

## 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	18/01/2017 12:32
Date Of Accident	17/01/2017 07:30
Exact Location Of Accident	CARPARK BEHIND BLK 3 DOVER CRESCENT
Country/State of Loss	Singapore

### DETAILS OF OWN VEHICLE

Vehicle Registration Number	SJY7770P
<b>Insured/Policyholder</b>	
Name Of Registered Owner	WONG JAI CHUAN
NRIC No	S1801592G
Email Address	wongjames1967@gmail.com
Mobile Phone No	(LOCAL) +65-96720946
Alternative Phone No	Others-96720946

### Vehicle Particulars

Manufacturer	MAZDA
Model	CX7 2.5L 5EAT
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	10588352
Cover Note Number	N.A

### Driver

Name of Driver	WONG JAI CHUAN
NRIC No	S1801592G
Date Of Birth	06/04/1967
Occupation	Indoor
Date Of Driving Pass	15/03/1989
Driving Experience	27 Years And 10 Months
Gender	Male
Mobile Number	(Local) +65-96720946
Fax Number	
Contact Number	Others-96720946
EEmail Address	wongjames1967@gmail.com

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 Unknown - REAR TO FRONT (TP REVERSING)  
 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  
 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

ON THE DATE AND TIME MENTIONED, I HAD PARKED MY VEHICLE AT THE SAID MENTIONED LOCATION AND WAS HIT BY A REVERSING VEHICLE B. AFTER VEHICLE B HAD HIT MY VEHICLE, VEHICLE B WAS SEEN MOVING AWAY FROM THE ACCIDENT SCENE. I MANAGED TO TAKE A PHOTO OF VEHICLE B BUT FAILED TO PROVIDE ME HIS PARTICULARS. NOBODY WAS INJURED AND STATEMENT WAS READ TO ME AND I ACKNOWLEDGE IT.

#### 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 GZ8277X  
 Vehicle Make/Model/Colour MITSUBISHI / FB70ABOSRDEB / WHITE  
 Details Of Properties  
 Name of Driver  
 NRIC/Passport Number  
 Contact Number  
 Address  
 Postcode  
 Insurance Company Name  
 Nature Of Damage  
 No. Of Passenger (Including Driver) 2

#### Details of Witness

Name  
 Phone Number  
 Email Address

# Sketch Plan

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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)

I understand, acknowledge, agree and consent that:

- (a) My insurer, my workshop and the General Insurance Association of Singapore ("GIA") may be 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 Insurers who have insured vehicle(s) involved in this accident (all Insurers 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 claim;
  - (iii) carrying out and/or dealing with my instructions or responding to any enquiries by me;
  - (iv) administering my claims including the making 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 envelope/mail packages; and/or
  - (v) complying with applicable law in administering, processing, handling and/or dealing with my claims.
- (b) all Insurers who have insured vehicle(s) involved in this accident and the Insurers' lawyers/law firms, may be 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 also 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.

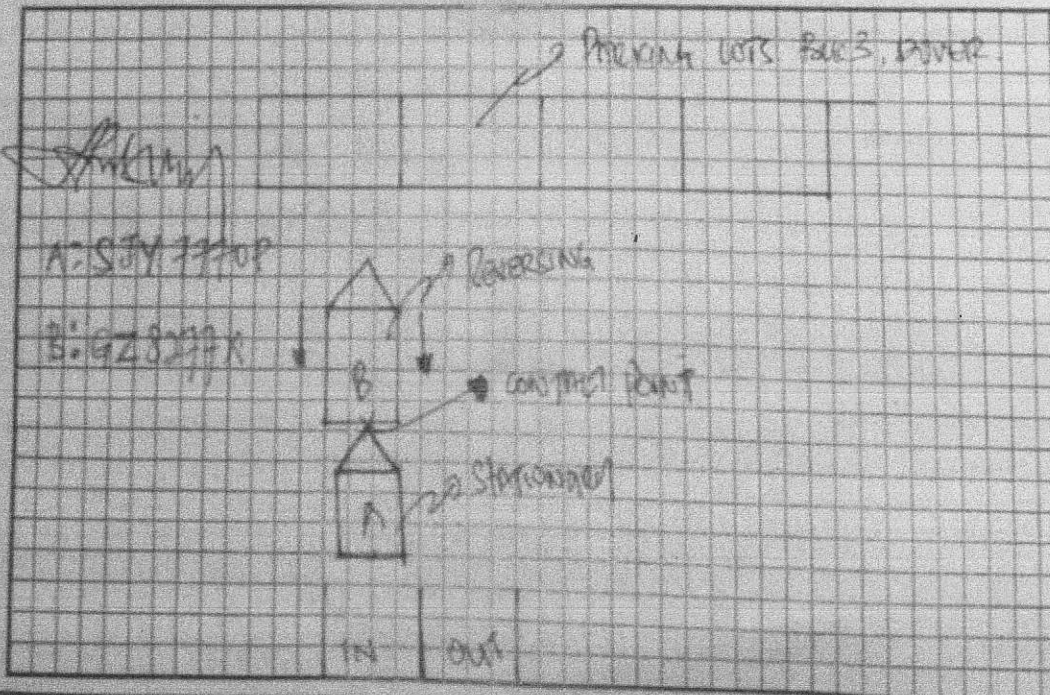
*[Signature]*  
Policyholder's Signature / Date & Time

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

VERIFIED BY AJAX MARS  
REPORTING OFFICER  
Hashim Kamari

Witnessed by Reporting Centre  
Personnel

## Sketch Plan



ACCIDENT STATEMENT (2000 characters)

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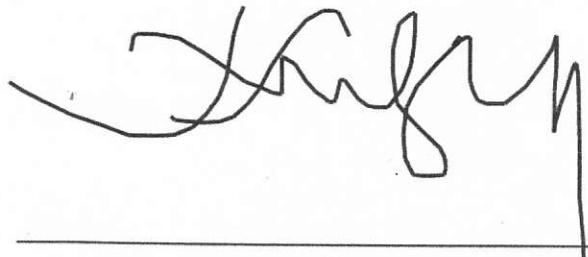
NOBODY WAS INJURED AND STATEMENT WAS READ TO ME AND I ACKNOWLEDGE IT.

Taxi Voucher No.:

DECLARATION

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

MARS Officer



Registered Owner or Driver's Signature

Job Complete Date/Time

18 January 2017 9:29 am

Date/Time:

18 January 2017 9:30 am