

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	19/07/2018 16:24
Date Of Accident	18/07/2018 19:00
Exact Location Of Accident	TAMPINES SPORT HUB BASEMENT 2 MULTI STOREY CP
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SLJ9990M
Insured/Policyholder	
Name Of Registered Owner	WONG FU-WEN DAMIEN
NRIC No	S8031668B
Email Address	DAMIEN_FUWEN@YAHOO.COM.SG
Mobile Phone No	(LOCAL) +65-83333957
Alternative Phone No	OFFICE-83333957

Vehicle Particulars

Manufacturer	PEUGEOT
Model	308 SW 1.2 1199CC
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	10832867
Cover Note Number	N.A.

Driver

Name of Driver	WONG FU-WEN DAMIEN
NRIC No	S8031668B
Date Of Birth	12/10/1980
Occupation	INDOOR
Date Of Driving Pass	15/08/2003
Driving Experience	14 YEARS AND 11 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-83333957
Fax Number	
Contact Number	OFFICE-83333957
EEmail Address	DAMIEN_FUWEN@YAHOO.COM.SG

Address	NIL
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?	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)	5
Passenger 1	NAME: : MDM WONG GENDER: : FEMALE
Passenger 2	NAME: : TAYLOR WONG WENYI GENDER: : FEMALE
Passenger 3	NAME: : TIFFANY WONG SHUWEN GENDER: : FEMALE
Passenger 4	NAME: : WONG SOOK YEE 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 Basement 2 carpark, finding a parking lot and I was going at a straight lane. Suddenly while I was moving forward, I felt a big impact on my right side of my vehicle . I later realise that a car from the right lane enter into my straight lane without stopping at the stop line. This result into the car hit and side swipe my vehicle . No injury involved We exchange particulars. I have an independent witness. The next day I have a sharp pain on my neck and I am feeling a bit giddy. I am going to my family doctor to get it check out.

Attachment(s)

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

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	SJM3894E
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Vehicle Make/Model/Colour	NISSAN/ LATIO/ DARK GREY
Details Of Properties	
Vehicle Category	PRIVATE CAR
Name of Driver	LOW KIM KEE
NRIC/Passport Number	S1579496H
Contact Number	97377815
Address	
Postcode	
Insurance Company Name	
Nature Of Damage	
No. Of Passenger (Including Driver)	

Sketch Plan

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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.

(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/also 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

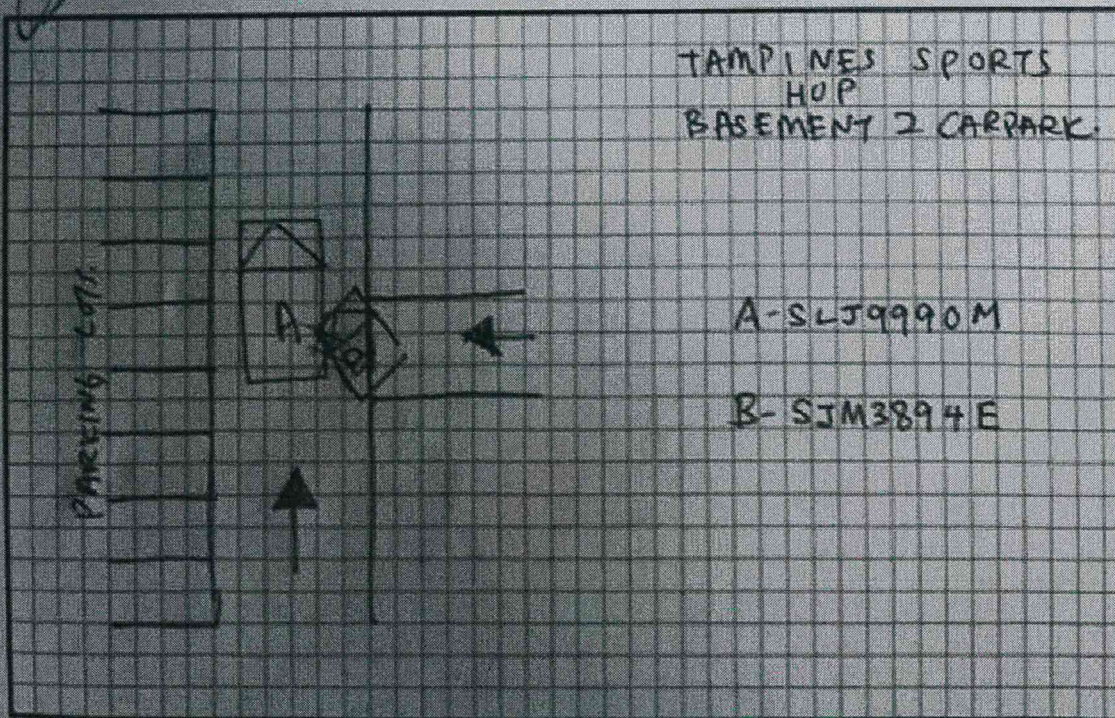
Mohammad Azaly Bin Abdullah

Policyholder's Signature / Date & Time

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

Witnessed by Reporting Centre
Personnel

Sketch Plan



Sketch Plan #2

ACCIDENT STATEMENT (2000 characters)

I was at Basement 2 carpark, finding a parking lot and I was going at a straight lane. Suddenly while I was moving forward, I felt a big impact on my right side of my vehicle . I later realise that a car from the right lane enter into my straight lane without stopping at the stop line. This result into the car hit and side swipe my vehicle .

No injury involved

We exchange particulars.

I have an independent witness.

The next day I have a sharp pain on my neck and I am feeling a bit giddy. I am going to my family doctor to get it check out.

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

19 July 2018 at 12:13 PM

Date/Time:

19 July 2018 at 12:13 PM