

## 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 liability.
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	21/12/2018 23:10
Date Of Accident	21/12/2018 13:40
Exact Location Of Accident	STEVEN RD REACHING WHITE HOUSE RD BESIDE BUS STOP
Country/State of Loss	SINGAPORE

### DETAILS OF OWN VEHICLE

Vehicle Registration Number	S1956TE
<b>Insured/Policyholder</b>	
Name Of Registered Owner	CORDERO DIAZ ANLLELIZ
NRIC No	G1854902L
Email Address	ACORDERO.1414@GMAIL.COM
Mobile Phone No	(LOCAL) +65-91866701
Alternative Phone No	OFFICE-91866701

### Vehicle Particulars

Manufacturer	BMW
Model	320 2.0I
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	10857523
Cover Note Number	N.A.

### Driver

Name of Driver	CORDERO DIAZ ANLLELIZ
NRIC No	G1854902L
Date Of Birth	14/06/1976
Occupation	INDOOR
Date Of Driving Pass	26/06/2018
Driving Experience	0 YEAR AND 5 MONTH
Gender	FEMALE
Mobile Number	(LOCAL) +65-91866701
Fax Number	
Contact Number	OFFICE-91866701
Email Address	ACORDERO.1414@GMAIL.COM

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	COLLISION - HEAD TO REAR
Weather Conditions	CLEAR
Road Surface	DRY

#### Other Information

Was any foreign vehicle involved in this accident?	NO
Number of vehicles (including own vehicle) 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)	2
Passenger 1	NAME: : MARY GRACE PALCIS 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 driving on the left lane along STEVENS ROAD. As I approaching the bus stop, there was a bus was exiting. Hence I slowed down and stopped to give way for the bus to exit. After few seconds, I felt an impact from behind and saw a vehicle had already hit directly onto my vehicle rear portion.

#### 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	SKZ218Y
Vehicle Make/Model/Colour	MERCEDES BENZ/C 180 BLUEEFICI
Details Of Properties	
Vehicle Category	PRIVATE CAR
Name of Driver	GOH LAI LIN
NRIC/Passport Number	S1693994J
Contact Number	
Address	
Postcode	
Insurance Company Name	

Nature Of Damage

No. Of Passenger (Including Driver) 1

## Sketch Plan

### SKETCH PLAN

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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.

VERIFIED BY AJAX MARS  
REPORTING OFFICER

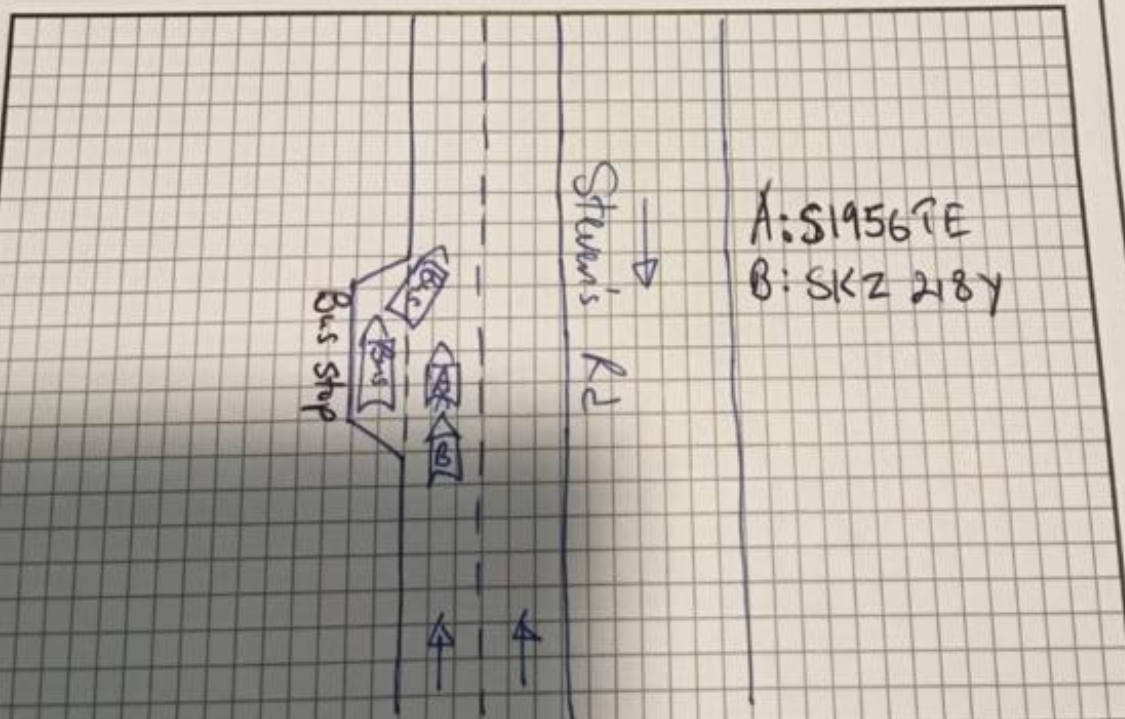
AIZAM BIN ATAN

Policyholder's Signature / Date & Time

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

Witnessed by Reporting Centre  
Personnel

#### Sketch Plan



## Common Statement

### ACCIDENT STATEMENT (2000 characters)

I was driving on the left lane along STEVENS ROAD. As I approaching the bus stop, there was a bus was exiting. Hence I slowed down and stopped to give way for the bus to exit. After few seconds, I felt an impact from behind and saw a vehicle had already hit directly onto my vehicle rear portion.

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 -  
AIZAM BIN ATAN

MARS Officer



Registered Owner or Driver's Signature

Job Complete Date/Time

21 December 2018 at 7:30 PM

Date/Time:

21 December 2018 at 7:30 PM

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



## Driving License



## Driving License

This card is not transferable. The card should be returned to the Protocol Directorate, Ministry of Foreign Affairs, Singapore, on departure of the Bearer.

Loss of this card must be reported immediately to the Chief of Protocol, Ministry of Foreign Affairs, Singapore.

If found, this card must be returned immediately to the Protocol Directorate, Ministry of Foreign Affairs, Tanglin, Singapore 248163, or handed in at the nearest Police Station.



IDENTIFICATION CARD

TEXAS ROADSIDE ASSISTANCE: 1-800-525-5535

☐ Directive to physician has been filed at toll #

☐ Emergency contact number

☐ Allergic reaction to drugs

CLASS: C-Single or comb veh w/ GVWR ≤ 26,000 lbs which transports placarded HAZMAT or 2-16 pass, including driver

RESTRICTIONS - NONE

ENDORSEMENTS:  
NONE

Lone Star STATE

REV. 10/10/2016

A 2D barcode located at the bottom of the white card, used for identification and tracking.