

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	03/04/2018 23:44
Date Of Accident	02/04/2018 16:05
Exact Location Of Accident	ALONG PASIR RIS DRIVE 1 TOWARDS TAMPINESS
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SLG1907Z
Insured/Policyholder	
Name Of Registered Owner	YAP GUAN HONG (YE YUANFENG)
NRIC No	S8323433D
Email Address	GHYAP6209@GMAIL.COM
Mobile Phone No	(LOCAL) +65-98434189
Alternative Phone No	OTHERS-91881476

Vehicle Particulars

Manufacturer	HYUNDAI
Model	TL TUCSON 2.0 GLS AT 2WD
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	10764709
Cover Note Number	N.A

Driver

Name of Driver	LEE XIN FEN EDNA
NRIC No	S8410591J
Date Of Birth	13/04/1984
Occupation	INDOOR
Date Of Driving Pass	24/03/2004
Driving Experience	14 YEARS AND 0 MONTHS
Gender	FEMALE
Mobile Number	(LOCAL) +65-91881476
Fax Number	
Contact Number	
Email Address	GHYAP6209@GMAIL.COM

Address

BLK 272 TAMPINES ST 22

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

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?

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 slowly on the 2nd lane from the left. The 2 lanes on my right were turning right only lanes. I was going straight. As I was approaching the traffic light ahead that was on green, suddenly a vehicle from the right lane turn into my lane and hit my vehicle left rear passenger door. We exchange particulars No injury involved.

Attachment(s)

Are accident photos available for attachment? YES

Was there any video captured by Car Camera? YES

Remarks/ Reasons: WILL UPLOAD TO FILEZILA

Was there any audio recorded? NO

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number SLQ1302R AIS

Vehicle Make/Model/Colour MAZDA / 3 SEDAN 1.5 AT EU6 / SILVER

Details Of Properties N.A

Vehicle Category PRIVATE CAR

Name of Driver LIM ENG KEONG

NRIC/Passport Number S6930148G

Contact Number 83828128

Address

Postcode

Insurance Company Name

Nature Of Damage


No. Of Passenger (Including Driver) 1


Sketch Plan

SKETCH PLAN

IMPORTANT NOTICE

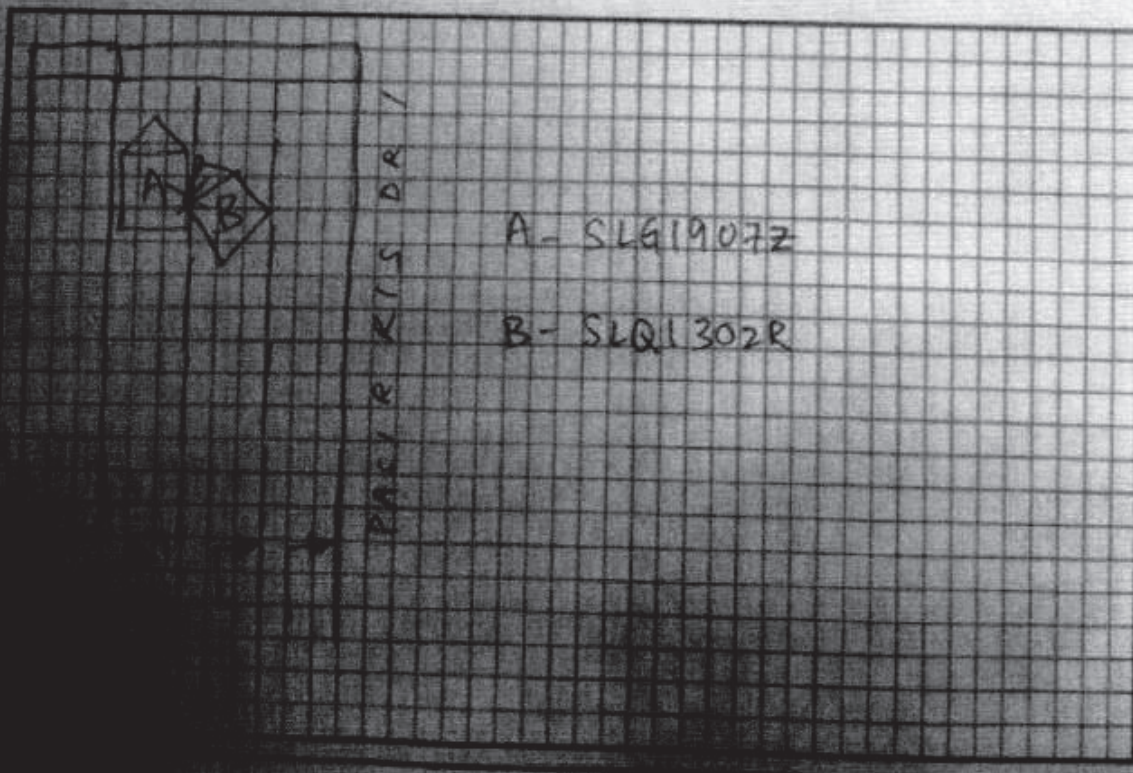
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7. By the lodgement of this report to the insurers, you hereby consent to the archiving of this report at the centre and to copies of the report being made available aforesaid.
8. Consent under the Personal Data Protection Act (PDPA)
 - (i) I understand, 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.

 3/4/18
Policyholder's Signature / Date & Time

 3/4/18
Driver's Signature (If driver is not the policyholder) / Date & Time

VERIFIED BY AJAX MARS
REPORTING OFFICER
Mohammad Azaly Bin Abdullah
Witnessed by Reporting Centre
Personnel

Sketch Plan



ACCIDENT STATEMENT (2000 characters)

I was driving slowly on the 2nd lane from the left . The 2 lanes on my right were turning right only lanes. I was going straight. As I was approaching the traffic light ahead that was on green, suddenly a vehicle from the right lane turn into my lane and hit my vehicle right rear passenger door.

We exchange particulars

No injury involved.

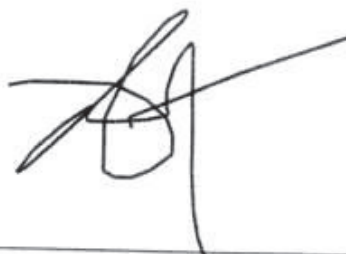
Taxi Voucher No.:

DECLARATION

I/We declare that the above particulars & information provided above are true in every aspect.

VERIFIED BY AJAX MARS REPORTING OFFICER -
MOHAMMAD AZALY BIN ABDULLAH

MARS Officer



Registered Owner or Driver's Signature

Job Complete Date/Time

3 April 2018 at 6:50 PM

Date/Time:

3 April 2018 at 6:50 PM