

## 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	07/08/2018 14:16
Date Of Accident	07/08/2018 08:15
Exact Location Of Accident	782E WOODLAND CRESCENT DROP OFF POINT
Country/State of Loss	SINGAPORE

### DETAILS OF OWN VEHICLE

Vehicle Registration Number	SLA8283A
<b>Insured/Policyholder</b>	
Name Of Registered Owner	HO JEE THAU
NRIC No	S8379297C
Email Address	JEETHAU@GMAIL.COM
Mobile Phone No	(LOCAL) +65-91877759
Alternative Phone No	OFFICE-91877759

### Vehicle Particulars

Manufacturer	NISSAN
Model	SYLPHY 1.6
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	10717714
Cover Note Number	

### Driver

Name of Driver	HO JEE THAU
NRIC No	S8379297C
Date Of Birth	29/08/1983
Occupation	INDOOR
Date Of Driving Pass	05/12/2008
Driving Experience	9 YEARS AND 8 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-91877759
Fax Number	
Contact Number	OFFICE-91877759
EEmail Address	JEETHAU@GMAIL.COM

Address	APT BLK 707 WOODLANDS DRIVE 40 #11-64 SINGAPORE 730707
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	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?	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)	3
Passenger 1	NAME: : CHUNG ICHUN GENDER: : FEMALE
Passenger 2	NAME: : HO SHU RUI 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 a stationary position behind the bus. The bus was waiting for students to alight. Suddenly after all the students alight, the bus reverse onto my stationary vehicle. I did horn a few times but the bus did not stop. This my vehicle front part was damaged. The driver of the bus admitted that he reverse into my vehicle. He even asked me to report to my insurance. We exchange particulars 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	PC8889U
Vehicle Make/Model/Colour	MITSUBISHI/BE639GRMHDEA/BROWN
Details Of Properties	
Vehicle Category	PRIVATE CAR
Name of Driver	MOKTAR
NRIC/Passport Number	
Contact Number	94743218
Address	

Postcode  
Insurance Company Name  
Nature Of Damage  
No. Of Passenger (Including Driver)

## 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.

*[Signature]*

7/9/18.

VERIFIED BY AJAX MARS  
REPORTING OFFICER

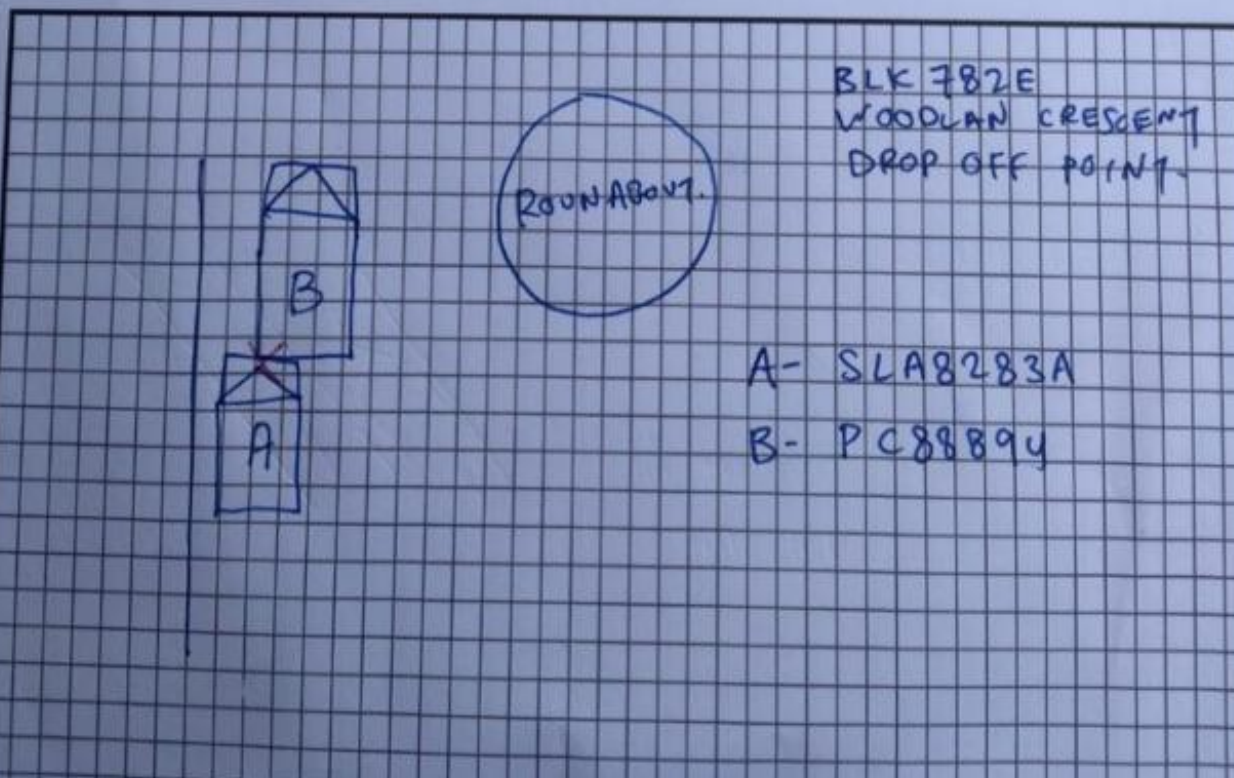
Mohammad Azaly Bin Abdullah

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 a stationary position behind the bus. The bus was waiting for students to alight. Suddenly after all the students alight, the bus reverse onto my stationary vehicle. I did horn a few times but the bus did not stop. This my vehicle front part was damaged. The driver of the bus admitted that he reverse into my vehicle. He even asked me to report to my insurance.

