

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 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	16/02/2018 18:34
Date Of Accident	15/02/2018 16:40
Exact Location Of Accident	TPE ENTERING TO PIE
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SJW5258B
Insured/Policyholder	
Name Of Registered Owner	ROSMELOR BTE MOENIR
NRIC No	S7328586J
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-98276155
Alternative Phone No	OFFICE-98276155

Vehicle Particulars

Manufacturer	HONDA
Model	STREAM 1.8L AT
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	AVIVA LTD
Type Of Coverage	COMPREHENSIVE
Fleet Policy	NO
Policy Number	10654139
Cover Note Number	

Driver

Name of Driver	WAN HAIRIL BIN WAN HUSSEIN
NRIC No	S7342541G
Date Of Birth	29/11/1973
Occupation	INDOOR
Date Of Driving Pass	08/02/2002
Driving Experience	16 YEARS AND 0 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-98276155
Fax Number	
Contact Number	
Email Address	WANHAIRIL@YAHOO.COM

Address	NA
Postcode	
Was driver an employee of the Insured's Company	NO
If No, Relationship of the Driver with the Insured	SPOUSE
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	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.	NO
Number of Passengers (Including Driver)	1

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 SJW5258B was driving along TPE heading to PIE. The vehicle in front of me slowed down as there was a congestion. I applied my brakes as we were about to go down slope. The 3rd party SLC6981X suddenly hit me from behind. I stopped the car and saw that there was damage to my car.

Attachment(s)

Are accident photos available for attachment?	YES
Was there any video captured by Car Camera?	YES
Remarks/ Reasons:	WILL UPLOAD TO FILEZILA ONCE INSURED SEND
Was there any audio recorded?	NO

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	SLC6981X
Vehicle Make/Model/Colour	HONDA/VEZEL/BLACK
Details Of Properties	
Vehicle Category	PRIVATE CAR
Name of Driver	LIM BOON ENG FREDDIE
NRIC/Passport Number	S0062237J
Contact Number	
Address	
Postcode	
Insurance Company Name	
Nature Of Damage	
No. Of Passenger (Including Driver)	1

Sketch Plan

SKETCH PLAN

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5. Any false reporting may be referred to the Police for investigation.
6. The report will be forwarded by the Insurers of the GIA (General Insurance Association of Singapore) to the relevant and that copies of this report will for a fee be made available upon application by interested parties.
7. By the completion of this report to the Insurers, you hereby consent to the authority of this report as the basis and to review of the report being made available to interested parties.
8. Consent under the Personal Data Protection Act (PDPA)

I understand, acknowledge, agree and consent that:

 - (a) My Insurer, the Insurers 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 Insurers who have insured vehicles involved in this accident (all Insurers who have insured vehicles involved in this accident shall be collectively referred to as the "Insurers"). The Insurers (as applicable from the Monetary Authority of Singapore and any relevant government agency/authority (such as the police), for the purposes of:
 - (i) processing, handling or dealing with my claims including the settlement of the claims and any necessary investigations relating to the claims;
 - (ii) investigating the accident to settle my claims;
 - (iii) carrying out and/or dealing with my instructions or reporting to any authority by me;
 - (iv) administering my claims including the making of correspondence, statements, notices, reports or notices to me, which could involve disclosure of personal data about me to third parties (including the same as well as on the external issues of procedural/technical) and/or;
 - (v) complying with applicable laws relating to processing, handling and/or dealing with my claims (collectively the "Purposes").
 - (b) all Insurers and Insurers who have insured vehicles involved in this accident and the Insurers' Insurers/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 Insurers/Law firms), which may be based outside of Singapore, for one or more of the above Purposes.

VERIFIED BY AJAX MARS
REPORTING OFFICER
MUHAMMAD SUMARSI B.
MORD AFFANDI

Policyholder's Signature / Date & Time: Drivers' Signature / Date & Time: Witnessed by Reporting Centre Personnel

Sketch Plan

Diagram illustrating the accident scene layout on a grid. The diagram shows a road layout with a central intersection. A vehicle is marked with a box and labeled "TOWARD TBE / PIC". Another vehicle is marked with a box and labeled "STU 52503". A third vehicle is marked with a box and labeled "X". The diagram is signed by "TOWARD TBE / PIC" and "STU 52503".

ACCIDENT STATEMENT (2000 characters)

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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 SUMARDI BIN MOHD AFFANDI

MARS Officer



Registered Owner or Driver's Signature

Job Complete Date/Time

16 February 2018 4:30 pm

Date/Time:

16 February 2018 4:30 pm