

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	01/06/2018 12:58
Date Of Accident	23/05/2018 19:25
Exact Location Of Accident	WEST COAST ROAD TOWARD CLEMENTI AVE 2
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SKJ3727J
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Insured/Policyholder

Name Of Registered Owner	FREDERICK VENETIUS CHRYSANTHA MENDIS
NRIC No	S2220143C
Email Address	CHRY.S.MENDIS@GMAIL.COM
Mobile Phone No	(LOCAL) +65-96584750
Alternative Phone No	OFFICE-96584750

Vehicle Particulars

Manufacturer	OPEL
Model	ASTRA J 1.4AT 5DR TURBO
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	LIBERTY INSURANCE PTE LTD
Type Of Coverage	COMPREHENSIVE
Fleet Policy	NO
Policy Number	SI18V02500
Cover Note Number	

Driver

Name of Driver	FREDERICK VENETIUS CHRYSANTHA MENDIS
NRIC No	S2220143C
Date Of Birth	12/11/1944
Occupation	INDOOR
Date Of Driving Pass	01/10/1979
Driving Experience	38 YEARS AND 7 MONTHS
Gender	FEMALE
Mobile Number	(LOCAL) +65-96584750
Fax Number	
Contact Number	OFFICE-96584750
Email Address	CHRY.S.MENDIS@GMAIL.COM

Address	41 WEST COAST GROVE
Postcode	127852
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	OILY

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)	4
Passenger 1	NAME: : ANYA GENDER: : FEMALE
Passenger 2	NAME: : AYOMI GENDER: : FEMALE
Passenger 3	NAME: : DAMAYATHI SRIANI MENDIS 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 the filter road waiting for traffic on the main road to clear. When my car was at a stationary position, I felt a big impact from my rear vehicle. I felt my vehicle moved forward. Later then I realised that there was a car behind me that hit the rear part of my vehicle. We exchange particulars No injury involved.

Attachment(s)

Are accident photos available for attachment?	YES
Was there any video captured by Car Camera?	YES
Was there any audio recorded?	NO

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	SKB6483J
Vehicle Make/Model/Colour	NISSAN /MURANO 2.5
Details Of Properties	
Vehicle Category	PRIVATE CAR
Name of Driver	TAN GIN TAY
NRIC/Passport Number	S7220734C

Contact Number	98324814
Address	
Postcode	
Insurance Company Name	
Nature Of Damage	
No. Of Passenger (Including Driver)	1

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 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.

[Signature]
1/6/18

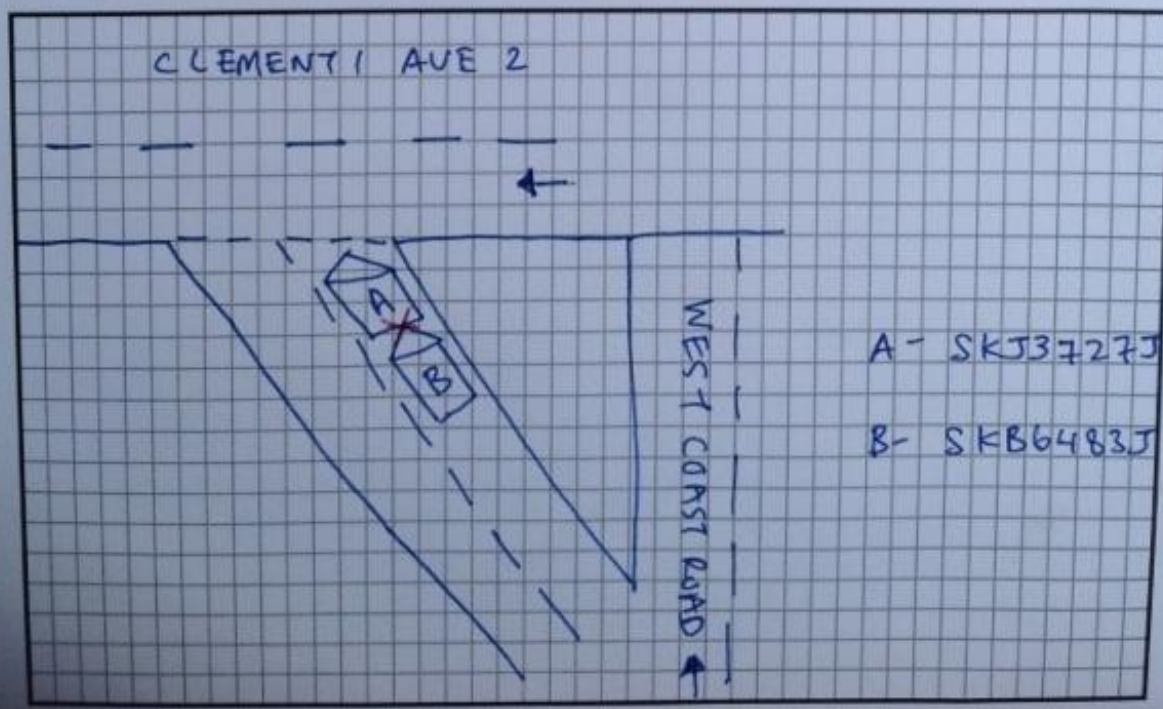
VERIFIED BY AJAX MARS
REPORTING OFFICER
Mohammad Azaly Bin Abdullah

