

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	22/11/2017 21:39
Date Of Accident	21/11/2017 19:00
Exact Location Of Accident	TAMPINES MALL PICK UP POINT
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SFH5251X
Insured/Policyholder	
Name Of Registered Owner	LIM TECK BENG
NRIC No	S7507486G
Email Address	LINDEMING1975@YAHOO.COM
Mobile Phone No	(LOCAL) +65-97607794
Alternative Phone No	OFFICE-97607794

Vehicle Particulars

Manufacturer	PEUGEOT
Model	5008 (A) 1.6
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	10604726
Cover Note Number	N.A

Driver

Name of Driver	LIM TECK BENG
NRIC No	S7507486G
Date Of Birth	09/03/1975
Occupation	INDOOR
Date Of Driving Pass	13/02/1996
Driving Experience	21 YEARS AND 9 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-97607794
Fax Number	
Contact Number	OFFICE-97607794
EMail Address	LINDEMING1975@YAHOO.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 SIDE SWIPE
 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) 3

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 WAS ALIGHTING MY SPOUSE AND SON AT TAMPINES MALL PICKUP POINT, WHEN VEHICLE B COMING FROM MY REAR RIGHT, MADE A PASSED THROUGH AND GRAZED ONTO THE REAR RIGHT SIDE ON MY VEHICLE. MY VEHICLE WAS STILL STATIONARY AS MY WIFE AND SON STILL ALIGHTING FROM MY VEHICLE WHEN IT WAS HIT. I HAVE A MALAY COUPLE WHO WITNESS THIS ACCIDENT AND WILLINGLY TO BE THE WITNESS. THE TAXI DRIVER ALSO ACCEPT FULL LIABILITY IN A VOICE RECORD MESSAGE. NO BODY WAS INJURED. STATEMENT WAS READ TO ME AND I ACKNOWLEDGED 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 SHD6750M
 Vehicle Make/Model/Colour HYUNDAI / I40 1.7L CRDI / BLUE
 Details Of Properties NIL
 Name of Driver LIM TAI WAN
 NRIC/Passport Number
 Contact Number 97431187
 Address
 Postcode
 Insurance Company Name
 Nature Of Damage
 No. Of Passenger (Including Driver) 1

Details of Witness

Name ZUL
 Phone Number 94353144

Sketch Plan

SKETCH PLAN

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7. By the lodging of this report to the Insurers, you hereby consent to the archiving of the report at the centre and to copies of the report being made available thereof.
8. Consent under the Personal Data Protection Act (PDPA)
 - (a) I understand, acknowledge, agree and consent that:
 - (i) My Insurer, my workplace 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 vehicles 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 purposes 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 Insurers 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.

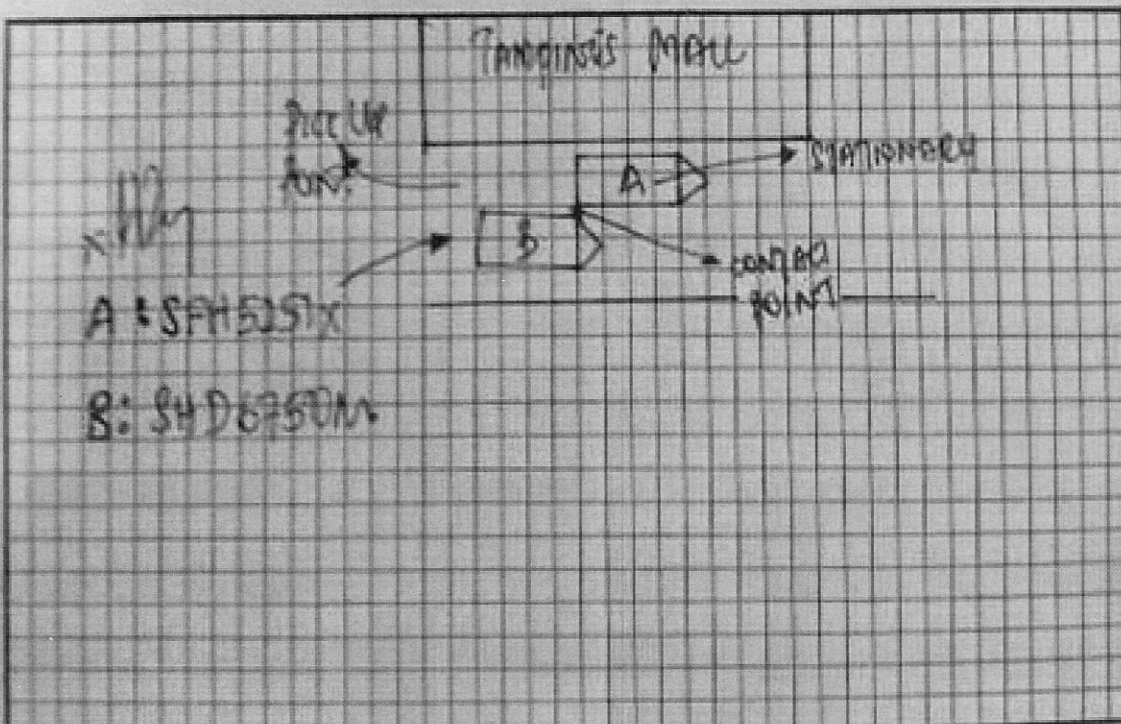
[Signature]
Policyholder's Signature - Date & Time

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

VERIFIED BY AJAX MARS
REPORTING OFFICER
Hashim Kaman

Witnessed by Reporting Centre
Personal *22/11/17*

Sketch Plan



ACCIDENT STATEMENT (2000 characters)

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NO BODY WAS INJURED. STATEMENT WAS READ TO ME AND I ACKNOWLEDGED IT.

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 -
HASHIM BIN KAMARI

MARS Officer



Registered Owner or Driver's Signature

Job Complete Date/Time

22 November 2017 at 1:42 PM

Date/Time:

22 November 2017 at 1:42 PM