

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	08/08/2018 12:51
Date Of Accident	08/08/2018 07:00
Exact Location Of Accident	PIE TOWARDS CHANGI
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SMA8821K
Insured/Policyholder	
Name Of Registered Owner	POH YUEH LOONG
NRIC No	S8827472E
Email Address	LOONG72188@GMAIL.COM
Mobile Phone No	(LOCAL) +65-96725743
Alternative Phone No	OTHERS-96725743

Vehicle Particulars

Manufacturer	HONDA
Model	INTEGRA 2.0
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	10830087
Cover Note Number	N.A

Driver

Name of Driver	POH YUEH LOONG
NRIC No	S8827472E
Date Of Birth	21/07/1988
Occupation	INDOOR
Date Of Driving Pass	06/08/2009
Driving Experience	9 YEARS AND 0 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-96725743
Fax Number	
Contact Number	OTHERS-96725743
Email Address	LOONG72188@GMAIL.COM

Address	HDB BUKIT BATOK, 265 BUKIT BATOK EAST AVENUE 4 #10-401
Postcode	650265
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	RAINING
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)	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 (SMA8821K) was driving along PIE Changi on the third lane when a car (SCL8969D) came from the back and hit onto me. The front right side of the car make contact with the rear left side of my car. No injuries involved.

Attachment(s)

Are accident photos available for attachment?	YES
Was there any video captured by Car Camera?	YES
Remarks/ Reasons:	WILL UPLOAD TO FILEZILA AFTER INSURED SEND
Was there any audio recorded?	NO

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	SCL8969D
Vehicle Make/Model/Colour	HONDA JAZZ 1.4A / BLK
Details Of Properties	NIL
Vehicle Category	PRIVATE CAR
Name of Driver	LIM AH CHEK
NRIC/Passport Number	S1132913F
Contact Number	97814212
Address	
Postcode	
Insurance Company Name	
Nature Of Damage	
No. Of Passenger (Including Driver)	1

Sketch Plan

IMPORTANT NOTICE

1. Please report correctly the details of the accident to speed up the claim.
2. This Form must be completed by the Policyholder and/or the Authorised Representative. Any misrepresentation or withholding of material facts may result in the policy being voided.
3. Information provided must be as truthful and accurate as possible. Any false reporting may be referred to the Police for investigation.
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 GIA Records Management Centre to all insurer(s) who have insured the vehicle(s) involved in this accident (all insurer(s) who have insured vehicle(s) involved in this accident) for a fee be made by the application by interested parties.
7. By the lodgement of this report to the insurers, you hereby consent to the archiving of the 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 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 insurer(s) who have insured vehicle(s) involved in this accident (all insurer(s) who have insured vehicle(s) involved in this accident) will 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 other matters 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/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.

