

WIP 47825

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	28/02/2018 12:17
Date Of Accident	28/02/2018 06:55
Exact Location Of Accident	ALONG ANG MO KIO AVE 5 TOWARDS CTE
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SKK343Y
Insured/Policyholder	
Name Of Registered Owner	LAI WING HOE, THOMAS LUDWIG
NRIC No	S7931413G
Email Address	TLWH79@HOTMAIL.COM
Mobile Phone No	(LOCAL) +65-90082438
Alternative Phone No	OFFICE-90082438

Vehicle Particulars

Manufacturer	VOLVO
Model	S60
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	10486908
Cover Note Number	

Driver

Name of Driver	LAI WING HOE, THOMAS LUDWIG
NRIC No	S7931413G
Date Of Birth	10/10/1979
Occupation	INDOOR
Date Of Driving Pass	19/02/1999
Driving Experience	19 YEARS AND 0 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-90082438
Fax Number	
Contact Number	OFFICE-90082438
Email Address	TLWH79@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 -

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) 3

Passenger 1
NAME: : CLARISSA BOO
GENDER: : FEMALE
Passenger 2
NAME: : OSCAR LAI
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

My car SKK0343Y was stationary along Ang mo Kio ave 5 waiting the traffic light to turn green on the 1st lane, suddenly there was a impact from my rear vehicle. Find out that the other party SJM9522P had bang onto my vehicle. We manage to exchange particular. No injuries as for now.

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 SJM9522P
Vehicle Make/Model/Colour HONDA/STREAM 1.8L/WHITE
Details Of Properties
Vehicle Category PRIVATE CAR
Name of Driver ONE YEW YOCK
NRIC/Passport Number S1567435J
Contact Number 92409616
Address
Postcode

Insurance Company Name

Nature Of Damage

No. Of Passenger (Including Driver)

1

SKETCH PLAN**IMPORTANT NOTICE**

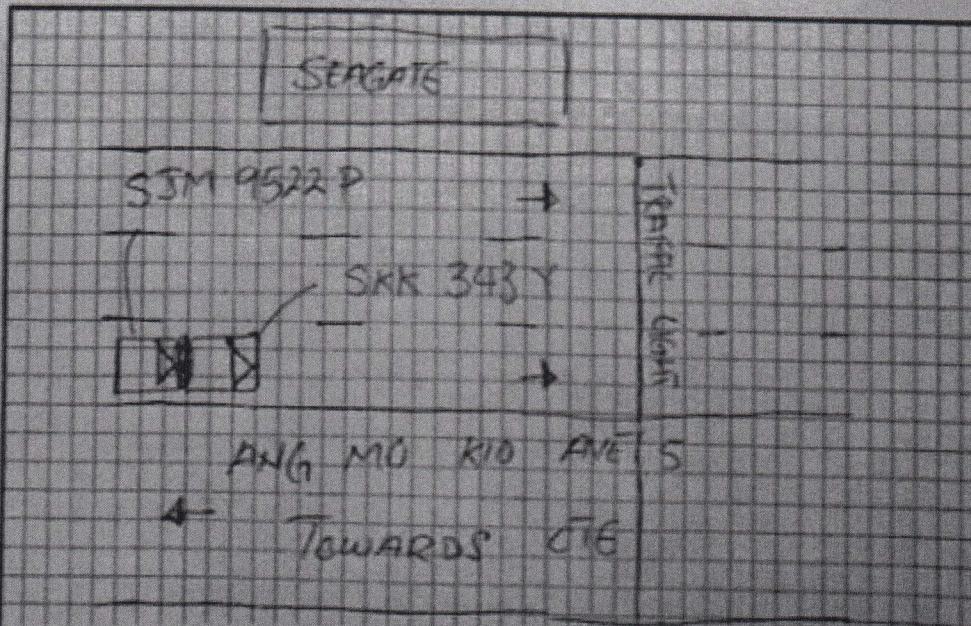
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7. By the lodgement of this report to the Insurers, you hereby consent to the archiving of this report at the centre and to copies of the report being made available aforesaid.
8. **Consent under the Personal Data Protection Act (PDPA)**
I understand, acknowledge, agree and consent that:
 - (a) My insurer, my workshop and the General Insurance Association of Singapore ("GIA") may/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 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 envelope/postal 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 the 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/are 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.

VERIFIED BY AJAX MARS
REPORTING OFFICER
MUHAMMAD SUMARHI B.
MOHD AFFANDI

Policyholder's Signature / Date & Time

Driver's Signature of driver's not the policyholder / Date & Time

Witnessed by Reporting Centre
Personnel

Sketch Plan

ACCIDENT STATEMENT (2000 characters)

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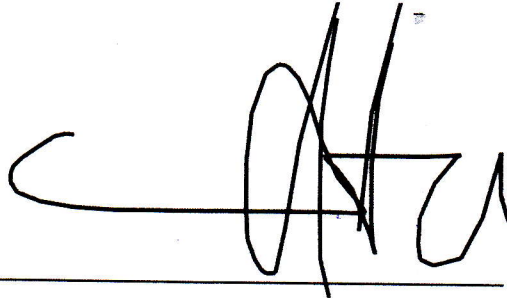
Taxi Voucher No.:

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

28 February 2018 11:12 am

Date/Time:

28 February 2018 11:12 am