

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	25/03/2018 17:11
Date Of Accident	24/03/2018 18:30
Exact Location Of Accident	HOLLAND ROAD
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SLE112S
Insured/Policyholder	
Name Of Registered Owner	SOO MAN KUEN CATHERINE
NRIC No	S2668533H
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-97877468
Alternative Phone No	OFFICE-97877468

Vehicle Particulars

Manufacturer	AUDI
Model	Q5 2.0 TFSI
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	10676521
Cover Note Number	N.A

Driver

Name of Driver	SOO WENG FATT JAMES
NRIC No	S2668532Z
Date Of Birth	04/07/1965
Occupation	INDOOR
Date Of Driving Pass	07/05/1997
Driving Experience	20 YEARS AND 10 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-97877468
Fax Number	
Contact Number	
EEmail Address	CATHERINESOO@HOTMAIL.COM

Address	SEMBAWANG HILLS ESTATE, 65 JALAN LANJUT 577708
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	
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)	2
Passenger 1	NAME: : SOO MAN KUEN CATHERINE
	GENDER: : FEMALE

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 HOLLAND RD TOWARDS NAPIER RD IN THE FAR RIGHT LANE AND HAD STOPPED MY VEHICLE BEHIND 6 OTHER VEHICLES TO QUEUE UP AS I INTENDED TO MAKE A U-TURN AHEAD. I ALSO HAD MY SIGNAL LIGHT DISPLAYING MY INTENTION TO TURN RIGHT / MAKE A U - TURN AHEAD. I SAW VEHICLE B ALSO INTENDING TO MAKE A U-TURN, APPROACHING FROM MY REAR MIRROR AT A SPEED WHICH I ANTICIPATED THAT HE MIGHT NOT BE ABLE TO STOP ON TIME. I STEPPED ON MY BRAKES AND GRIPPED MY STEERING FIRMLY TO BRACE THE ONCOMING IMPACT. VEHICLE B COULD NOT STOP HIS VEHICLE ON TIME AND COLLIDED ONTO THE REAR PORTION OF MY VEHICLE. NO INJURIES WERE INVOLVED.

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	SLC5925R
Vehicle Make/Model/Colour	TOYOTA SIENTA 1.5G A
Details Of Properties	NIL
Vehicle Category	PRIVATE CAR
Name of Driver	MOHAMAD MURTAZAM BIN ABDUL HAMID
NRIC/Passport Number	S7213206H
Contact Number	91703693
Address	

Postcode

Insurance Company Name

Nature Of Damage

No. Of Passenger (Including Driver) 3

Sketch Plan

SKETCH PLAN

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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 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.

