

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	13/07/2019 14:23
Date Of Accident	12/07/2019 20:20
Exact Location Of Accident	JUNCTION OF MIDDLE RD AND WATERLOO ST
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SGX2007J
Insured/Policyholder	
Name Of Registered Owner	ONG XI QUAN, RYAN
NRIC No	S8321804E
Email Address	RYANONG111@GMAIL.COM
Mobile Phone No	(LOCAL) +65-96544706
Alternative Phone No	OFFICE-96544706
Vehicle Particulars	
Manufacturer	BMW
Model	116D 5DR HATCHBACK DSC LED
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	10855656
Cover Note Number	
Driver	
Name of Driver	ONG XI QUAN, RYAN
NRIC No	S8321804E
Date Of Birth	20/07/1983
Occupation	INDOOR
Date Of Driving Pass	29/01/2003
Driving Experience	16 YEARS AND 5 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-96544706
Fax Number	
Contact Number	OFFICE-96544706
Email Address	RYANONG111@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? 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) 4
 Passenger 1 NAME: : PASSENGER 1
 GENDER: : FEMALE
 Passenger 2 NAME: : PASSENGER 2
 GENDER: : MALE
 Passenger 3 NAME: : PASSENGER 3
 GENDER: : MALE

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 WAS STATIONARY AT THE JUNCTION OF MIDDLE RD TURNING RIGHT TO WATERLOO ST. THE TRAFFIC WAS SMOOTH. I WAS ON THE MOST RIGHT LANE. VEHICLE SHA8099M FIRSTLY IN FRONT OF ME ON THE FIRST LANE. HE DECIDED TO CHANGE TO THE SECOND LANE. SUBSEQUENTLY HE CHANGED HIS MIND AGAIN AND WANTED TO GET BACK ONTO THE FIRST LANE, HE REVERSED HIS VEHICLE TO CHANGE BACK TO THE FIRST LANE. WHILE HE WAS REVERSING THE VEHICLE, THE REAR RIGHT OF HIS VEHICLE HIT ONTO MY FRONT LEFT SIDE OF MY VEHICLE. DAMAGES TO MY VEHICLE IS ON THE LEFT FRONT SIGNAL LIGHT AND LEFT FRONT BUMPER. NO INJURIES WERE 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 SHA8099M
 Vehicle Make/Model/Colour HYUNDAI / I40 1.7 CRDI F/L AT ABS AIRBAG 4DR / YELLOW
 Details Of Properties

Vehicle Category	TAXI
Name of Driver	TAN HOCK LYE
NRIC/Passport Number	S1144754F
Contact Number	90623999
Address	
Postcode	
Insurance Company Name	
Nature Of Damage	
No. Of Passenger (Including Driver)	2
Passenger 1	NAME: : PASSENGER 1
	GENDER: : MALE

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 to the insurers.
8. Consent under the Personal Data Protection Act (PDPA)
 - (a) I understand, acknowledge, agree and consent that the General Insurance Association of Singapore ("GIA") may/are permitted to collect, use, disclose and/or process my personal data/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 insurers who have insured my vehicle(s) involved in this accident (all insurers who have insured vehicles) involved in this accident that be collectively referred to as the "Insurers", the insurers' lawyers/law firms, the Monetary Authority of Singapore and any relevant government agency/authorities (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) settling and/or dealing with my obligations or responding to any enquiries by me;
 - (iv) administering my claims (including the making 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/post packages); and/or
 - (v) complying with applicable law in administering, processing, handling and/or dealing with my claims.
 - (b) all insurers who have insured vehicle(s) involved in the accident and the insurers' lawyers/law firms, may/are permitted to collect, use and/or process my Personal Information for one or more of the above Purposes; and
 - (c) my Personal Information may/are 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 used outside of Singapore, for one or more of the above Purposes.

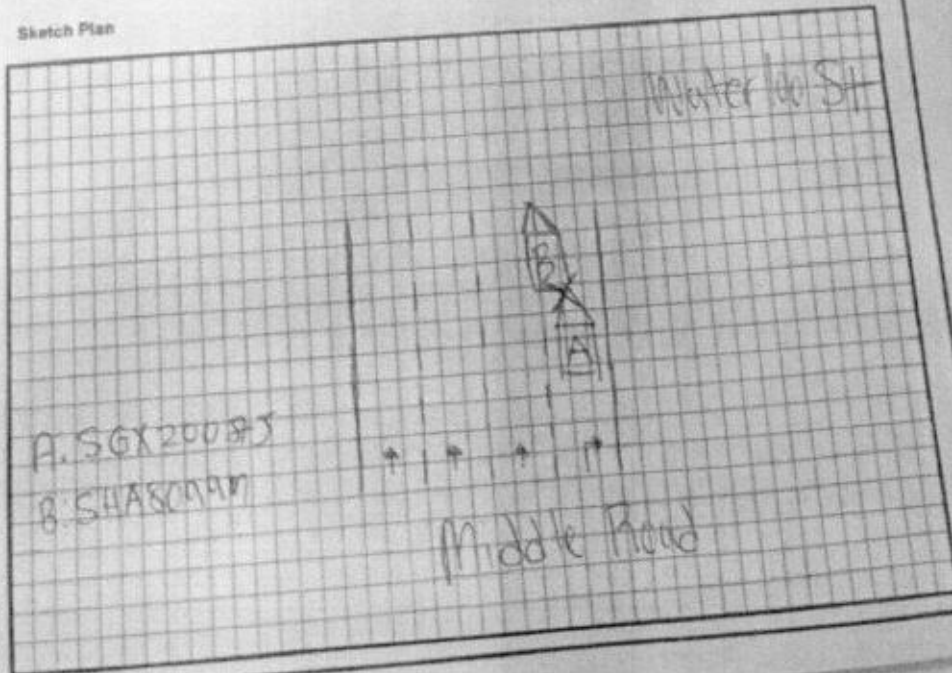
VERIFIED BY AJAX MARS
REPORTING OFFICER

Muhammad Firza Bin Idaris

Witnessed by Reporting Centre
Personnel

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

Sketch Plan



Common Statement

ACCIDENT STATEMENT (2006 Standard)

My car was stationary at the junction of Middle Rd turning right to Waterloo St. The traffic was smooth. I was on the most right lane. Vehicle SHAB099M firstly in front of me on the first lane. He decided to change to the second lane. Subsequently he changed his mind again and wanted to get back onto the first lane, he reversed his vehicle to change back to the first lane. While he was reversing the vehicle, the rear right of his vehicle hit onto my front left side of my vehicle. Damages to my vehicle is on the left front signal light and left front bumper. No injuries were involved.

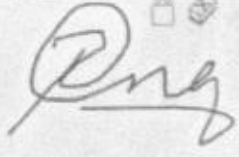
Taxi Voucher No.:

DECLARATION

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

MARS Officer

Job Complete Date/Time:



Registered Owner or Driver's Signature

Date/Time: