

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 | 25/12/2017 17:02 |
| Date Of Accident | 24/12/2017 16:00 |
| Exact Location Of Accident | CARPARK OF BLK 241 TAMPINES ST 21 |
| Country/State of Loss | SINGAPORE |

DETAILS OF OWN VEHICLE

| | |
|-----------------------------|--------------------------------|
| Vehicle Registration Number | SLT6736Z |
| Insured/Policyholder | |
| Name Of Registered Owner | BALWINDER KAUR D/O JAGAT SINGH |
| NRIC No | S8426714G |
| Email Address | LIONESS2784@GMAIL.COM |
| Mobile Phone No | (LOCAL) +65-98449327 |
| Alternative Phone No | OFFICE-98449327 |

Vehicle Particulars

| | |
|--|-----------------|
| Manufacturer | HONDA |
| Model | CITY 1.5 SV CVT |
| 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 | 10789304 |
| Cover Note Number | N.A |

Driver

| | |
|----------------------|--------------------------------|
| Name of Driver | BALWINDER KAUR D/O JAGAT SINGH |
| NRIC No | S8426714G |
| Date Of Birth | 27/08/1984 |
| Occupation | INDOOR |
| Date Of Driving Pass | 20/05/2003 |
| Driving Experience | 14 YEARS AND 7 MONTHS |
| Gender | FEMALE |
| Mobile Number | (LOCAL) +65-98449327 |
| Fax Number | |
| Contact Number | OFFICE-98449327 |
| EEmail Address | LIONESS2784@GMAIL.COM |

| | |
|---|--|
| Address | HDB TAMPINES, 241 TAMPINES STREET 21 #11-435 |
| Postcode | 520241 |
| 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 | HIT AND RUN / VANDALISM / DAMAGED WHILST PARKED |
| Weather Conditions | CLEAR |
| Road Surface | DRY |

Other Information

| | |
|---|-----|
| Was any foreign vehicle involved in this accident? | NO |
| Number of vehicles involved in the accident | |
| Was any body injured in the Accident? | NO |
| Was any injured conveyed to hospital by ambulance? | |
| 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? | YES |
| If Yes, Please state which Police Station | |
| POLICE STATION NAME [OTHER] | TAMPINES EAST NPP |
| Was notice of intended Prosecution given? | NO |
| If Yes, against whom? | |

Circumstances of Accident

Refer to Police Report Ref: T/20171224/2065 lodged at Tampines East NPP. On 24/12/2017 at around 1900 hours, I saw a note on my car with a number to call. I also saw there was scratch marks and red paint marks on the front right portion of my car. I then called the number and met up with Mr Lau who informed that earlier from 1600 to 1630 hours he witnessed a red MAZDA (SJP8040D) that failed to park properly and hit my car and another black Honda before driving off. He tried to signal for the driver to stop but the red MAZDA just rode off, then he left the note to inform us and also mentioned that he is willing to be a witness to the hit and run.

Attachment(s)

| | |
|---|-----|
| Are accident photos available for attachment? | YES |
| Was there any video captured by Car Camera? | YES |
| Was there any audio recorded? | NO |

Details of Witness 1

| | |
|---------------|----------|
| Name | MR LAU |
| Phone Number | 96951515 |
| Email Address | |

DETAILS OF OTHER VEHICLE PROPERTY 1

| | |
|-----------------------------|----------------------------|
| Vehicle Registration Number | SJP8040D |
| Vehicle Make/Model/Colour | MAZDA / MAZDA3SP LUX / RED |
| Details Of Properties | NIL |
| Vehicle Category | |
| Name of Driver | NIL |
| NRIC/Passport Number | |
| Contact Number | |

Address

Postcode

Insurance Company Name

Nature Of Damage

No. Of Passenger (Including Driver)

1

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 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 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 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 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 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 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

AIZAM BIN ATAN

Policyholder's Signature / Date & Time

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

Witnessed by Reporting Centre
Personnel

Sketch Plan

BIK 241

SLT 67362

Open Carpark