

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	17/02/2018 20:13
Date Of Accident	17/02/2018 17:15
Exact Location Of Accident	TPE/PIE CHANGI SLIP ROAD FROM CTE/SLE
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SKD921R
Insured/Policyholder	
Name Of Registered Owner	LIM LI TING VIVIAN
NRIC No	S7331895E
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-96999929
Alternative Phone No	OFFICE-96999929

Vehicle Particulars

Manufacturer	VOLKSWAGEN
Model	TOUAREG 3.6
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	10363434
Cover Note Number	

Driver

Name of Driver	CHAN TECK SOON ALVIN
NRIC No	S6837966J
Date Of Birth	06/11/1968
Occupation	INDOOR
Date Of Driving Pass	26/01/1990
Driving Experience	28 YEARS AND 0 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-98710880
Fax Number	
Contact Number	
Email Address	ALVINDOTCHAN@GMAIL.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 SIDE SWIPE
 Weather Conditions RAINING
 Road Surface WET

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) 4

Passenger 1
 NAME: : VIVIAN
 GENDER: : FEMALE

Passenger 2
 NAME: : VERA
 GENDER: : FEMALE

Passenger 3
 NAME: : ALEXANDER
 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

Traveling in lane 2 on CTE towards SLE at TPE/pie exit when other vehicle rammed into my right side of the car. My car hit the wall as I hit the brakes and the other car ended up in front of me (perpendicular).

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 SJT6094R
 Vehicle Make/Model/Colour HYUNDAI/AVANTE
 Details Of Properties
 Vehicle Category PRIVATE CAR
 Name of Driver TAN ZHUANG WEI
 NRIC/Passport Number S9237364I
 Contact Number 94510685

ACCIDENT STATEMENT (2000 characters)

Traveling in lane 2 on CTE towards SLE at TPE/pie exit when other vehicle rammed into my right side of the car. My car hit the wall as I hit the brakes and the other car ended up in front of me (perpendicular).

Taxi Voucher No.:

1007247987

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 -
AIZAM BIN ATAN

MARS Officer



Registered Owner or Driver's Signature

Job Complete Date/Time

17 February, 2018 6:30 pm

Date/Time:

17 February, 2018 6:30 pm

SKETCH PLAN

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6. The report will be forwarded by the Insurance 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 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 afterwards.
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 the 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 insured(s) who have insured vehicles involved in this accident (all insureds) who have insured vehicles involved in this accident that be collectively referred to as the "Insureds"; the Insurance Law Enforcement Unit, the Monetary Authority of Singapore and any relevant government agency/authority (such as the Police) for the purposes 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 insurances or responding to any enquiries by me;
(iv) administering my claims (including the mailing of correspondence, statements, notices 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 Insureds who have insured vehicles involved in this accident and the insurers/Insurers in this, may also 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 also be disclosed by any of the Insurers and/or GIA to their third party service providers or agents (including their lawyers/law firm), which may be also 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 / Date & Time: _____

Witnessed by Reporting Centre Personnel

Sketch Plan

