

## 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	08/01/2018 14:55
Date Of Accident	06/01/2018 12:45
Exact Location Of Accident	JUNCTION OF SAINT MICHAEL ROAD
Country/State of Loss	SINGAPORE

### DETAILS OF OWN VEHICLE

Vehicle Registration Number	SKV5376L
<b>Insured/Policyholder</b>	
Name Of Registered Owner	SUSAN LAM YOKE PENG
NRIC No	S1666322J
Email Address	CLEMENTFOO@HOTMAIL.COM
Mobile Phone No	(LOCAL) +65-91853350
Alternative Phone No	OFFICE-91853350

### Vehicle Particulars

Manufacturer	MAZDA
Model	CX-5 2.0
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	10775315
Cover Note Number	NA

### Driver

Name of Driver	CLEMENT FOO DUN JIE
NRIC No	S9217796C
Date Of Birth	24/05/1992
Occupation	INDOOR
Date Of Driving Pass	07/01/2011
Driving Experience	6 YEARS AND 11 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-91853350
Fax Number	
Contact Number	
EEmail Address	CLEMENTFOO@HOTMAIL.COM

Address	RIVERSIDE MELODIES, 26A SAINT MICHAEL'S ROAD #08-02
Postcode	327995
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	CHAIN COLLISION
Weather Conditions	CLEAR
Road Surface	DRY

### Other Information

Was any foreign vehicle involved in this accident?	NO
Number of vehicles involved in the accident	3
Was any body injured in the Accident?	NO
Was any injured conveyed to hospital by ambulance?	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
Passenger 1	NAME: : JARENET CHUA GENDER: : MALE

### 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 (SKV5376L) WAS WAITING TO TURN RIGHT TO ST MICHAEL'S ROAD, WHEN A CAR (SLM1874C) WHO WAS GOING STRAIGHT, TRYING TO AVOID A CAR (SDP2111T) WHO WAS TURNING OUT FROM ST MICHAEL'S ROAD, HIT THE CAR (SDP2111T) AND THEN HIT ME. THE FRONT RIGHT SIDE OF THE CAR (SLM1874C) MAKE CONTACT WITH THE WHOLE LEFT SIDE OF MY CAR. NO INJURIES INVOLVED.

### Attachment(s)

Are accident photos available for attachment?	YES
Was there any video captured by Car Camera?	YES
Remarks/ Reasons:	WILL FORWARD TO INSURANCE COMPANY
Was there any audio recorded?	NO

### DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	SLM1874C
Vehicle Make/Model/Colour	MERCEDES BENZ / CLA200 (R18)
Details Of Properties	NA
Vehicle Category	PRIVATE CAR
Name of Driver	CHAN SENG FAI
NRIC/Passport Number	S7780169C
Contact Number	96993826
Address	
Postcode	

Insurance Company Name

Nature Of Damage

No. Of Passenger (Including Driver)

**DETAILS OF OTHER VEHICLE PROPERTY 2**

Vehicle Registration Number

SDP2111T

Vehicle Make/Model/Colour

AUDI / A3 SEDAN 1.0

Details Of Properties

Vehicle Category

PRIVATE CAR

Name of Driver

ANG CHONG HAN GALVIN

NRIC/Passport Number

S7416008E

Contact Number

96933874

Address

Postcode

Insurance Company Name

Nature Of Damage

No. Of Passenger (Including Driver)

# Sketch Plan

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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/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.

