

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	25/09/2018 15:30
Date Of Accident	16/09/2018 16:30
Exact Location Of Accident	LOADING BAY OF/BLK 756 WOODLANDS AVE 9
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SLZ2903C
Insured/Policyholder	
Name Of Registered Owner	WONG KEE FONG
NRIC No	S7432424Z
Email Address	CELINE_CW@YAHOO.COM.SG
Mobile Phone No	(LOCAL) +65-96384274
Alternative Phone No	OFFICE-96384274

Vehicle Particulars

Manufacturer	HONDA
Model	JAZZ 1.3 CVT
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	10831913
Cover Note Number	

Driver

Name of Driver	WONG KEE FONG
NRIC No	S7432424Z
Date Of Birth	26/09/1974
Occupation	INDOOR
Date Of Driving Pass	17/01/2009
Driving Experience	9 YEARS AND 7 MONTHS
Gender	FEMALE
Mobile Number	(LOCAL) +65-96384274
Fax Number	
Contact Number	OFFICE-96384274
Email Address	CELINE_CW@YAHOO.COM.SG

Address APT BLK 866 WOODLANDS STREET 83 #03-319 SINGAPORE 730866

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 2

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) 0

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

My car SLZ2903C was parked at loading bay of Blk 756 Woodlands Ave 9. I was at my friend's house at the 7th floor when I heard a loud bang and went down and realised vehicle SJX9172H reversed and collided onto my front right bumper. 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 INTO FILEZILLA ONCE INSURED SEND

Was there any audio recorded? NO

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number SJX9172H

Vehicle Make/Model/Colour HYUNDAI/AVANTE 1.6 AT ABS D/AB 2WD 4DR/MAROON

Details Of Properties

Vehicle Category PRIVATE CAR *E190*

Name of Driver THUM KAM KUAN

NRIC/Passport Number S8677408I

Contact Number 86618275

Address

Postcode

Insurance Company Name

Nature Of Damage

No. Of Passenger (Including Driver)

Sketch Plan

SKETCH PLAN

IMPORTANT NOTICE

1. Please report truthfully the details of the accident to assist in the claims process.
2. This form must be completed by the Policyholder and/or the Authorized Driver.
3. Information provided must be as truthful and accurate as possible. Any willful misrepresentation or withholding of material facts may cause the insurer to consider the policy void.
4. The name and description of the claim for insurance purposes 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 to the insurers of the Risk Transfer Management Centre established by the General Insurance Association of Singapore (GIAS) for settling any claim that arises out of this incident for a fee to be decided separately by a relevant party.
7. By the submission of this report to the insurers, you hereby consent to the sharing of this report to the parties and companies of the report being made available to them.
8. **Consent under the Personal Data Protection Act (PDPA)**
I, the undersigned, acknowledge, agree and consent that:
a. My insurer, my employer and the General Insurance Association of Singapore (GIAS) may be permitted to collect, store, disclose and/or process my personal information (including but not limited to my name, my contact details, my address, my occupation, my vehicle details, my insurance details, my personal information and other personal information) for the purpose of settling my claim, processing my claim, and for other purposes connected with the claim. I understand that my personal information may be disclosed to the relevant parties for the purpose of settling my claim, processing my claim, and for other purposes connected with the claim.
b. I understand that my personal information may be disclosed to the relevant parties for the purpose of settling my claim, processing my claim, and for other purposes connected with the claim.
c. I understand that my personal information may be disclosed to the relevant parties for the purpose of settling my claim, processing my claim, and for other purposes connected with the claim.
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u. I understand that my personal information may be disclosed to the relevant parties for the purpose of settling my claim, processing my claim, and for other purposes connected with the claim.
v. I understand that my personal information may be disclosed to the relevant parties for the purpose of settling my claim, processing my claim, and for other purposes connected with the claim.
w. I understand that my personal information may be disclosed to the relevant parties for the purpose of settling my claim, processing my claim, and for other purposes connected with the claim.
x. I understand that my personal information may be disclosed to the relevant parties for the purpose of settling my claim, processing my claim, and for other purposes connected with the claim.
y. I understand that my personal information may be disclosed to the relevant parties for the purpose of settling my claim, processing my claim, and for other purposes connected with the claim.
z. I understand that my personal information may be disclosed to the relevant parties for the purpose of settling my claim, processing my claim, and for other purposes connected with the claim.

Celine

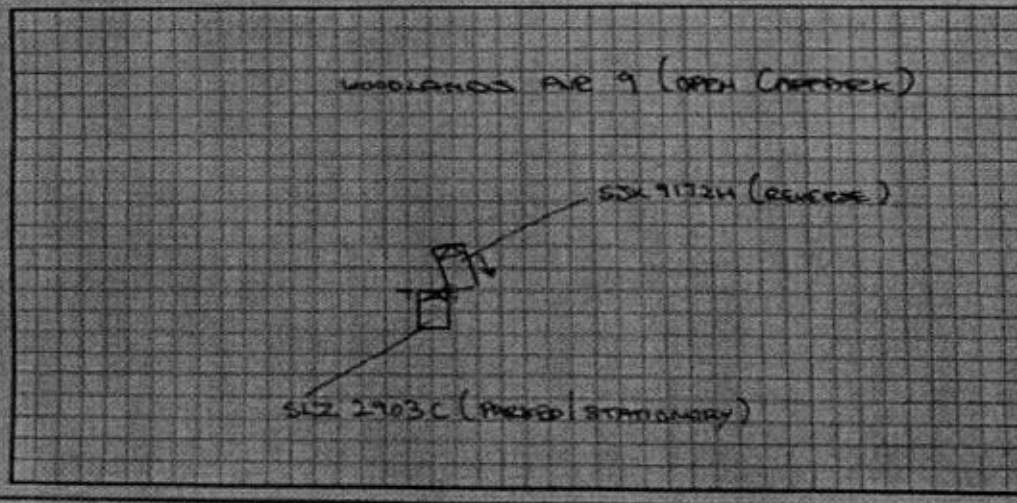
Policyholder's Signature / Date & Time

Driver's Signature / Date & Time

VERIFIED BY AJAX MARS
REPORTING OFFICER
MOHD FADZLY BIN ISMAIL

Witnessed by Reporting Officer
Name:

Sketch Plan



Common Statement

ACCIDENT STATEMENT (2000 characters)

My car SLZ2903C was parked at loading bay of Blk 756 Woodlands Ave 9. I was at my friend's house at the 7th floor when I heard a loud bang and went down and realised vehicle SJX9172H reversed and collided onto my front right bumper.no injuries involved.

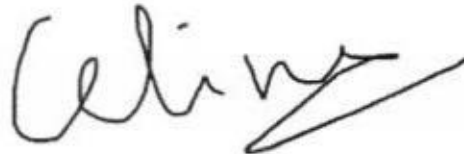
Taxi Voucher No.:

DECLARATION

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

VERIFIED BY AJAX MARS REPORTING OFFICER -
MOHD FADZLY BIN ISMAIL

MARS Officer



Registered Owner or Driver's Signature

Job Complete Date/Time

25 September 2018 12:29 pm

Date/Time:

25 September 2018 12:29 pm