

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	18/04/2018 14:56
Date Of Accident	18/04/2018 08:40
Exact Location Of Accident	ALONG UPPER CHANGI ROAD NORTH
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SLP1039G
Insured/Policyholder	
Name Of Registered Owner	AGNES LOW
NRIC No	S7142873G
Email Address	AGNES8290@YAHOO.COM
Mobile Phone No	(LOCAL) +65-90903043
Alternative Phone No	OTHERS-90903043

Vehicle Particulars

Manufacturer	HONDA
Model	JAZZ 1.3
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	10756389
Cover Note Number	N.A

Driver

Name of Driver	AGNES LOW
NRIC No	S7142873G
Date Of Birth	25/11/1971
Occupation	INDOOR
Date Of Driving Pass	28/02/1994
Driving Experience	24 YEARS AND 1 MONTH
Gender	FEMALE
Mobile Number	(LOCAL) +65-90903043
Fax Number	
Contact Number	OTHERS-90903043
EEmail Address	AGNES8290@YAHOO.COM

Address	HDB COMPASSVALE GREEN, 299B COMPASSVALE STREET #15-102
Postcode	542299
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	
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

My car was stopped at Upper Changi Road North while waiting for traffic light when vehicle YN1051B from behind collided onto the rear of my car twice. The rear of my car was badly damaged. My rear in car camera was also malfunction after the impact. While we were taking photo of the damages to our vehicle and walking around our vehicle, driver of vehicle YN1051B had scratched onto my car right rear door.

Attachment(s)

Are accident photos available for attachment?	YES
Was there any video captured by Car Camera?	YES
Remarks/ Reasons:	CAR CAMERA WAS MALFUNCTION AFTER THE IMPACT
Was there any audio recorded?	NO

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	YN1051B
Vehicle Make/Model/Colour	MITSUBISHI FE83BE6SRDEA
Details Of Properties	NIL
Vehicle Category	COMMERCIAL VEHICLE
Name of Driver	JABADAS DAVID RAJAN
NRIC/Passport Number	S7389424G
Contact Number	92364854
Address	
Postcode	
Insurance Company Name	
Nature Of Damage	
No. Of Passenger (Including Driver)	1

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.

Muhammad

VERIFIED BY AJAX MARS
REPORTING OFFICER

Muhammad Faizal

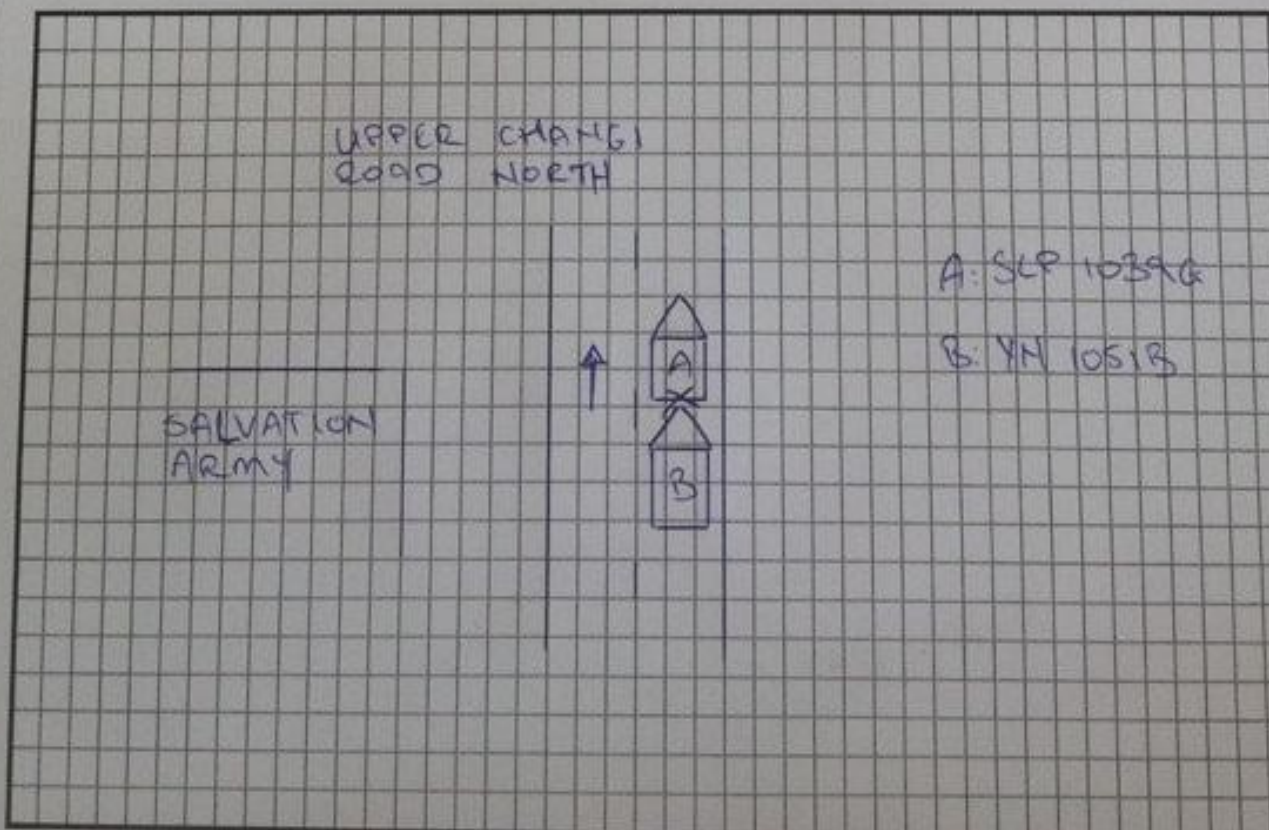
Bin Pabla

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)

My car was stopped at Upper Changi Road North while waiting for traffic light when vehicle YN1051B from behind collided onto the rear of my car twice. The rear of my car was badly damaged. My rear in car camera was also malfunction after the impact. While we were taking photo of the damages to our vehicle and walking around our vehicle, driver of vehicle YN1051B had scratched onto my car right rear door.

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 FAIZAL BIN PABILA

MARS Officer



Registered Owner or Driver's Signature

Job Complete Date/Time

18 April 2018 at 1:13 PM

Date/Time:

18 April 2018 at 1:13 PM

Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



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Accident Photo



Identification Card



Identification Card

4791013



NRIC No. S7142873G



Date of issue
09-11-2011

Agnes Low
90903043

APT BLK 299B COMPASSVALE STREET #15-102
SINGAPORE 542299

NRIC No: S7142873G Date: 09/12/2015

Driving License



Driving License

