

## 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	13/02/2018 16:59
Date Of Accident	13/02/2018 11:40
Exact Location Of Accident	AMK AVE 6 CP NO55A NEAR LOT 106
Country/State of Loss	SINGAPORE

### DETAILS OF OWN VEHICLE

Vehicle Registration Number	SJZ8381S
<b>Insured/Policyholder</b>	
Name Of Registered Owner	TOH YI SHING GWENDOLENE
NRIC No	S8014110F
Email Address	GWENDOLENETOH@YAHOO.COM.SG
Mobile Phone No	(LOCAL) +65-97699655
Alternative Phone No	OFFICE-97699655

### Vehicle Particulars

Manufacturer	TOYOTA
Model	COROLLA ALTIS
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	10703322
Cover Note Number	

### Driver

Name of Driver	TOH YI SHING GWENDOLENE
NRIC No	S8014110F
Date Of Birth	19/05/1980
Occupation	INDOOR
Date Of Driving Pass	11/12/2003
Driving Experience	14 YEARS AND 2 MONTHS
Gender	FEMALE
Mobile Number	(LOCAL) +65-97699655
Fax Number	
Contact Number	OFFICE-97699655
E-Mail Address	GWENDOLENETOH@YAHOO.COM.SG

Address	BLK 729 ANG MO KIO AVENUE 6 #16-4282 SINGAPORE 560729
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	-
	-
	-

#### General Information of the Accident

Type Of Accident	SIDE SWIPE
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?	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

ON THE DATE AND TIME MENTIONED I WAS DRIVING ALONG THE DRIVEWAY AT QTHE CARPARK AND WHEN VEHICLE B COMING FROM MY RIGHT FAILS TO STOP AT THE STOP LINE AND MADE A RIGHT TURN AND DROVE STRAIGHT AND HIT THE RIGHT FRONT SIDE OF MY VEHICLE .THIS WAS DESPITE THAT I HAD HONK AT VEHICLE B ON SEEING IT CAME TO MY PATH. NOBODY WAS INJURED. STATEMENT WAS READ TO ME AND I ACKNOWLEDGED IT.

#### 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	SKQ8879J
Vehicle Make/Model/Colour	MAZDA/MAZDA3/GREY
Details Of Properties	
Vehicle Category	PRIVATE CAR
Name of Driver	GHAZALI BIN MUSA
NRIC/Passport Number	S1538953B
Contact Number	92379439
Address	
Postcode	
Insurance Company Name	AlG ASIA LTA
Nature Of Damage	
No. Of Passenger (Including Driver)	1



# Sketch Plan

## SKETCH PLAN

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6. The 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 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.
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 my 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.

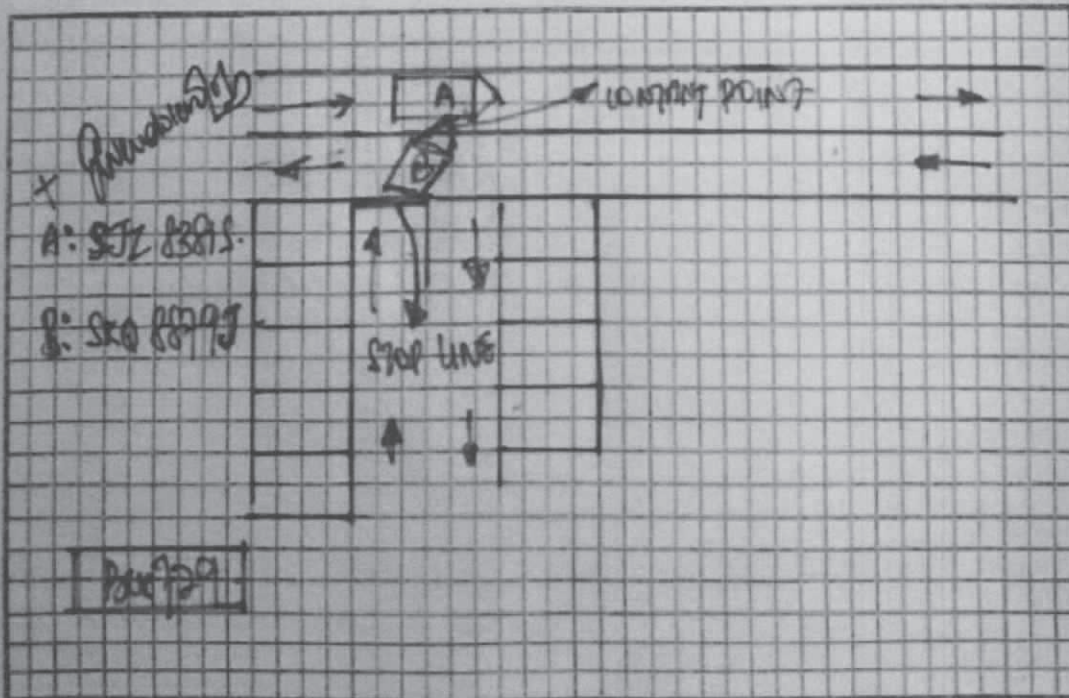
+ *Accident*  
Policyholder's Signature / Date & Time

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

VARIFIED BY  
MARS AGENT  
HASHIM  
Witnessed by Reporting Centre  
Personnel

130218.

### Sketch Plan



ACCIDENT STATEMENT (2000 characters)

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NOBODY WAS INJURED. STATEMENT WAS READ TO ME AND I ACKNOWLEDGED IT.

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 -  
HASHIM BIN KAMARI

MARS Officer

Registered Owner or Driver's Signature

Job Complete Date/Time

Date/Time:

13 February 2018 at 4:10 PM

13 February 2018 at 4:10 PM