

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	25/05/2018 19:21
Date Of Accident	24/05/2018 15:00
Exact Location Of Accident	ALONG UPPER CHANGI ROAD
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SJW5679U
Insured/Policyholder	
Name Of Registered Owner	MELISSA LOH LEONG TSIN MING
NRIC No	S7623663A
Email Address	MELISSALOH@GMAIL.COM
Mobile Phone No	(LOCAL) +65-90488388
Alternative Phone No	OTHERS-90488388

Vehicle Particulars

Manufacturer	BMW
Model	318I 2.0L A/T ABS D/AIRBAG 2WD 4DR SR
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	10816571
Cover Note Number	N.A

Driver

Name of Driver	MELISSA LOH LEONG TSIN MING
NRIC No	S7623663A
Date Of Birth	13/07/1976
Occupation	INDOOR
Date Of Driving Pass	19/12/2006
Driving Experience	11 YEARS AND 5 MONTHS
Gender	FEMALE
Mobile Number	(LOCAL) +65-90488388
Fax Number	
Contact Number	OTHERS-90488388
Email Address	MELISSALOH@GMAIL.COM

Address	NA
Postcode	
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	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 along Upper Changi Rd. As I was driving pass a parked vehicle at house no 525, suddenly vehicle B try to squeeze in between my car and the parked vehicle and collided with my car. My left portion as badly damage and no injury 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	SKH434J
Vehicle Make/Model/Colour	MASERATI / QUATTROPORTE SPORT GT S
Details Of Properties	N.A
Vehicle Category	PRIVATE CAR
Name of Driver	QUEK BOON SENG
NRIC/Passport Number	S0048374E
Contact Number	98170063
Address	
Postcode	
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 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.

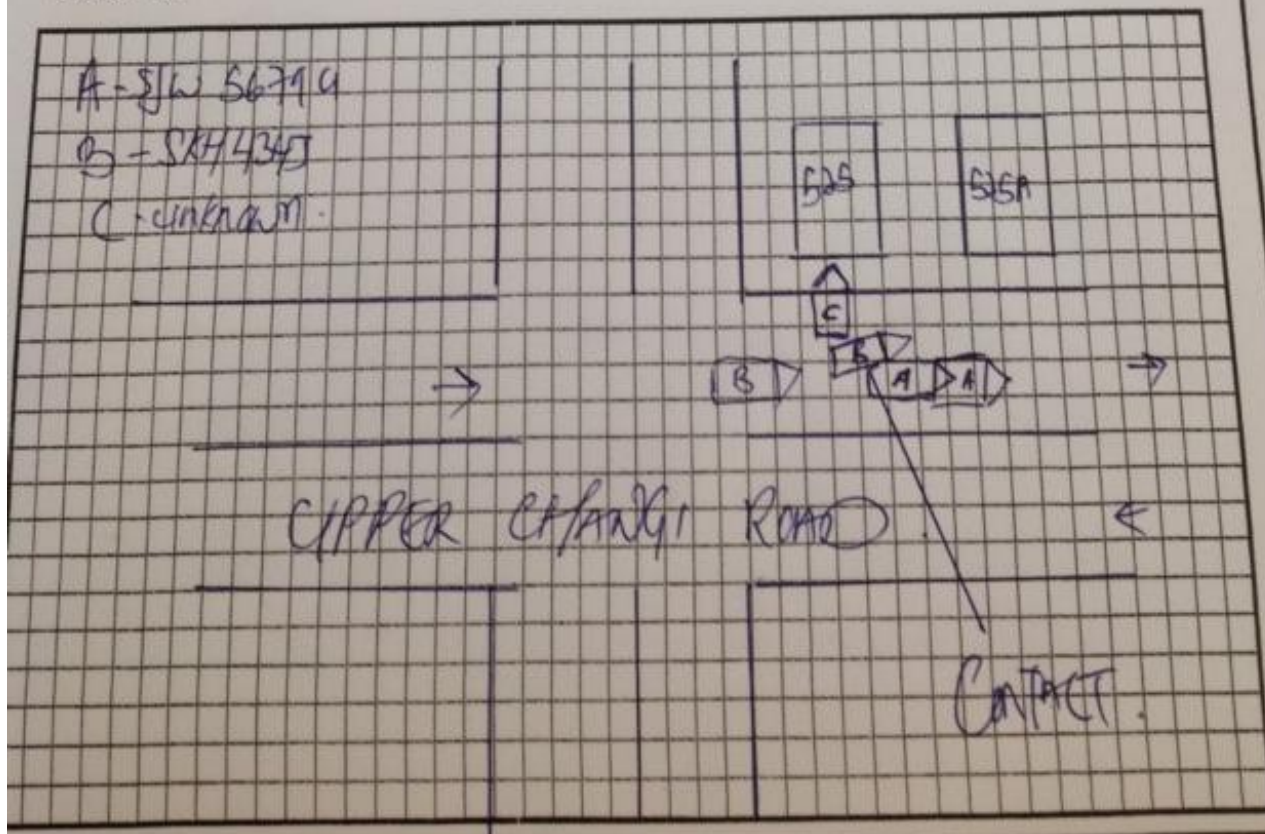
VERIFIED BY AJAX MARS
REPORTING OFFICER
MOHAMED SHARIL
BIN SATAR

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 driving along upper changi rd. As i was driving pass a parked vehicle at house no 525, suddenly veh b try to squeeze in between my car and the parked vehicle and collided with my car. My left portion as badly damage and no inJury involved.

