### 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 <u>truthful and accurate</u> as possible. Any wilful misrepresentation or witholding 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
09/01/2019 12:41
08/01/2019 12:45
SLIP ROAD FROM WOODLAND AVE 5 TOWARD AVE 12
SINGAPORE
DETAILS OF OWN VEHICLE
SDY8278J
ONG SUAY HUAT
S1443723A
OSHZHY@SINGNET.COM.SG
(LOCAL) +65-98779695
OFFICE-98779695
MITSUBISHI
LANCER
PRIVATE
NO
THIRD PARTY
PRIVATE CAR
FWD SINGAPORE PTE. LTD.
COMPREHENSIVE
NO
PNPV2017-00001714-01

Name of Driver ONG SUAY HUAT NRIC No S1443723A Date Of Birth 10/02/1960 Occupation **INDOOR Date Of Driving Pass** 27/11/1985 **Driving Experience** 33 YEARS AND 1 MONTH Gender MALE Mobile Number (LOCAL) +65-98779695 Fax Number

rax Number

Contact Number OFFICE-98779695

EMail Address OSHZHY@SINGNET.COM.SG

Address

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

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#### **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

Was any body injured in the Accident? NO

Was any injured conveyed to hospital by

ambulance?

NO

NO

1

2

Was any other material or property damaged? YES

I have been approached by unknown person(s) soliciting/offering accident claims assistance.

Soliciting/oπering accident claims assistance.

Number of Passengers (Including Driver)

### **Details of Police Action**

Was the accident reported to the police?

If Yes, Please state which Police Station

Was notice of intended Prosecution given?

If Yes, against whom?

NO

NO

1

### **Circumstances of Accident**

My car SDY8278J was stopping/stationary at the slip road fro WOODLANDS AVE 5 toward WOODLANDS AVE 12 waiting for on coming traffic to clear, when suddenly car SKH2584X hit onto rear of my car SDY8278J. No injuries 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 SKH2584X

Vehicle Make/Model/Colour VOLKSWAGEN / JETTA / BLUE

**Details Of Properties** 

Vehicle Category PRIVATE CAR

Name of DriverSU DANNRIC/Passport NumberS8172880AContact Number94509473

Address Postcode

Insurance Company Name

Nature Of Damage

No. Of Passenger (Including Driver)

### SKETCH PLAN

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- The lodgement of this report to the insurers, you nevery consent to the account of the personal part of the insurers, you nevery consent to the account of the personal part of the personal part of the personal part of the personal part of the personal information of the personal information of the personal information of the 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 shall be collectively referred to as the "Insurers"), the insurers (any personal information of the personal informati
- (i) processing, handling and/or dealing with my claims including the sattlement of the claims and any necessary investigations relating to
- (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
- (v) complying with applicable law in administering, processing, handling and/or dealing with my claims (collectively the "Purposes")
- (conscively 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.

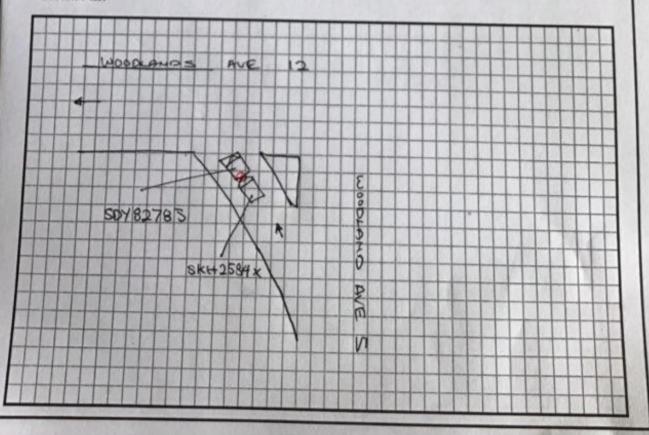
**VERIFIED BY AJAX MARS** REPORTING OFFICER MOHD FADZLY BIN ISMAIL

Policyholde

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

Witnessed by Reporting Centre Personnel

### Sketch Plan



## Common Statement Pg. 1

# **ACCIDENT STATEMENT (2000 characters)**

VOODLANDS AVE 5 ear,when suddenly car ved.
rfw
Principle Compatition
or Driver's Signature













## **Identification Card**