VERIFIED BY AJAX MARS
REPORTING OFFICER

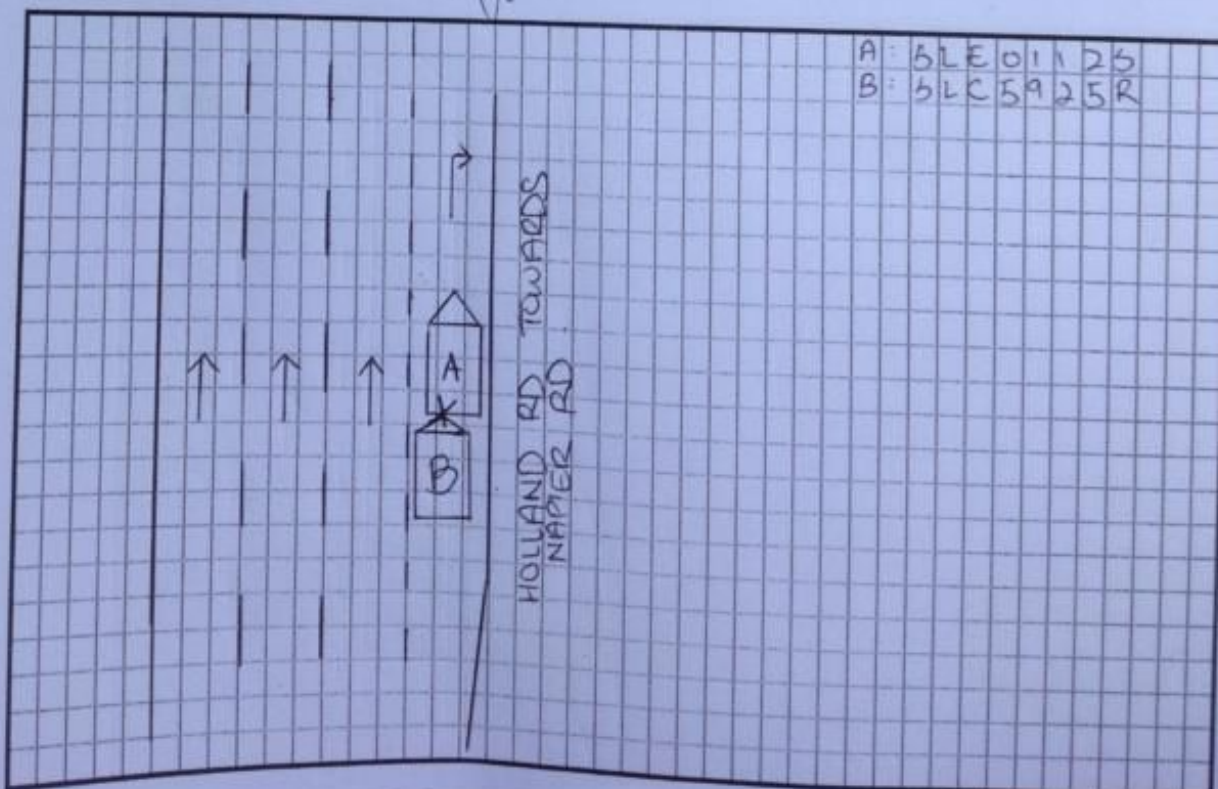
Ammar Hamizan Bin
Khairudin

Policyholder's Signature / Date & Time

Driver's Signature (if driver is 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 -
AMMAR HAMIZAN

MARS Officer



Registered Owner or Driver's Signature

Job Complete Date/Time

Date/Time:

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



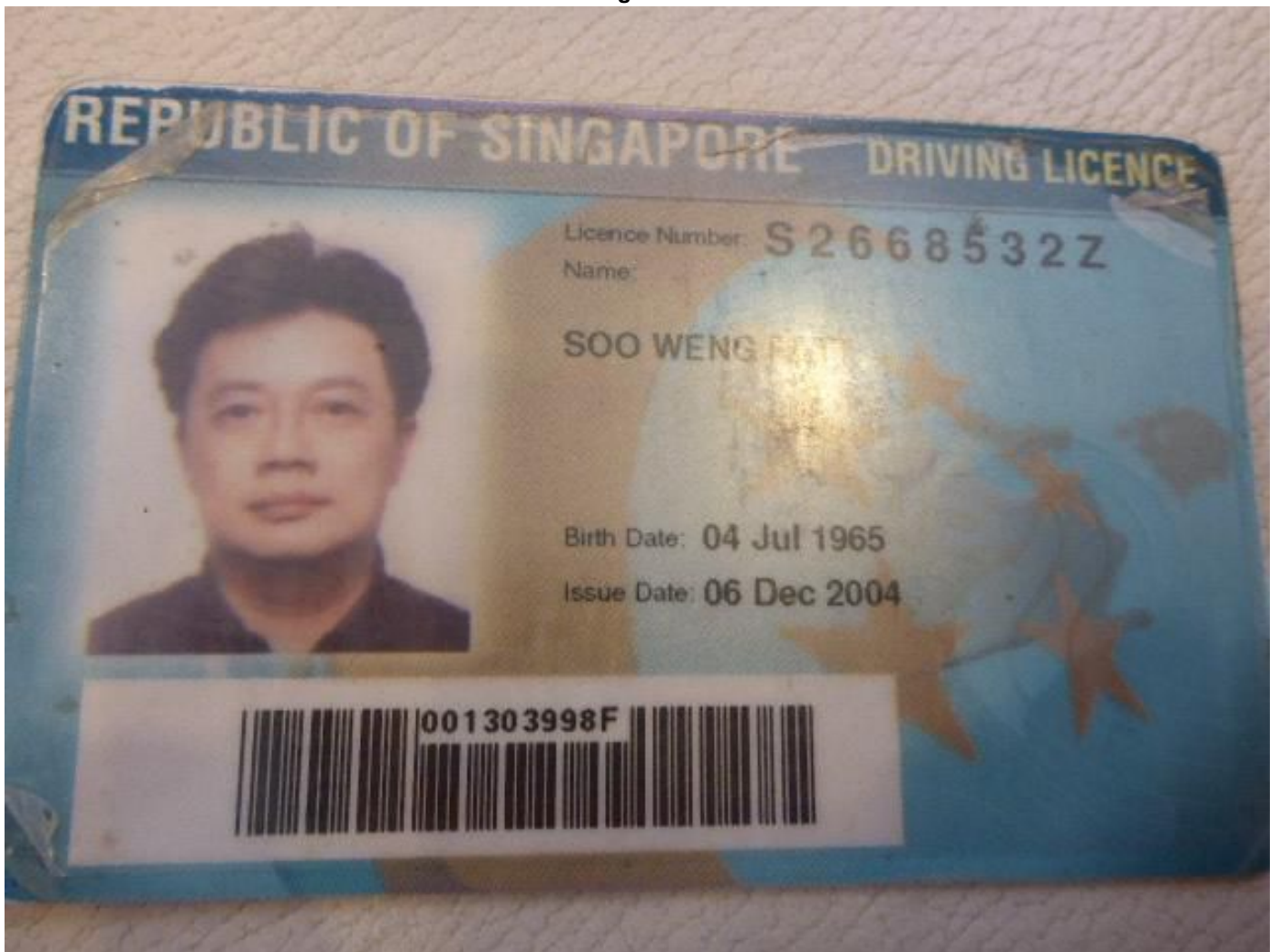
Accident Photo



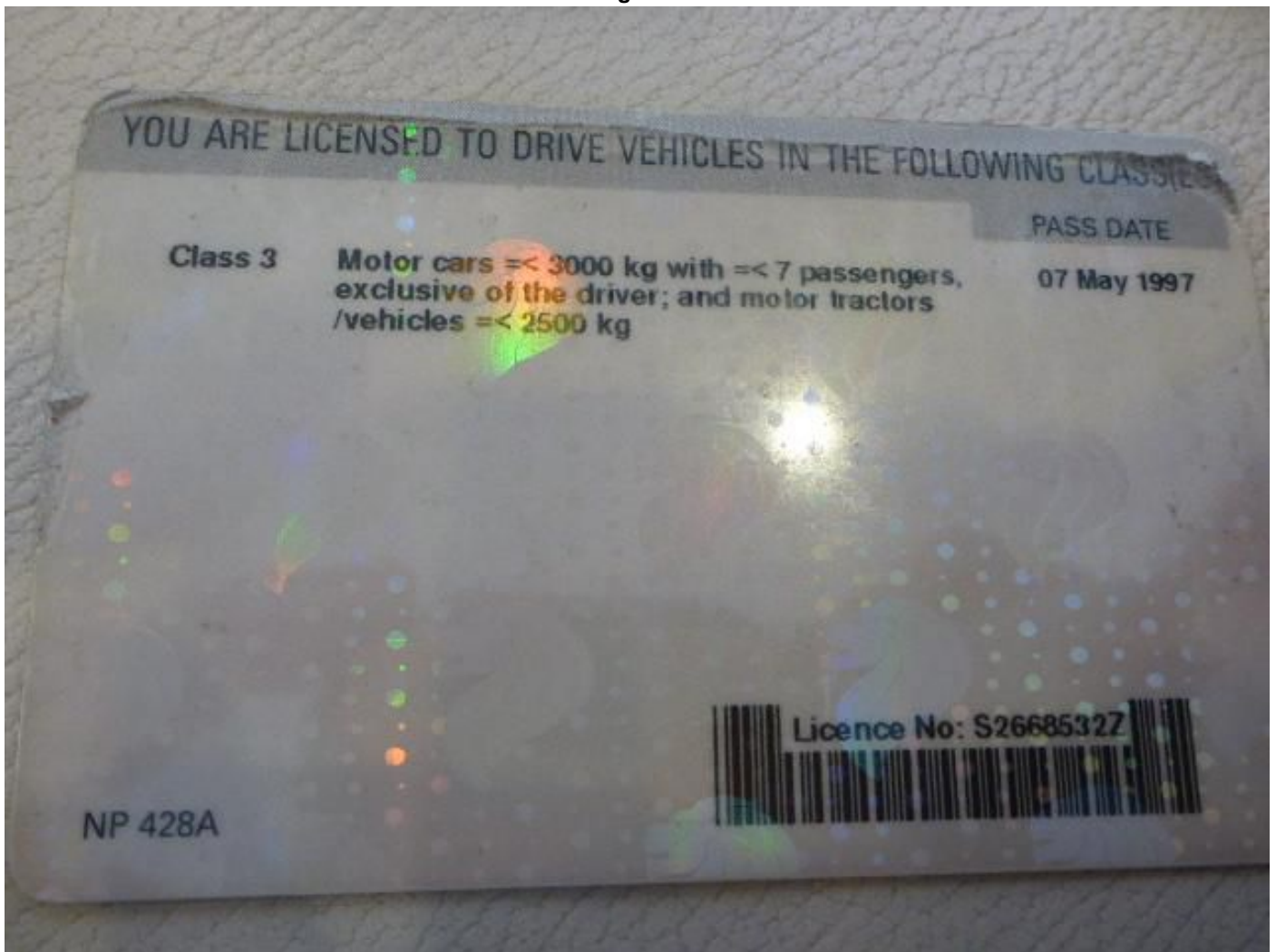
Accident Photo



Driving License





Driving License



Identification Card

REPUBLIC OF SINGAPORE
IDENTITY CARD NO. S2668532Z



Name
SOO WENG FATT JAMES



苏 永 发

Race
CHINESE

Date of birth
04-07-1965



Sex
M

Country of birth
MALAYSIA



Identification Card

8 8 1 7 0 8 9



NRIC No. **S2668532Z**

Nationality
BRITISH

Date of issue
23-11-2006

Address
**65 JALAN LANJUT
SINGAPORE 577708**