Taxi Voucher No.:

Are you claiming your own insurance policy for the repair of your vehicle?

No, Claim 3rd party

DECLARATION

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

VERIFIED BY AJAX MARS REPORTING OFFICER -
MOHAMED SHARIL BIN SATAR

MARS Officer



Registered Owner or Driver's Signature

Job Complete Date/Time

25 May, 2018 5:58 pm

Date/Time:

25 May, 2018 5:58 pm

Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



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Accident Photo



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Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



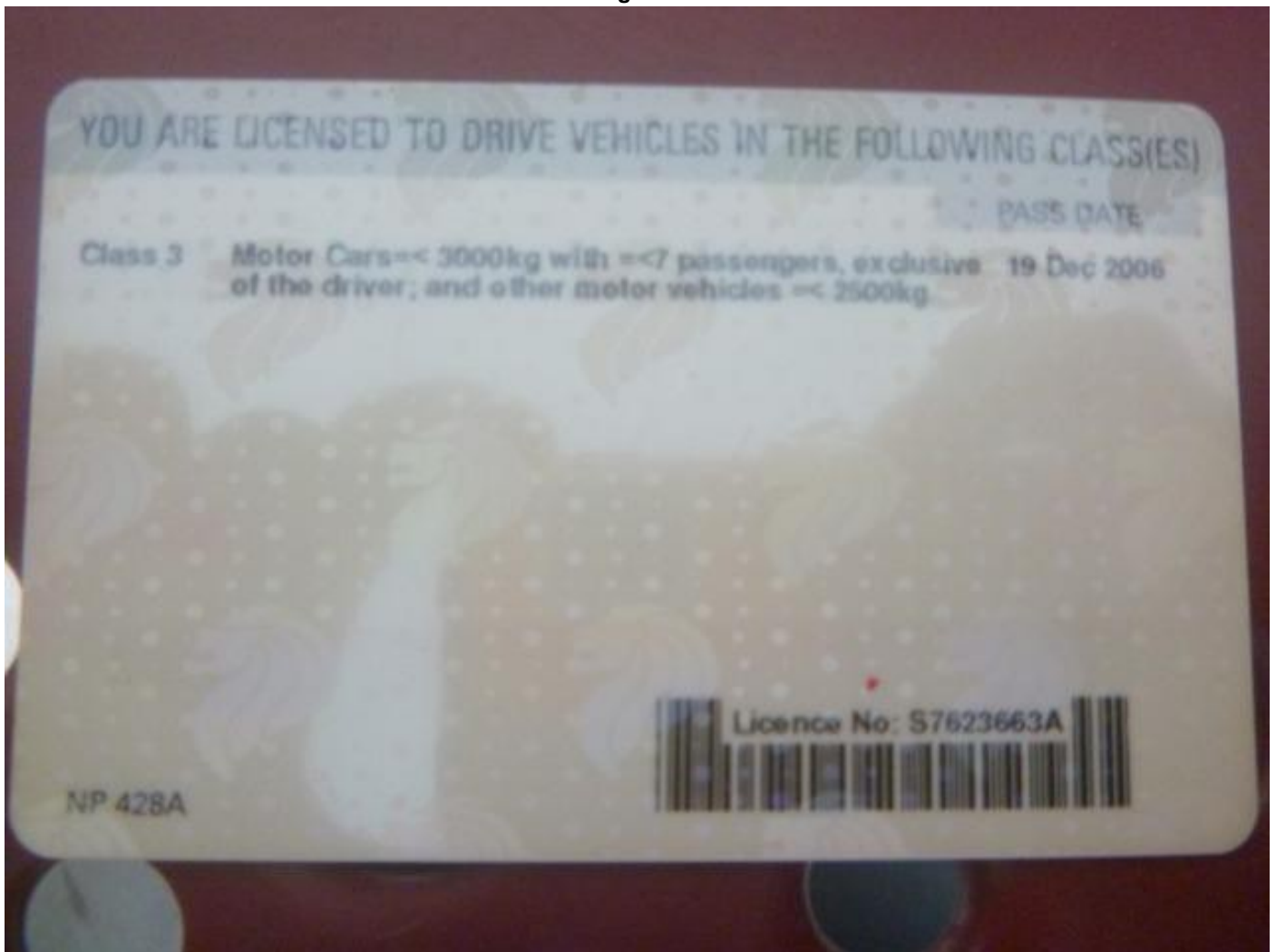
Accident Photo



Driving License



Driving License



Identification Card

REPUBLIC OF SINGAPORE
IDENTITY CARD NO. S7623663A



Name
**MELISSA LOH LEONG TSIN
MING**
**(MELISSA LUO LIANG
SHANMING)**

Race
CHINESE

Date of birth **Sex**
13-07-1976 **F**

Country of birth
SINGAPORE




Identification Card

3915605



NRIC No. S7623663A



Date of issue
07-08-2006

APT BLK 54 CHAI CHEE STREET #13-879
SINGAPORE 460054

NRIC No S7623663A

Date: 15/10/2012

No: 7191407