

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	15/12/2017 20:34
Date Of Accident	15/12/2017 15:45
Exact Location Of Accident	ALONG TAMPINES CENTRAL 1 BESIDE UOB
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SKA4707H
Insured/Policyholder	
Name Of Registered Owner	HO WEE TACK
NRIC No	S7815144G
Email Address	VERTIGO_BLUES@HOTMAIL.COM
Mobile Phone No	(LOCAL) +65-91912000
Alternative Phone No	OFFICE-91912000

Vehicle Particulars

Manufacturer	SKODA
Model	YETI 1.2 TSI
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	10284191
Cover Note Number	N.A.

Driver

Name of Driver	HO WEE TACK
NRIC No	S7815144G
Date Of Birth	31/05/1978
Occupation	INDOOR
Date Of Driving Pass	23/06/2003
Driving Experience	14 YEARS AND 5 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-91912000
Fax Number	
Contact Number	OFFICE-91912000
EEmail Address	VERTIGO_BLUES@HOTMAIL.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 COLLISION - HEAD TO REAR
 Weather Conditions RAINING
 Road Surface WET

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

IM DRIVING MY VEHICLE A ALONG TAMPINES CENTRAL 1. IM STOP MY VEHICLE DUE TO TRAFFIC LIGHT IN FRONT AND IM WAITING TO MOVE OFF. SUDDENLY THERE IS A VEHICLE B HIT ONTO MY REAR BUMPER AND MY CAR MOVED A LITTLE FORWARD DUE TO IMPACT. WE EXCHANGE PARTICULAR AND TAKE PHOTO, AFTER THAT WE MOVE OFF. 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 SKS5076T
 Vehicle Make/Model/Colour NISSAN/ SYLPHY/ BLACK
 Details Of Properties NA
 Name of Driver TAN JIAN WEI
 NRIC/Passport Number S9343138C
 Contact Number 97428850
 Address NA
 NA
 Postcode
 Insurance Company Name
 Nature Of Damage
 No. Of Passenger (Including Driver)

Details of Witness

Name
 Phone Number
 Email Address

Sketch Plan

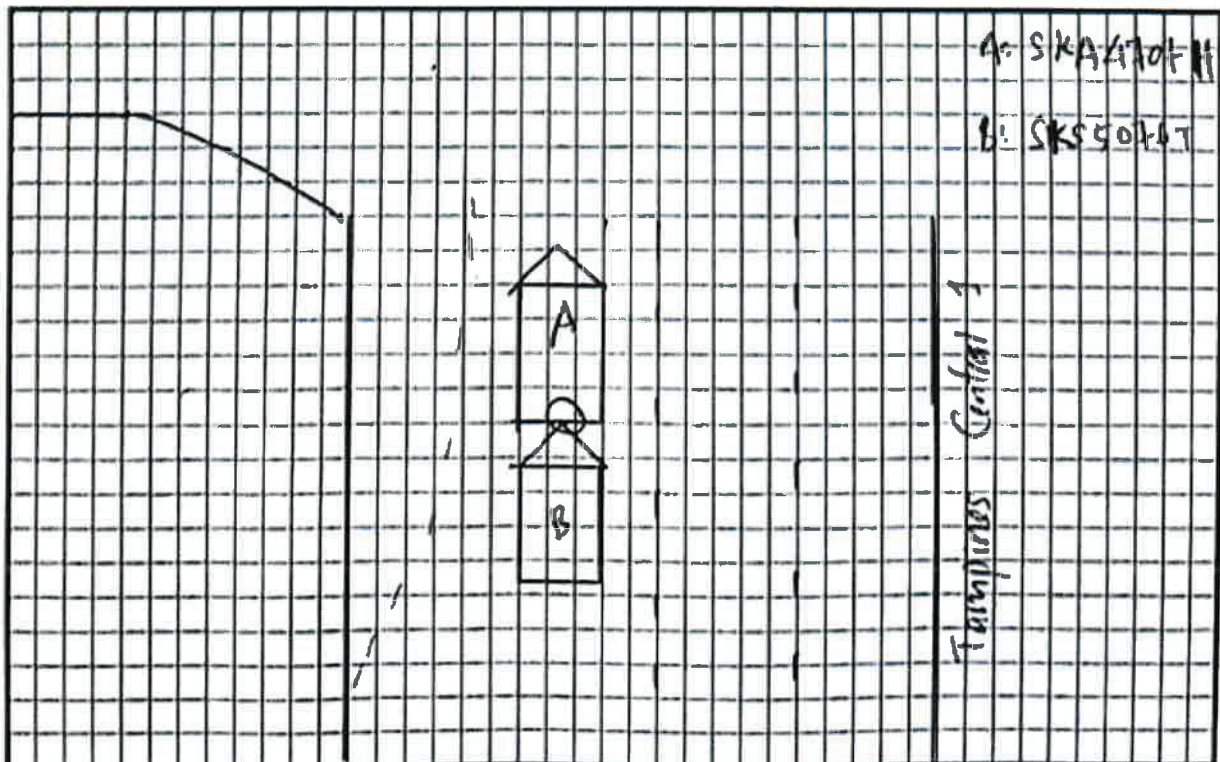
SKETCH PLAN

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- 2. 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.
 - (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.

15 DEC 17 1754H 15 DEC 17 1747H
 Policyholder's Signature / Date & Time Driver's Signature (If driver is not the policyholder) / Date & Time
 VERIFIED BY AJAX MARS
 REPORTING OFFICER
 Thomas Ng Chin Chun
 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 AJAX MARS REPORTING OFFICER -
NG CHIN CHUN

MARS Officer



Registered Owner or Driver's Signature

Job Complete Date/Time

15 December, 2017 6:00 pm

Date/Time:

15 December, 2017 6:00 pm