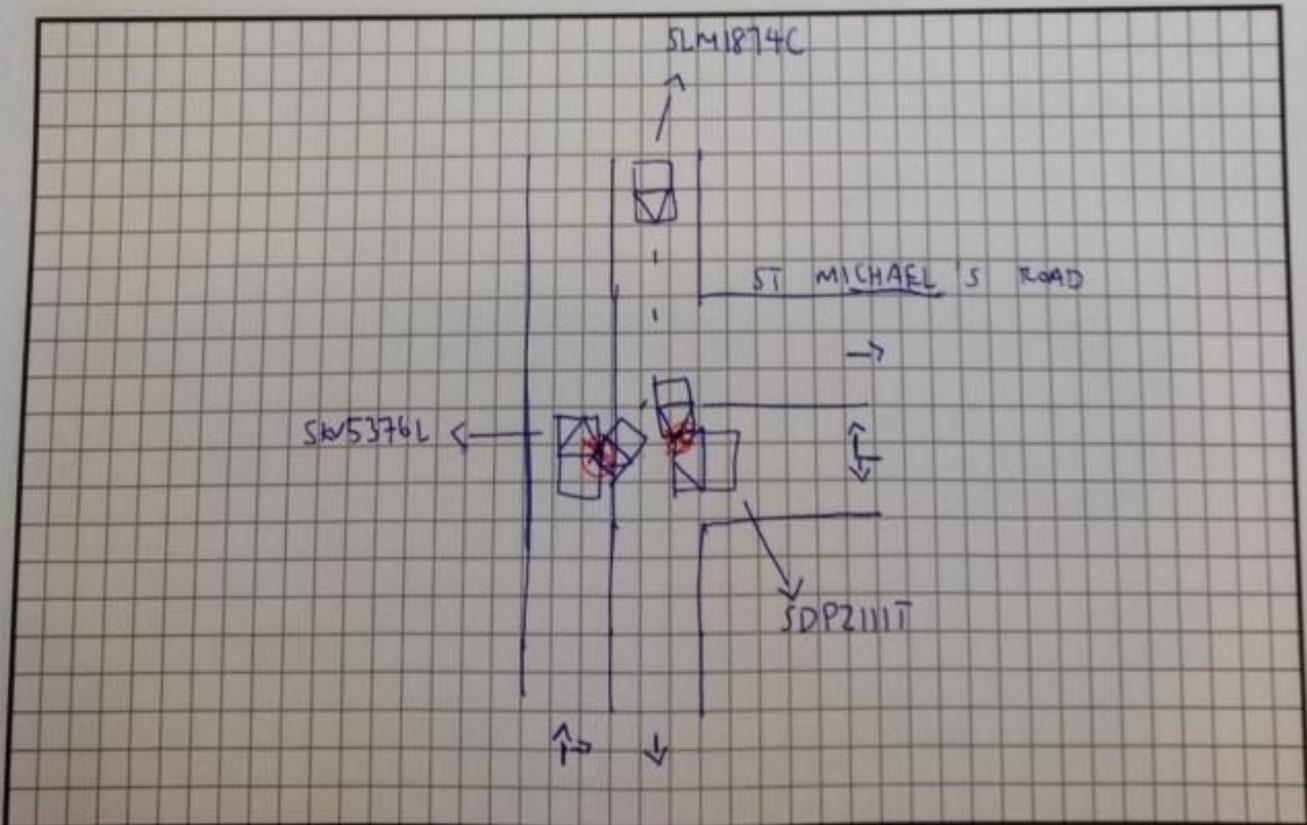
VERIFIED BY AJAX MARS  
REPORTING OFFICER  
MOHAMMAD SULHANDI BIN  
MOHD AFFANDI

Policyholder's Signature / Date & Time

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

Witnessed by Reporting Centre  
Personnel

## Sketch Plan



Common Statement

**ACCIDENT STATEMENT (2000 characters)**

I (SKV5376L) WAS WAITING TO TURN RIGHT TO ST MICHAEL'S ROAD, WHEN A CAR (SLM1874C) WHO WAS GOING STRAIGHT, TRYING TO AVOID A CAR (SDP2111T) WHO WAS TURNING OUT FROM ST MICHAEL'S ROAD, HIT THE CAR (SDP2111T) AND THEN HIT ME. THE FRONT RIGHT SIDE OF THE CAR (SLM1874C) MAKE CONTACT WITH THE WHOLE LEFT SIDE OF MY CAR. NO INJURIES INVOLVED.

Taxi Voucher No.: 1007247935

**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

8 January 2018 at 11:20 AM

Date/Time:

8 January 2018 at 11:20 AM

Accident Photo



Accident Photo



Accident Photo



Accident Photo



**Accident Photo**



Accident Photo



Accident Photo



Accident Photo



Accident Photo

