

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	02/03/2018 20:23
Date Of Accident	25/02/2018 04:40
Exact Location Of Accident	505 JELAPANG ROAD. (S)670505 OPEN CARPARK
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SLC4931D
Insured/Policyholder	
Name Of Registered Owner	BAVAN S/O K S PERUMAL
NRIC No	S1801315J
Email Address	AVISTYLES@HOTMAIL.COM
Mobile Phone No	(LOCAL) +65-97871242
Alternative Phone No	OFFICE-97871242

Vehicle Particulars

Manufacturer	VOLKSWAGEN
Model	PASSAT 1.8
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	10773939
Cover Note Number	

Driver

Name of Driver	SAI AVINASH S/O BAVAN
NRIC No	S9601841Z
Date Of Birth	15/01/1996
Occupation	INDOOR
Date Of Driving Pass	24/06/2015
Driving Experience	2 YEARS AND 8 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-97871242
Fax Number	
Contact Number	
Email Address	AVISTYLES@HOTMAIL.COM

Address	NIL
Postcode	
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	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	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 WAS DRIVING ALONG 505 JELAPANG RD OPEN CAR PARK. ONCE I DROP MY FRIEND AT BLK 502, I WAS HEADING TO EXIT THE PLACE. I WAS DRIVING TO THE EXIT GANTRY. SUDDENLY, VEHICLE B FROM RIGHT FILTER OUT FROM HIS LANE, HE DIDNT AWARE AND CHECK THE ROAD CONDITION, THEN COLLIDED ONTO MY REAR RIGHT PASSENGER DOOR AND REAR RIGHT BUMPER. WE STOP A SIDE TOOK PHOTO AND EXCHANGED PARTICULARS. NO INJURIES INVOLVED. I UNABLE TO MADE AN ACCIDENT REPORT WITH INSURANCE COMPANY DUE TO I WAS INSIDE THE CAMP AND UNABLE TO COME OUT.

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	SHD144C
Vehicle Make/Model/Colour	RENAULT/ LATITUDE/ RED
Details Of Properties	NA
Vehicle Category	TAXI
Name of Driver	CHAN WENG CHEONG
NRIC/Passport Number	S1293663Z
Contact Number	96659002
Address	
Postcode	
Insurance Company Name	
Nature Of Damage	
No. Of Passenger (Including Driver)	

Sketch Plan

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 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 processed by my insurer (collectively the "Personal Information") and disclose and transfer such Personal Information to all insurance(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 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 instructions or responding to any enquiries by me;
 - (iv) administering my claims (including the mailing of correspondence, statements, documents, reports or notices to me, which could involve disclosure of certain personal data about me to being about delivery of the same as well as on the external cover of unopened 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 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/can be disclosed by any of the Insurers and/or (b) 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.