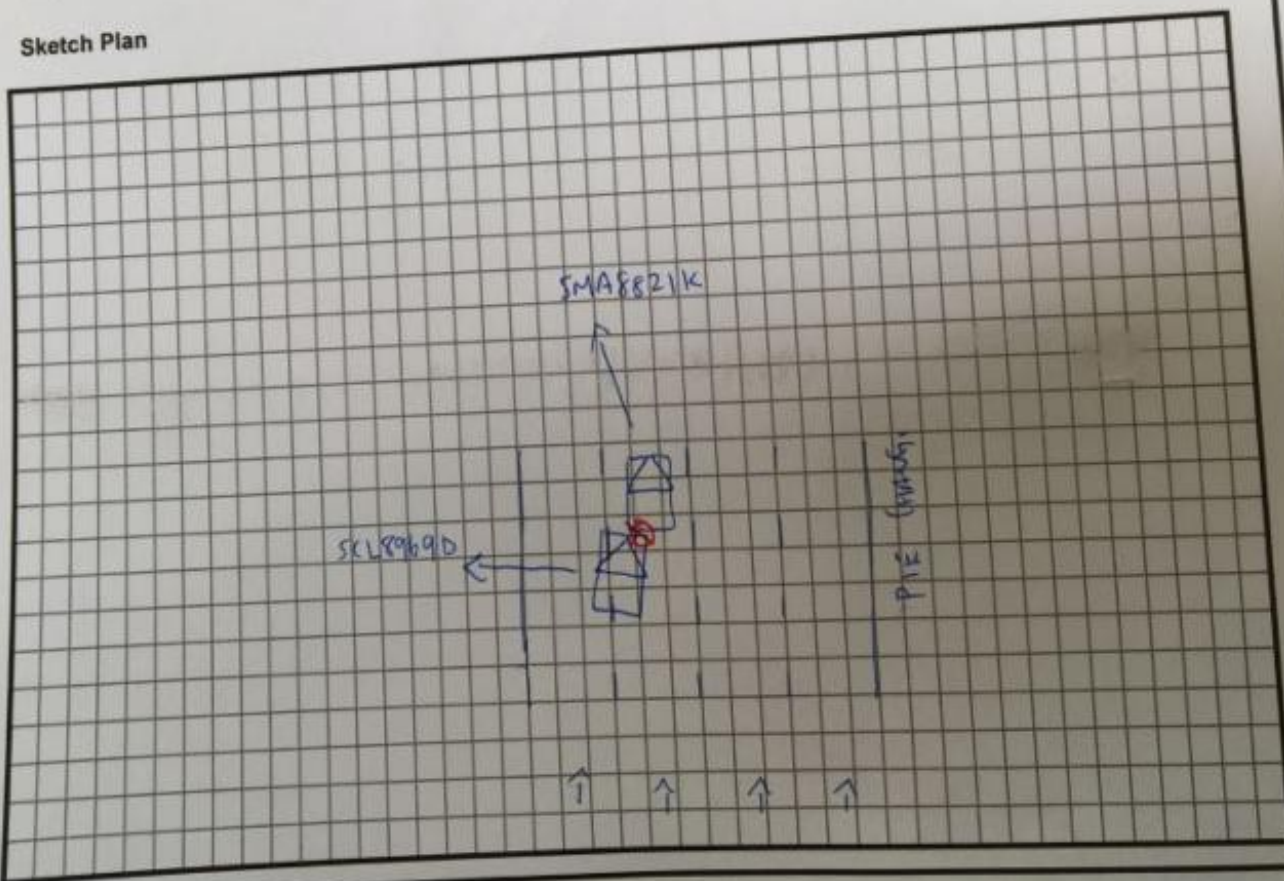
VERIFIED BY AJAX MARS
REPORTING OFFICER
MOHAMMAD SULHANDI BIN
MOHD AFFANDI

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 (SMA8821K) was driving along pie Changi on the third lane when a car (SCL8969D) came from the back and hit onto me. The front right side of the car make contact with the rear left side of my car. No injuries 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 SULHANDI BIN MOH AFFANDI



MARS Officer

Registered Owner or Driver's Signature

Job Complete Date/Time

8 August 2018 at 11:57 AM

Date/Time:

8 August 2018 at 11:57 AM

Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



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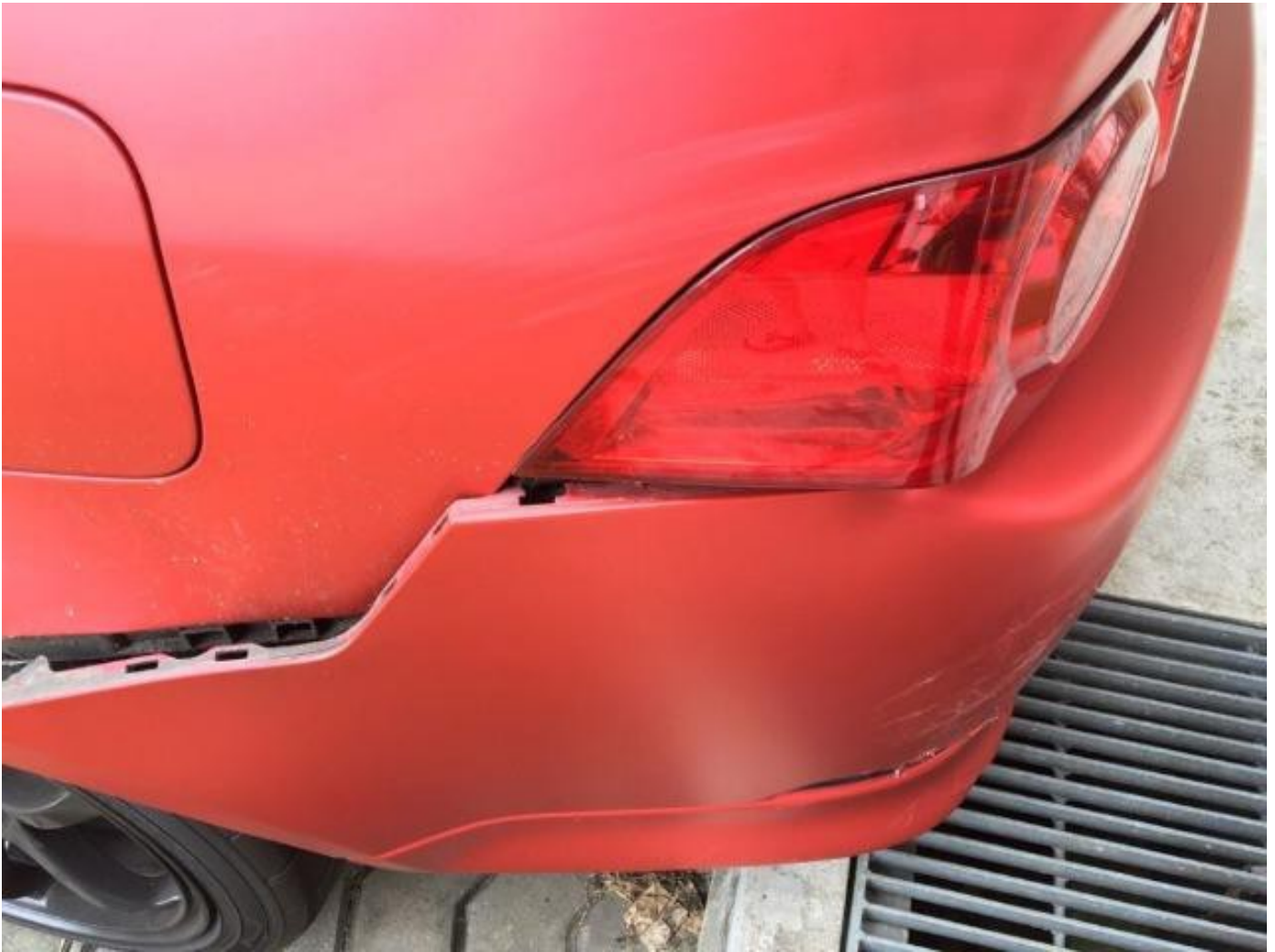
Accident Photo



Accident Photo



Accident Photo



Accident Photo



Driving License

REPUBLIC OF SINGAPORE DRIVING LICENCE

Licence Number **S8827472E**

Name
POH YUEH LOONG


Birth Date: **21 Jul 1988**
Issue Date: **06 Aug 2009**



 001771192H

REPUBLIC OF SINGAPORE

IDENTITY CARD NO. **S8827472E**



Name
POH YUEH LOONG



傅越龍

Race
CHINESE

Date of Birth
21-07-1988

Sex
M

Country of Birth
SINGAPORE





Driving License