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)

I was at the filter road waiting for traffic on the main road to clear. When my car was at a stationary position, I felt a big impact from my rear vehicle. I felt my vehicle moved forward. Later then I realised that there was a car behind me that hit the rear part of my vehicle.

We exchange particulars

No injury involved.

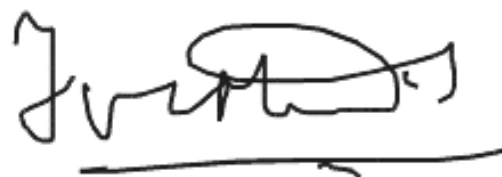
Taxi Voucher No.:

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

1 June 2018 at 10:19 AM

Date/Time:

1 June 2018 at 10:19 AM

Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo


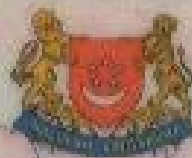


Accident Photo



Driving License

REPUBLIC OF SINGAPORE
IDENTITY CARD NO. S2220143C



Name
FREDERICK VENETIUS
CHRYSANTHA MENDIS

Race
SINHALESE

Date of Birth
12-11-1944

Sex
M

Country/Place of Birth
SRI LANKA

S2220143C

REPUBLIC OF SINGAPORE DRIVING LICENCE

Licence/Max No. S2220143C

Name
FREDERICK VENETIUS
CHRYSANTHA MENDIS

Birth Date: 12 Nov 1944

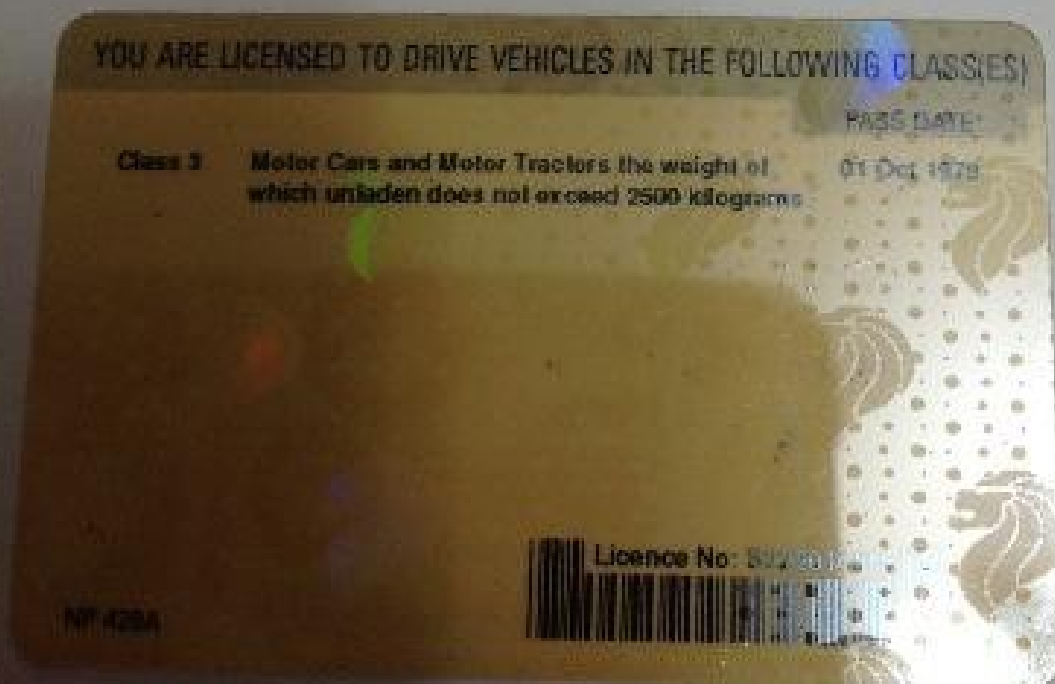
Issue Date: 31 Jul 2003



0007032440

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

Driving License



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

Mohamma