

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 ability.
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 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	12/02/2016 07:08
Date Of Accident	09/02/2016 16:45
Exact Location Of Accident	ALONG WOODLANDS DR 40 JUNC OF WOODLANDS AVE 4
Country/State of Loss	Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SJL2763L
Insured/Policyholder	
Name Of Registered Owner	TEOW KOON SIONG
NRIC No	S0214641Z
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-81456495
Alternative Phone No	Others-81456495

Vehicle Particulars

Manufacturer	MITSUBISHI
Model	LANCER
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	10106688
Cover Note Number	

Driver

Name of Driver	TEOW KOON SIONG
NRIC No	S0214641Z
Date Of Birth	04/10/1953
Occupation	Indoor
Date Of Driving Pass	07/11/1983
Driving Experience	32 Years And 3 Months
Gender	Male
Mobile Number	(Local) +65-81456495
Fax Number	
Contact Number	Others-81456495
Email Address	NOEMAIL

Address

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- Chain Collision

Weather Conditions Clear

Road Surface Dry

Other Information

Was any foreign vehicle involved in this accident? No

Was any body injured in the Accident? No

Was any other material or property damaged? Yes

Was there any video captured by Car Camera? No

Number of Passengers (Including Driver) 2

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 WOODLANDS DR 40 JUNC OF WOODLANDS AVE 4 TOWARDS WOODLANDS ST 83, my direction was green light in favour and I move towards woodlands st 83 when suddenly vehicle SDV5785Y on my left direction along woodlands ave 4 move and hit onto my left portion of my vehicle thus, my vehicle move forward and hit stationary vehicle GU6663D on my front portion.

Are accident photos available for attachment? Yes

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number SDV5785Y

Vehicle Make/Model/Colour SUBARU FORESTER 2.0I-L SILVER

Details Of Properties

Name of Driver WONG

NRIC/Passport Number

Contact Number 86115689

Address

Postcode

Insurance Company Name

Nature Of Damage

No. Of Passenger (Including Driver)

Details of Witness

Name

Phone Number

Email Address

DETAILS OF OTHER VEHICLE PROPERTY 2

Vehicle Registration Number GU6663D

Vehicle Make/Model/Colour TOYOTA LITEACE 4DRM

Details Of Properties

Name of Driver NO DETAILS

NRIC/Passport Number
Contact Number
Address
Postcode
Insurance Company Name
Nature Of Damage
No. Of Passenger (Including Driver)

Details of Witness

Name
Phone Number
Email Address

Sketch Plan

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.

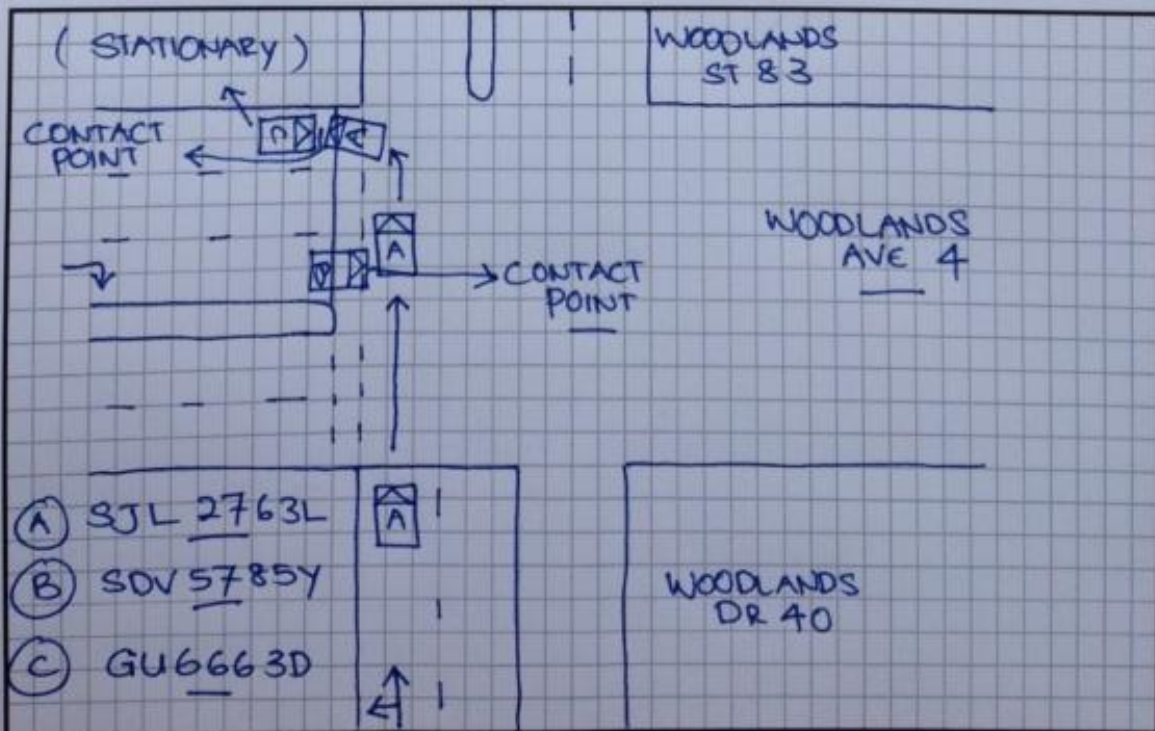

Policyholder's Signature / Date & Time

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

VERIFIED BY OFFICER
MUSTAQIM S8437701E

Witnessed by Reporting Centre
Personnel

Sketch Plan



Sketch Plan #2

ACCIDENT STATEMENT (2000 characters)

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Taxi Voucher No.:

Are you claiming your own insurance policy for the repair of your vehicle?

No, Claim 3rd party

DECLARATION

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

VERIFIED BY MARS OFFICER - MUSTAQIM,
S8437701E

MARS Officer



Registered Owner or Driver's Signature

Job Complete Date/Time

11 February 2016 4:05 pm

Date/Time:

11 February 2016 4:05 pm

Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



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