

## 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	13/06/2018 18:26
Date Of Accident	12/06/2018 15:40
Exact Location Of Accident	TANK ROAD PARALLEL OPEN CARPARK
Country/State of Loss	SINGAPORE

### DETAILS OF OWN VEHICLE

Vehicle Registration Number	SJX1109U
<b>Insured/Policyholder</b>	
Name Of Registered Owner	SEAH GUAN YAN
NRIC No	S8425419C
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-96666706
Alternative Phone No	OFFICE-96666706

### Vehicle Particulars

Manufacturer	VOLKSWAGEN
Model	TOURAN 1.4L
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	10789529
Cover Note Number	

### Driver

Name of Driver	TAN SHU HUI DEBBIE
NRIC No	S8532875A
Date Of Birth	03/10/1985
Occupation	INDOOR
Date Of Driving Pass	13/08/2009
Driving Experience	8 YEARS AND 9 MONTHS
Gender	FEMALE
Mobile Number	(LOCAL) +65-96666706
Fax Number	
Contact Number	
EEmail Address	DEBBIETSH@GMAIL.COM

Address	BLK 170A PUNGGOL FIELD #08-707
Postcode	821170
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	HIT AND RUN / VANDALISM / DAMAGED WHILST PARKED
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?	YES
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?	YES
If Yes, Please state which Police Station	
POLICE STATION NAME [OTHER]	TRAFFIC POLICE DIVISION HQ
Was notice of intended Prosecution given?	NO
If Yes, against whom?	

#### Circumstances of Accident

REFER TO POLICE REPORT - T/20180613/7005 LODGED AT TRAFFIC POLICE DIVISION HQ. MY VEHICLE IS PARKED IN THE PARKING LOT AND I AM SITTING IN MY CAR WHEN THE OTHER PARTY WHO IS TRYING TO PARK BEHIND MY CAR COLLIDED INTO MY VEHICLE'S REAR PORTION WHILE PARKING.

#### Attachment(s)

Are accident photos available for attachment?	YES
Was there any video captured by Car Camera?	YES
Remarks/ Reasons:	VIDEO UPLOADED INTO FILE ZILLA
Was there any audio recorded?	NO

#### DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	SFG8168P
Vehicle Make/Model/Colour	TOYOTA/ALPHARD 2.4/WHITE
Details Of Properties	
Vehicle Category	PRIVATE CAR
Name of Driver	UNKNOWN DRIVER
NRIC/Passport Number	
Contact Number	
Address	
Postcode	
Insurance Company Name	
Nature Of Damage	
No. Of Passenger (Including Driver)	1

**DETAILS OF INJURED PERSON 1**

Name	TAN SHU HUI DEBBIE
Approximate Age	
Injuries Sustain	
Injured person in which vehicle?	SJX1109U
Were seat belts worn?	YES
Was this injured conveyed to hospital by ambulance?	NO
Address	
Postcode	

# Sketch Plan

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4. The issue and acceptance of this form by insurance companies is not an admission of policy liability on the part of insurance companies.
5. Any false reporting may be referred to the Police for investigation.
6. The report will be forwarded by the insurers of the GSA Records Management Centre established by the General Insurance Association of Singapore (GIA) for archiving and the report and for a fee be made available application by interested parties.
7. By the submission 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 elsewhere.
8. Consent under the Personal Data Protection Act (PDPA)
  - (a) I understand, acknowledge, agree and consent that:
    - (i) My insurer, my workplace and the General Insurance Association of Singapore ("GIA") may be 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 insurers who have insured vehicles involved in this accident (all insurers who have insured vehicles) involved in this accident shall be collectively referred to as the "Insurers". The insurers' lawyer/firm, the Monetary Authority of Singapore and any relevant government agency/authority such as the police, for the purposes 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 obligations 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 level of inter-organisational 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 vehicles involved in this accident and the insurers' lawyer/firm, may be 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 lawyer/firm), which may be used outside of Singapore, for one or more of the above Purposes.

*[Signature]*

13/6/19

VERIFIED BY ALIAX MARK  
REPORTING OFFICER  
Mohammed Aaliy Bin Abdullah

Policyholder's Signature / Date & Time

Driver's Signature / Date & Time

Witnessed by (Reporting Officer's Personal)

## Sketch Plan

