

## 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 TIA 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	18/02/2020 15:05
Date Of Accident	17/02/2020 18:00
Exact Location Of Accident	OPEN CARPARK BLK L NANYANG POLY
Country/State of Loss	SINGAPORE

### DETAILS OF OWN VEHICLE

Vehicle Registration Number	SLV6439X
<b>Insured/Policyholder</b>	
Name Of Registered Owner	TAN SU LING
NRIC No	SXXXX364A
Email Address	SILING_85@HOTMAIL.COM
Mobile Phone No	(LOCAL) +65-91078526
Alternative Phone No	OTHERS-91078526

### Vehicle Particulars

Manufacturer	HONDA
Model	SHUTTLE 1.5G
Exact Purpose for which vehicle was being used at time of accident	PRIVATE USE
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	10888388
Cover Note Number	NA

### Driver

Name of Driver	TAN SU LING
NRIC No	SXXXX364A
Date Of Birth	18/08/1985
Occupation	INDOOR
Date Of Driving Pass	23/09/2004
Driving Experience	15 YEARS AND 4 MONTHS
Gender	FEMALE
Mobile Number	(LOCAL) +65-91078526
Fax Number	
Contact Number	OTHERS-91078526
Email Address	SILING_85@HOTMAIL.COM

Address	NA
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 (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

ON THE DATE AND TIME MENTIONED I HAD PARKED MY VEHICLE AT THE SAID LOCATION AND WENT OFF. AT ABOUT 6 PM ON THE SAME DAY I WENT BACK TO MY VEHICLE AND DISCOVERED THAT THERE WAS A DAMAGE ON THE FRONT LEFT SIDE AND I DISCOVERED A NOTE WRITTEN BY THE DRIVER OF VEHICLE B. I THEN CALLED THE NUMBER STATED BUT DID NOT REPLY AND I THEN SENT A MESSAGE TO THE NUMBER GIVEN. I THEN RECEIVED A REPLY FROM THE DRIVER OF VEHICLE B WHO ADMIT AND APOLOGISED FOR THE ACCIDENT OCCURRED. THIS INCIDENT WAS CAPTURED IN MY IN CAR VIDEO WHICH I WILL BE SUBMITTING TO MY INSURANCE COMPANY. STATEMENT WAS READ TO ME AND I ACKNOWLEDGED IT.

#### Attachment(s)

Are accident photos available for attachment?	YES
Was there any video captured by Car Camera?	YES
Remarks/ Reasons:	UPLOADED INTO FILE ZILLA
Was there any audio recorded?	NO

#### DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	GBD5037S
Vehicle Make/Model/Colour	TOYOTA / TOYOTA DYNA 150 MANUAL
Details Of Properties	
Vehicle Category	COMMERCIAL VEHICLE
Name of Driver	RAYMOND
NRIC/Passport Number	
Contact Number	84962270
Address	
Postcode	

Insurance Company Name

Nature Of Damage

No. Of Passenger (Including Driver)

Sketch Plan Pg. 1

**SKETCH PLAN**  
**SLV6439X**

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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.
- (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:

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

**VERIFY BY AJAX MARS (ARC)**  
**REPORTING OFFICER**  
**HASHIM BIN KAMARI**  
Reporting Centre Personnel's Signature  
Name:  
NRIC/FIN No.:

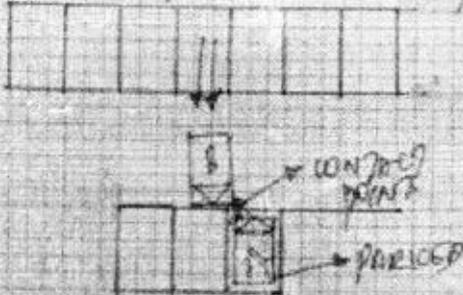
**18 February 2020**

Sketch Plan #2

SKETCH PLAN

AS 3LV6489X  
DO 68P5037S

OPEN UP OF SIDE L. NANYANG ROAD



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

REFER TO ATTACHED STATEMENT

A large rectangular area with horizontal lines, intended for describing the circumstances of the accident. The text 'REFER TO ATTACHED STATEMENT' is written at the top left of this area.

DECLARATION

We declare the foregoing particulars are true in every respect

*[Signature]*  
Policyholder's Signature  
Date & Time

*[Signature]*  
Driver's Signature  
(if driver is not the policyholder)  
Date & Time

VERIFY BY AJAX MARS (ARC)  
REPORTING OFFICER  
HASHIM BIN KAMARI

Reporting Centre Personnel's Signature  
Name  
NIC/IN No.

ACCIDENT STATEMENT (2000 characters)

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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 -  
HASHIM BIN KAMARI

MARS Officer



Registered Owner or Driver's Signature

Job Complete Date/Time

18 February 2020 at 11:01 AM

Date/Time:

18 February 2020 at 11:01 AM