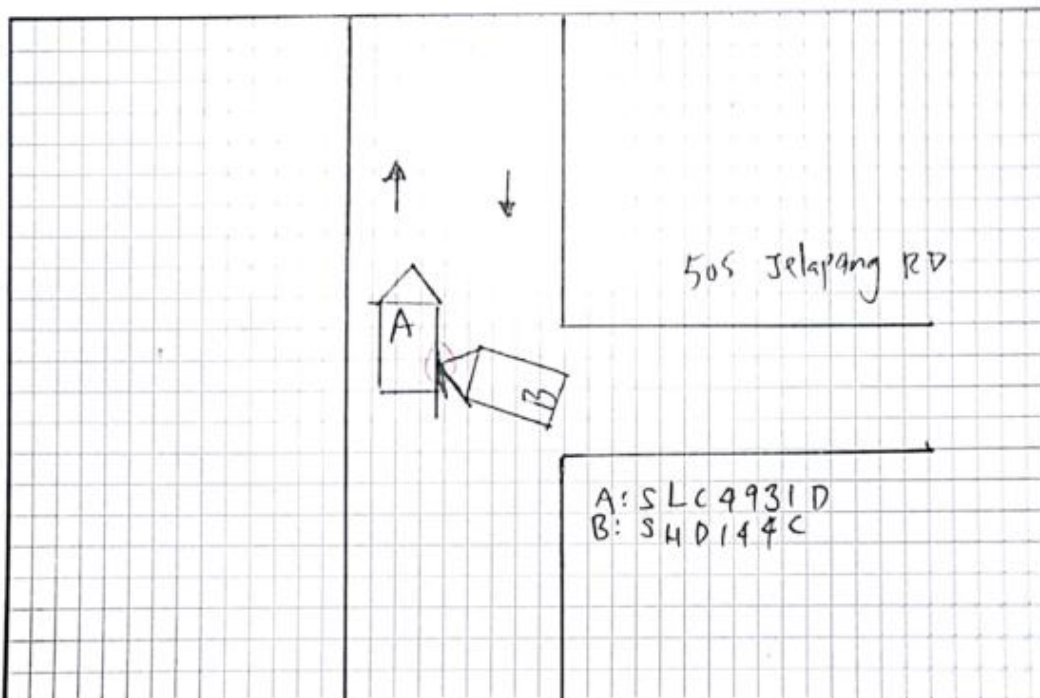
Policyholder's Signature / Date & Time

Insurer's Signature (if insurer is not the policyholder) / Date & Time

VERIFIED BY AJAR MARS
REPORTING OFFICER
THOMAS NG CHH CHH

Witnessed by Reporting Officer
Placed on

Sketch Plan



Sketch Plan #2

ACCIDENT STATEMENT (2000 characters)

I WAS DRIVING ALONG 505 JELAPANG RD OPEN CAR PARK. ONCE I DROP MY FRIEND AT BLK 502, I WAS HEADING TO EXIT THE PLACE. I WAS DRIVING TO THE EXIT GANTRY. SUDDENLY, VEHICLE B FROM RIGHT FILTER OUT FROM HIS LANE, HE DIDNT AWARE AND CHECK THE ROAD CONDITION, THEN COLLIDED ONTO MY REAR RIGHT PASSENGER DOOR AND REAR RIGHT BUMPER. WE STOP A SIDE TOOK PHOTO AND EXCHANGED PARTICULARS. NO INJURIES INVOLVED. I UNABLE TO MADE AN ACCIDENT REPORT WITH INSURANCE COMPANY DUE TO I WAS INSIDE THE CAMP AND UNABLE TO COME OUT.

Taxi Voucher No.:

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 -
NG CHIN CHUN

MARS Officer



Registered Owner or Driver's Signature

Job Complete Date/Time

2 March 2018 at 6:09 PM

Date/Time:

2 March 2018 at 6:09 PM

Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo





**SINGAPORE ARMED FORCES
IDENTITY CARD**

Name
**SAI AVINASH S/O
BAVAN**

NRIC No
S9601841Z

This card is the property of the Singapore Armed Forces. If lost, the holder of this card is requested to forward it without delay to Central Manpower Bureau Police Station.

The card features the Singapore Armed Forces crest on the left and a portrait of a man with glasses on the right. The background has a subtle map of Singapore.



REPUBLIC OF SINGAPORE DRIVING LICENCE

License Number: **S9601841Z**
Name: **SAI AVINASH S/O BAVAN**

Birth Date: **15 Jan 1996**
Issue Date: **24 Jun 2015**

902443051J

GOV SING

The card features a portrait of a man on the left and a background with a map of Singapore and stars. A barcode is located at the bottom left, and a circular logo is at the bottom right.

Driving License

GENERAL TOPUPN/100401000176 00000050275304

NRIC No / Colour
S9601841Z/ PINK

Race
SRI LANKAN

Date Of Birth
15/01/1996

Service Status
NSF

Address
**Bik 48 TELOK BLANGAH DRIVE
#12-107 SINGAPORE 100048**

Blood Group
B (+)

Country Of Birth
SINGAPORE

Military Rank Status
ENLISTEE

Sex
M



YOU ARE LICENSED TO DRIVE VEHICLES IN THE FOLLOWING CLASS(ES)

	EFFECTIVE DATE
Class 3 Motor Cars \leq 3000kg with \leq 7 passengers, exclusive of the driver; and other motor vehicles \leq 2500kg	24 Jun 2015

NP 425A

Licence No: S9601841Z

