

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	15/04/2019 19:09
Date Of Accident	15/04/2019 08:30
Exact Location Of Accident	COMMONWEALTH AVE WEST
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SJF5332J
Insured/Policyholder	
Name Of Registered Owner	NAY LIN TUN
NRIC No	S7383839H
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-90114339
Alternative Phone No	OFFICE-90114339

Vehicle Particulars

Manufacturer	HONDA
Model	HR-V-1.5 (A)
Exact Purpose for which vehicle was being used at time of accident	
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	
Cover Note Number	

Driver

Name of Driver	NAY LIN TUN
NRIC No	S7383839H
Date Of Birth	15/12/1973
Occupation	INDOOR
Date Of Driving Pass	30/05/2003
Driving Experience	15 YEARS AND 10 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-90114339
Fax Number	
Contact Number	OFFICE-90114339
EEmail Address	NOEMAIL

Address	S
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?	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

REFER

Attachment(s)

Are accident photos available for attachment?	YES
Was there any video captured by Car Camera?	YES
Was there any audio recorded?	NO

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	SHD507P
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	TAXI
Name of Driver	
NRIC/Passport Number	
Contact Number	
Address	
Postcode	
Insurance Company Name	
Nature Of Damage	
No. Of Passenger (Including Driver)	

Sketch Plan Pg. 1

Vehicle Number: _____

SKETCH PLAN

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7. By the lodgment 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.
 - (d) my Personal Information will also be collected and used to compile claims history for the purpose of fraud detection, investigation and management in present and all future claims.
 - (e) the information so collected under (d) above may be shared / disclosed:
 - (i) to all insurers and/or any other third parties that assist in evaluating, investigating, controlling or managing fraud, regulators, law enforcement and government agencies as reasonably required for the purposes stated, or
 - (ii) for complying with requirements under any regulations, laws or court orders.

Policyholder's Signature

Date & Time: 15/04/2019

09:30

Driver's Signature

(If driver is not the policyholder)

Date & Time:

Reporting Centre Personnel's Signature

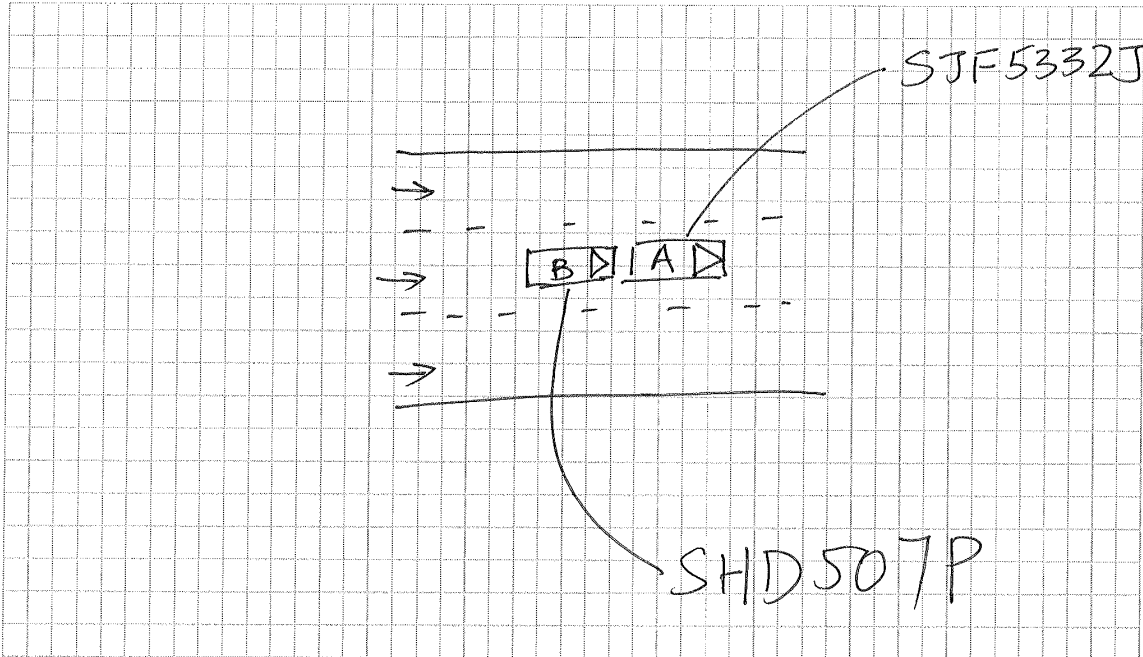
Name:

NRIC/FIN No.:

Sketch Plan Pg. 2

Vehicle Number: _____

SKETCH PLAN




DESCRIBE CIRCUMSTANCES OF THE ACCIDENT


I was traveling along Commonwealth Ave West. Heavy traffic.
The front vehicle slow down and I follow to slow down too.
The vehicle B couldn't stop in time and hit onto the rear
of my vehicle A.

