

## 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	04/12/2017 15:12
Date Of Accident	03/12/2017 12:15
Exact Location Of Accident	BLK 407 JURONG WEST ST 42 OPEN SPACE CARPARK
Country/State of Loss	SINGAPORE
DETAILS OF OWN VEHICLE	
Vehicle Registration Number	SKC1245H
Insured/Policyholder	
Name Of Registered Owner	TAY CHEN HOCK
NRIC No	S1550729B
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-82008386
Alternative Phone No	OFFICE-82008386
Vehicle Particulars	
Manufacturer	BMW
Model	118I 2.0 AT ABS D/AIRBAG 2WD 5DR
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	ALLIED WORLD ASSURANCE COMPANY, LTD
Type Of Coverage	COMPREHENSIVE
Fleet Policy	NO
Policy Number	BVPPSB0544201600
Cover Note Number	N.A
Driver	
Name of Driver	TAY KAI YUEN
NRIC No	S9215427J
Date Of Birth	18/04/1992
Occupation	INDOOR
Date Of Driving Pass	12/09/2014
Driving Experience	3 YEARS AND 2 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-94561048
Fax Number	
Contact Number	
EEmail Address	YATSEMAJ@GMAIL.COM

Address

Postcode

Was driver an employee of the Insured's Company NO

If No, Relationship of the Driver with the Insured CHILDREN

Vehicle Registration Number of Driver's Own Vehicle -

Insurance Company of Driver's Own Vehicle -

#### General Information of the Accident

Type Of Accident COLLISION - HEAD ON 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

I have been approached by unknown person(s) soliciting/offering accident claims assistance. 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 reversing into carpark lot at Blk 407 Jurong West St 42 open space carpark when car SLQ4775P made a right turn and suddenly accelerated and its front left side collided onto my car front right side. Damages to my car were on the front right portion. No injuries were 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 SLQ4775P

Vehicle Make/Model/Colour MAZDA / MAZDA3

Details Of Properties NIL

Name of Driver JOCELYN

NRIC/Passport Number

Contact Number 90608043

Address

Postcode

Insurance Company Name

Nature Of Damage

No. Of Passenger (Including Driver) 1

#### 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.

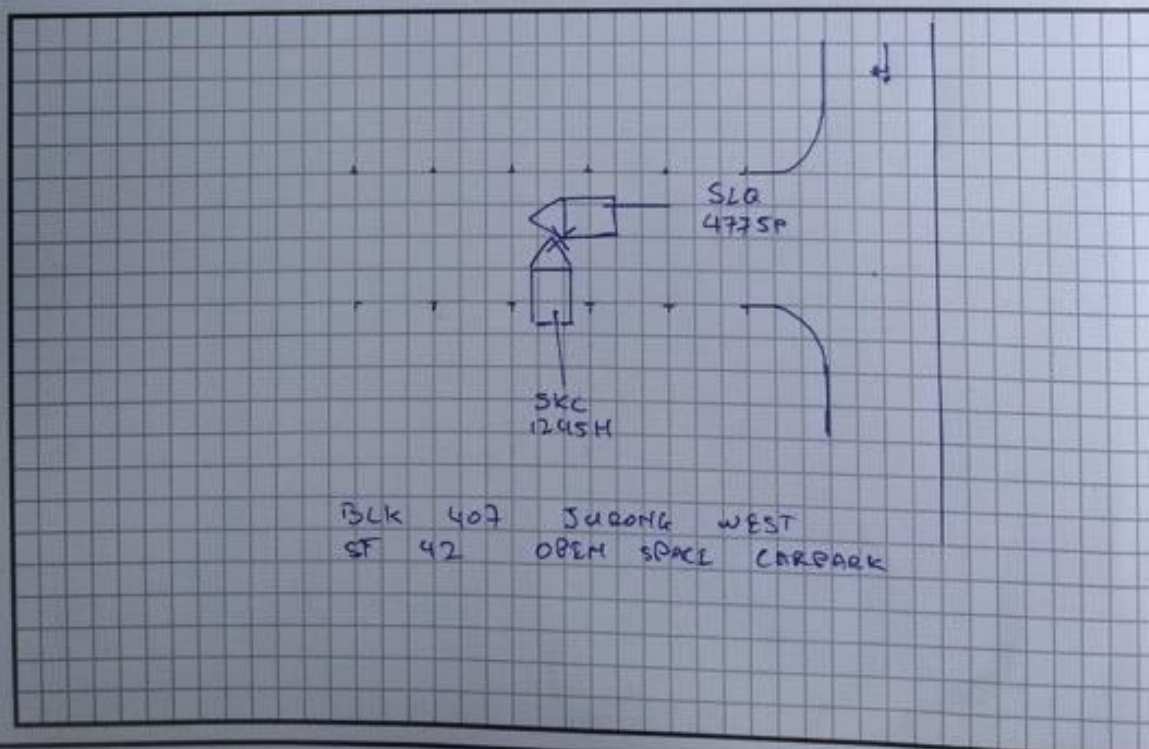
VERIFIED BY AJAX MARS  
REPORTING OFFICER  
Muhammad Faizal  
Bin Pabila

Policyholder's Signature / Date & Time

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

Witnessed by Reporting Centre  
Personnel

#### Sketch Plan



**ACCIDENT STATEMENT (2000 characters)**

I was reversing into carpark lot at Blk 407 Jurong West St 42 open space carpark when car SLQ4775P made a right turn and suddenly accelerated and its front left side collided onto my car front right side. Damages to my car were on the front right portion. No injuries were 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 -  
MUHAMMAD FAIZAL BIN PABILA

MARS Officer



Registered Owner or Driver's Signature

Job Complete Date/Time

4 December 2017 at 11:21 AM

Date/Time:

4 December 2017 at 11:21 AM