

## 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 insurers 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 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 as aforesaid.

### ACCIDENT STATEMENT

Date Of Report	17/04/2018 15:21
Date Of Accident	16/04/2018 16:00
Exact Location Of Accident	229 MOUNTBATTEN ROAD 398007 OPEN SPACE CARPAR
Country/State of Loss	SINGAPORE

### DETAILS OF OWN VEHICLE

Vehicle Registration Number	SJV3462X
<b>Insured/Policyholder</b>	
Name Of Registered Owner	LAM MUN HOE RANDY
NRIC No	S7713919B
Email Address	RANDY@LGTC.COM.SG
Mobile Phone No	(LOCAL) +65-98519740
Alternative Phone No	OTHERS-98519740

### Vehicle Particulars

Manufacturer	HONDA
Model	CIVIC 1.6
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	10789467
Cover Note Number	N.A

### Driver

Name of Driver	LAM MUN HOE RANDY
NRIC No	S7713919B
Date Of Birth	16/05/1977
Occupation	INDOOR
Date Of Driving Pass	01/02/2003

Address	WATERVIEW AT TAMPINES, 77 TAMPINES AVENUE 1 #02-
Postcode	529782
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	SIDE SWIPE
Weather Conditions	CLEAR
Road Surface	WET

#### 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)	3
Passenger 1	NAME: : ADELINE LIM
	GENDER: : FEMALE
Passenger 2	NAME: : ZARA LAM
	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 at open space carpark of Mountbatten Square, driving straight when car SLP1947K on my left side, turned le carpark lot and its front right side collided onto my car front left side. Damages to my car were on the front left porti 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	SLP1947K
Vehicle Make/Model/Colour	TOYOTA COROLLA ALTIS 1.6 AUTO

Insurance Company Name

Nature Of Damage

No. Of Passenger (Including Driver)

1

## 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/are permitted to collect, use, disclose process my personal data/personal information set out in this [form] and any other personal information provided by me or possessors 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 "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/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, 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  
REPORTING OFFICER  
Muhammad Faiz  
Bin Pabilla

Policyholder's Signature / Date & Time

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

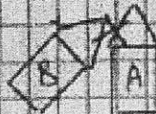
Witnessed by Reporting Personnel

Sketch Plan

MOUNTBATTEN SQUARE  
CARPARK

A: SSV 3462X

B: SLP 1947K



Common Statement Pg. 1

ACCIDENT STATEMENT (2000 characters)

I was at open space carpark of Mountbatten Square, driving straight when car SLP1947K on my left side, turned left out from carpark lot and its front right side collided onto my car front left side. Damages to my car were on the front left port No injuries were involved.

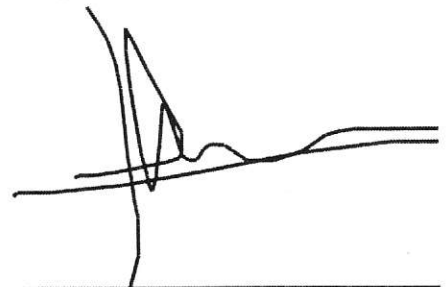
Taxi Voucher No.:

DECLARATION

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

VERIFIED BY AJAX MARS REPORTING OFFICER -  
MUHAMMAD FAIZAL BIN PABILA

MARS Officer



Registered Owner or Driver's Signature