

## 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	25/08/2017 19:48
Date Of Accident	25/08/2017 14:30
Exact Location Of Accident	ALONG QUEENSWAY
Country/State of Loss	SINGAPORE

### DETAILS OF OWN VEHICLE

Vehicle Registration Number	SKC270R
<b>Insured/Policyholder</b>	
Name Of Registered Owner	ONG SHEI REN
NRIC No	S7529513H
Email Address	SHEI_REN@LIVE.CO.UK
Mobile Phone No	(LOCAL) +65-91268338
Alternative Phone No	OFFICE-91268338

### Vehicle Particulars

Manufacturer	FIAT
Model	PUNTO EVO 1.4A DYNAMIC
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	10611158
Cover Note Number	N.A.

### Driver

Name of Driver	ONG SHEI REN
NRIC No	S7529513H
Date Of Birth	21/09/1975
Occupation	INDOOR
Date Of Driving Pass	13/03/1996
Driving Experience	21 YEARS AND 5 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-91268338
Fax Number	
Contact Number	OFFICE-91268338
Email Address	SHEI_REN@LIVE.CO.UK

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 - CHANGE/CROSS LANE  
 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

I (SKC0270R) WAS DRIVING ALONG QUEENSWAY ON THE THIRD LANE, COMING TO A STOP ON A TRAFFIC LIGHT AHEAD WHEN A TAXI (SHA2267J) FROM THE SECOND LANE ON MY RIGHT, SUDDENLY CUT INTO MY LANE. THE FRONT LEFT SIDE OF THE TAXI MAKE CONTACT WITH THE REAR RIGHT SIDE OF MY CAR. NO INJURIES INVOLVED.

#### 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 SHA2267J  
 Vehicle Make/Model/Colour HYUNDAI/ SONATA/ BLUE  
 Details Of Properties NA  
 Name of Driver UNKNOWN  
 NRIC/Passport Number  
 Contact Number 90618623  
 Address NA  
 Postcode  
 Insurance Company Name  
 Nature Of Damage  
 No. Of Passenger (Including Driver)

#### Details of Witness

Name  
 Phone Number  
 Email Address



# Sketch Plan

4. The issue and acceptance of this form by insurance companies is not an admission of policy liability on the part of the insurer.
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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/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/are 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.

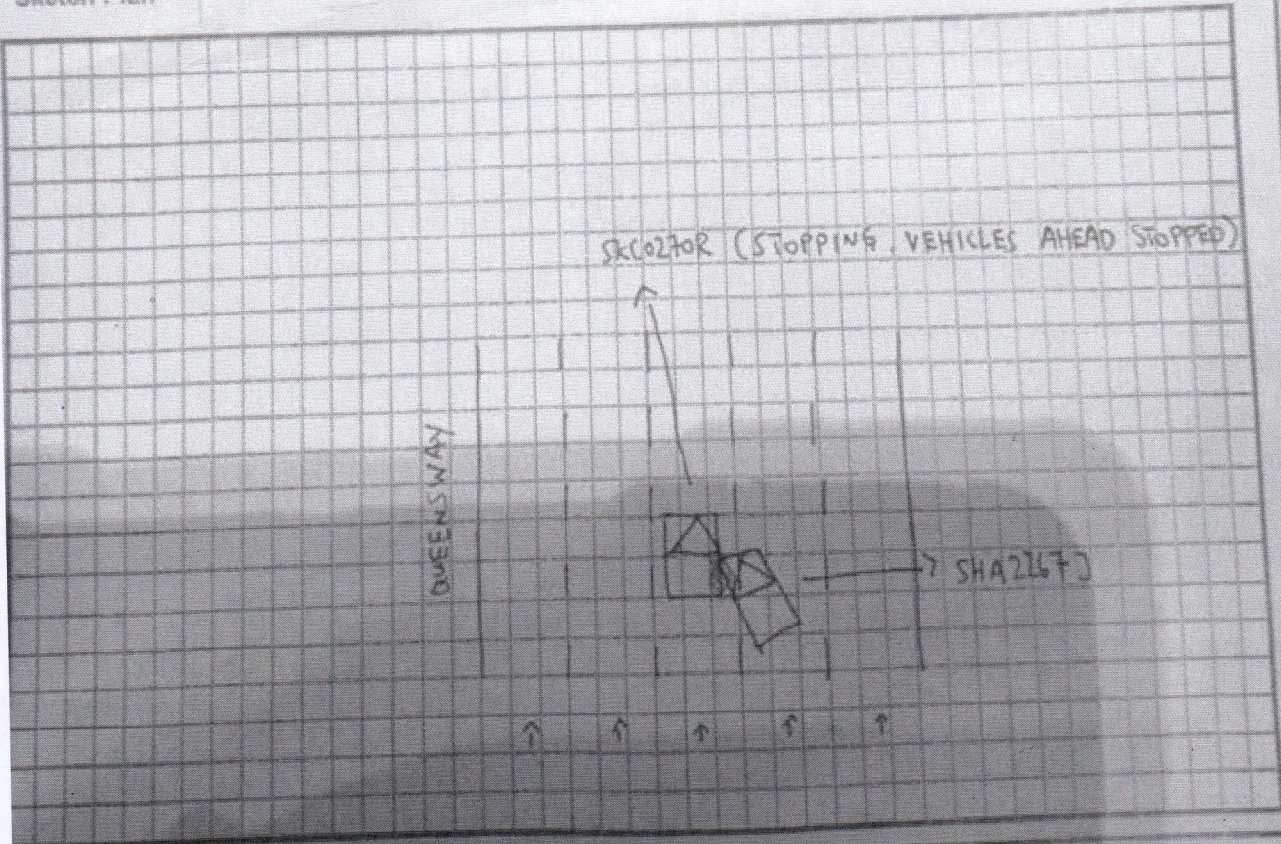
VERIFIED BY AJAX MARS  
REPORTING OFFICER  
MOHAMMAD SULHANDI BIN  
ABDUL AFFANDI

Policyholder's Signature / Date & Time

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

Witnessed by Reporting Centre  
Personnel

## Sketch Plan





Sketch Plan #2

ACCIDENT STATEMENT (2000 characters)

I (SKC0270R) WAS DRIVING ALONG QUEENSWAY ON THE THIRD LANE, COMING TO A STOP ON A TRAFFIC LIGHT AHEAD WHEN A TAXI (SHA2267J) FROM THE SECOND LANE ON MY RIGHT, SUDDENLY CUT INTO MY LANE. THE FRONT LEFT SIDE OF THE TAXI MAKE CONTACT WITH THE REAR RIGHT SIDE OF MY CAR. NO INJURIES INVOLVED.

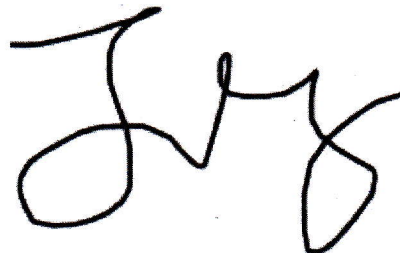
Taxi Voucher No.:

DECLARATION

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

VERIFIED BY AJAX MARS REPORTING OFFICER -  
MOHAMMAD SULHANDI BIN MOH AFFANDI

MARS Officer



Registered Owner or Driver's Signature

Job Complete Date/Time

25 August 2017 at 5:40 PM

Date/Time:

25 August 2017 at 5:40 PM