: 3 Date of Expiry: NIL
Date Treatment	13/12/2021	Date Discharge	13/12/2021
No. of Days granted Medical Leave	04	Degree of Injury	Slight

Brief Details.

On 13/12/2021 at around 1410hrs, I was driving my vehicle bearing license plate SJX5069A along Lornie Highway towards Tuas exit. I was driving on a 4 lane road. I was on the second lane, as I am approaching the exit of PIE Tuas, a vehicle bearing license plate SJA9916A change lane from the right side. The first time I gave it a honk to alert the driver as he was too near to my vehicle, when he tried to change lane again, he forced his way through and the side of his vehicle had came into contact with my front driver side bumper. The impact caused my shoulder and neck to hurt.

The driver did not stop and proceeded to drove off, I gave honk and high beam to alert the driver to stop, but he did not, thus I drove to follow him.

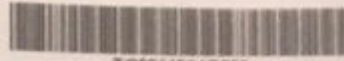
Subsequently, after a few minutes of following the driver, he decided to stop along the left side of the expressway.

We exchanged particulars and drove off. I then went to seek medical treatment immediately. I wish to state that I have a build in in car camera and it was recording the whole incident.

I am making this report for record and insurance claim purposes.



**SINGAPORE
POLICE FORCE**



T/20211214/2029

Police Station Of Origin:
Clementi N.P.C
20 Clementi Avenue 5 SINGAPORE 129858
Tel No: 1800-8729999

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Report No. T/20211214/2029

CONTINUATION OF REPORT

**SINGAPORE
POLICE FORCE**

T/20211214/2029

Police Station Of Origin:
Clementi N.P.C
20 Clementi Avenue 5 SINGAPORE 129858
Tel No: 1800-8729999

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Report No. T/20211214/2029

CONTINUATION OF REPORT**Sketch Plan**

Informant is not able to provide sketch plan

IMPORTANT: Please attach a copy of your vehicle's Insurance Certificate to this report. If you don't have the certificate with you now, please fax a copy to 65474885 stating the report number as reference.

Signature of Officer Recording The Report
D /
Sgt 2 LYE DARREN

Signature Of Informant:

Signature Of Interpreter:
Not applicable

Date/Time:
14/12/2021 11:13

Officer In Charge Of Case:
TP / AEIT /
SI MOHAMAD ZULEAZOLI BIN ABDULLAH
Contact No: 65476204

Classification Of Case:

Authentication Stamp
NP168

SN 37

SIGNATURE