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 witholding 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 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	10/02/2018 15:20	
Date Of Accident	09/02/2018 17:55	
Exact Location Of Accident	ALONG 198 YISHUN AVE 7 TOWARDS YISHUN AVE 2	
Country/State of Loss	SINGAPORE	
DETAILS OF OWN VEHICLE		
Vehicle Registration Number	SLD6996Z	
Insured/Policyholder		
Name Of Registered Owner	LIU FEN FEN	
NRIC No	S7780298C	
Email Address	IVY-630@HOTMAIL.COM	
Mobile Phone No	(LOCAL) +65-92357386	
Alternative Phone No	OFFICE-92357386	
Vehicle Particulars		
Manufacturer	HONDA	
Model	VEZEL 1.5X CVT	
Exact Purpose for which vehicle was being used at time of accident	PRIVATE USE	
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	DIRECT ASIA INSURANCE (SINGAPORE) PTE LTD	
Type Of Coverage	COMPREHENSIVE	
Fleet Policy	NO	
Policy Number	MT/00386324	
Cover Note Number		
Driver		

Name of Driver LIU FEN FEN NRIC No S7780298C Date Of Birth 30/06/1977 Occupation **INDOOR Date Of Driving Pass** 09/01/2009

Driving Experience 9 YEARS AND 1 MONTH

Gender **FEMALE**

Mobile Number (LOCAL) +65-92357386

Fax Number

Contact Number OFFICE-92357386

EMail Address IVY-630@HOTMAIL.COM Address NA

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

-

NO

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General Information of the Accident

Type Of Accident COLLISION - HEAD TO REAR

Weather Conditions CLEAR
Road Surface DRY

Other Information

Was any foreign vehicle involved in this accident? NO
Number of vehicles involved in the accident 2
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.

Number of Passengers (Including Driver)

Details of Police Action

Was the accident reported to the police?

If Yes, Please state which Police Station

Was notice of intended Prosecution given? NO

If Yes, against whom?

Circumstances of Accident

I WAS DRIVING ALONG YISHUN AVE 7 TOWARDS YISHUN AVE 2 AND I WAS DRIVING AT THE MOST RIGHT LANE. THERE IS HEAVY TRAFFIC IN FRONT, ALL CAR WAS MOVING SLOWLY. WHEN I REACH IN FRONT OF TRAFFIC LIGHT, WAITING MY TURN TO MAKE A RIGHT TURN. SUDDENLY I FELT A BIG IMPACT FROM MY REAR. I CAME DOWN AND SEE,I REALISE VEHICLE B COLLIDED ONTO MY REAR PORTION. WE EXCHANGE PARTICULAR AND TOOK PHOTO ON THE SPOT. 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 SKX6436E

Vehicle Make/Model/Colour TOYOTA/ALTIS/SLIVER

Details Of Properties

Vehicle Category PRIVATE CAR
Name of Driver CHIN CHEE MENG

NRIC/Passport Number S6848381F Contact Number 98572978

Address Postcode

Insurance Company Name

Nature Of Damage

No. Of Passenger (Including Driver)



SKETCH PLAN

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- 8. Consent under the Personal Data Protection Act (PDPA)

- Lunderstand, 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 ta) by insurer, my workship and the general insurance Association of singapore (at A) insurer (collectively the "Personal information set out in this [form] and anyother 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 :
- 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 mo;
 (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.

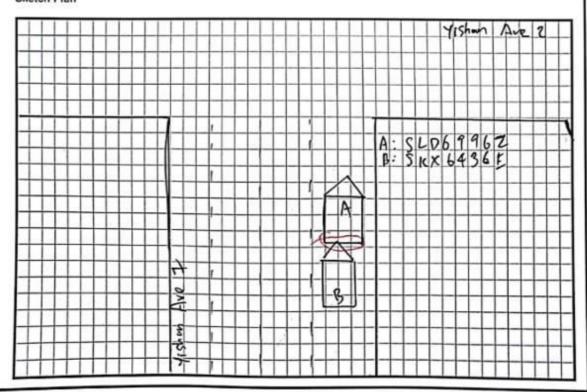
11:55am · 6 10/2/18

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 Pg. 1

ACCIDENT STATEMENT (2000 characters)

DRIVING AT THE MOST RIGHT LANE CAR WAS MOVING SLOWLY. WHEN WAITING MY TURN TO MAKE A RIGH FROM MY REAR. I CAME DOWN ANI	E 7 TOWARDS YISHUN AVE 2 AND I WAS E. THERE IS HEAVY TRAFFIC IN FRONT, ALL I REACH IN FRONT OF TRAFFIC LIGHT, HT TURN. SUDDENLY I FELT A BIG IMPACT D SEE,I REALISE VEHICLE B COLLIDED HANGE PARTICULAR AND TOOK PHOTO ON	
Taxi Voucher No.:		
Are you claiming your own insurance policy for the repair of your vehicle?	o, 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	In fun	
MARS Officer	Registered Owner or Driver's Signature	
Job Complete Date/Time	Date/Time:	
10 February 2018 at 12:00 PM	10 February 2018 at 12:00 PM	





