DECLARATION

I/We declare the foregoing particulars are true in every respect.



Policyholder's Signature
Date & Time:

Driver's Signature
(If driver is not the policyholder)
Date & Time:



Reporting Centre Personnel's Signature
Name:
NRIC/FIN No.:

REPUBLIC OF SINGAPORE
IDENTITY CARD NO. **S7383839H**




Name
NAY LIN TUN

Race
CHINESE


Date of birth
15-12-1973

Country of birth
MYANMAR

Sex
M



REPUBLIC OF SINGAPORE DRIVING LICENCE



Licence No. **S7383839H**
Name
NAY LIN TUN


Birth Date: **15 Dec 1973**
Issue Date: **30 May 2003**

000516442F

4309440



NRIC No. **S7383839H**



Date of issue
14-11-2008

APT BLK 293C BUKIT BATOK STREET 21 #33-526
SINGAPORE 653293


NRIC No: **S7383839H** Date: **04/01/2018**

YOU ARE LICENSED TO DRIVE VEHICLES IN THE FOLLOWING CLASS(ES)

	PASS DATE
Class 2B Motorcycles not exceeding 200 cc	30 May 2003
Class 3 Motor Cars and Motor Tractors the weight of which unladen does not exceed 2500 kilograms	30 May 2003

NP 428A

Licence No: **S7383839H**





I would like to view

Car Insurance - View Your Policy

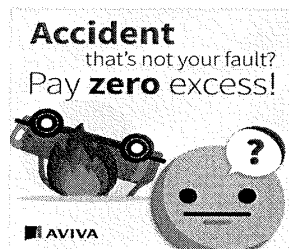
Below are the details of your policy.

Policy No: 10836021																			
Policy Summary Your Premium is: S\$1,328.26 inclusive of GST You have opted to pay by Instalment Payment Plan - 12 months. If the premium amount cannot be divided into equal monthly instalments, the last instalment will differ.																			
Your Agent's Details Code: 54000009 Name: Esther nee Yeo Khar Choo Chua Company Name: Kah Motor Company Sdn Bhd Salesman Full Name: Doreen Chua Salesman Mobile No: 9183 5555 Salesman Email: doreenchua@honda.com.sg																			
About You <table border="0"> <tr> <td>Salutation: Mr</td> <td>NRIC/FIN: S7383839H</td> </tr> <tr> <td>Family Name: Nay</td> <td>Given Name: Lin Tun</td> </tr> <tr> <td>Name as appeared in NRIC/FIN: Nay Lin Tun</td> <td></td> </tr> <tr> <td>Date of Birth: 15-Dec-1973</td> <td>Gender: Male</td> </tr> <tr> <td>Marital Status: Married</td> <td></td> </tr> <tr> <td>Blk/House Number: 293C</td> <td>Street Name: Bukit Batok Street 21</td> </tr> <tr> <td>Unit Number: #33-526</td> <td>Building Name: Skypeak @ Bukit Batok</td> </tr> <tr> <td>Postal Code: 653293</td> <td>Email: lintun.nay@gmail.com</td> </tr> <tr> <td>Mobile No: 90114339</td> <td>Home No: 66983646</td> </tr> </table>		Salutation: Mr	NRIC/FIN: S7383839H	Family Name: Nay	Given Name: Lin Tun	Name as appeared in NRIC/FIN: Nay Lin Tun		Date of Birth: 15-Dec-1973	Gender: Male	Marital Status: Married		Blk/House Number: 293C	Street Name: Bukit Batok Street 21	Unit Number: #33-526	Building Name: Skypeak @ Bukit Batok	Postal Code: 653293	Email: lintun.nay@gmail.com	Mobile No: 90114339	Home No: 66983646
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Mobile No: 90114339	Home No: 66983646																		
Your Driving Experience Number of full years valid Driving Licence held in Singapore: 14 NCD % applicable to this policy: 50 Safe Driver Discount %: 0 Total number of claims, you and/or any other drivers had, in the last 1 year: 0 Number of demerit points (DIPS): 0																			
About Your Car Make / Model: HONDA HR-V 1.5 1497cc Year of Registration: 2018 Vehicle Registration Number: SJF5332J Chassis Number: JHMRU1830GX203842 Engine Number: L15B4533841 Off-Peak Car: No Modifications to your Car which do not comply with and/or are not approved by LTA: No Period of ownership of car to be insured: 0 to <1 year Car under Finance Agreement: Yes																			



Contact Us

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Accident Photo



Accident Photo



Accident Photo



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