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

7 August 2018 at 1:36 PM

Date/Time:

7 August 2018 at 1:36 PM





Accident Photo



Accident Photo





Accident Photo



Accident Photo



Accident Photo





Accident Photo



Accident Photo





Accident Photo



Accident Photo



Identification Card

**REPUBLIC OF SINGAPORE DRIVING LICENCE**

License Number: **S8379297C**

**HO JEE THAU**

Birth Date: 29 Aug 1983  
Issue Date: 05 Dec 2008

001654153D



**REPUBLIC OF SINGAPORE**  
**IDENTITY CARD NO. S8379297C**



**HO JEE THAU**  
**何子涛**

Race: **CHINESE**

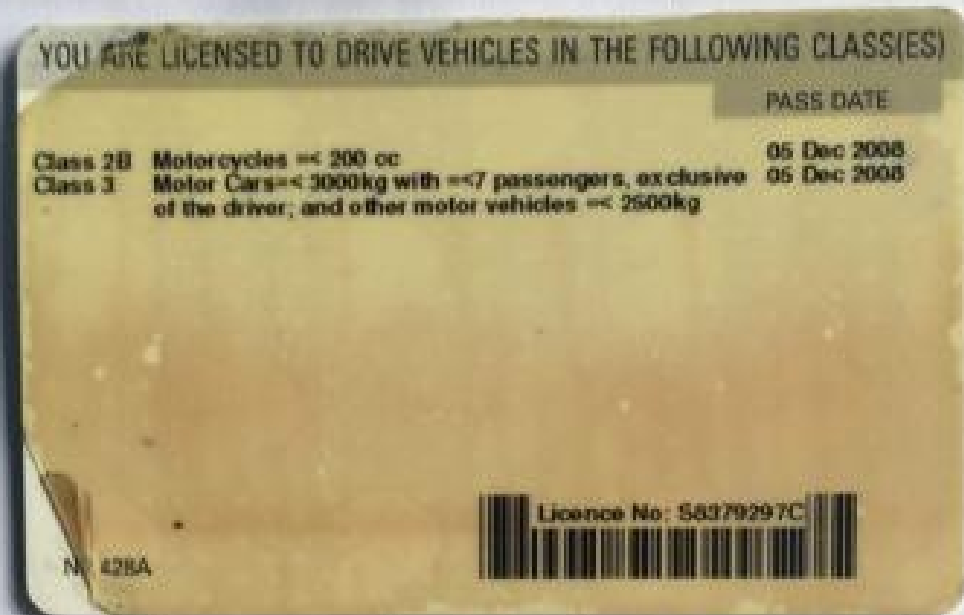
Date of birth: **29-08-1983**

Country/Place of birth: **MALAYSIA**

Sex: **M**



# Identification Card



Mohammad Azaly

Date & Time

Driver's Signature (If different from the name on the card)

## Addendum Sheet Pg. 1



**GENERAL INSURANCE ASSOCIATION OF SINGAPORE RECORDS MANAGEMENT CENTRE**  
6 Raffles Quay #18-00 Singapore 048580  
Tel (65) 6224 0010 Fax (65) 6224 0030  
Operating Hours : Monday to Friday, 09:00 – 17:00  
UEN: S66550020G / GST Reg. No.: M400017735

**IMPORTANT NOTE:** Please submit the completed Addendum form to the same Authorised Reporting Centre with whom you submitted the Original Report.

### ADDENDUM

#### (A) PARTICULARS OF PERSON MAKING THE AMENDMENTS:

Original Report No : MBHH18102043 Vehicle Registration No: SLA8283A  
Name(as shown in NRIC) : HO JEE THAU NRIC/FIN/Passport No : S8379297C  
(\*Vehicle Driver / Vehicle Owner) (\*) Please delete as appropriate  
Address : \_\_\_\_\_ Singapore( )  
Contact (Tel) : \_\_\_\_\_ Mobile No. : 91877759  
Email Address : JEETHAU@GMAIL.COM  
Date of Accident : 07/08/2018 Time of Accident : 08:15  
Place of Accident : 782E WOODLAND CRESCENT DROP OFF POINT  
Insurance Company: AVIVA LTD

#### (B) ADDITIONAL INFORMATION / AMENDMENTS:

I have made a report on the above mentioned accident and would like to include additional information or make the following amendments:

Amend the number of passenger

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_  
Policyholder / Driver's Signature  
Date:

Xian Chern  
\_\_\_\_\_  
Reporting Centre Personnel's Signature  
Name: Chin Xian Chern  
NRIC/FIN No.: G8577824U  
Date: 7 AUG 2018