

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	16/08/2020 17:16
Date Of Accident	14/08/2020 23:30
Exact Location Of Accident	BLK 186 BOON LAY AVE OPEN SPACE CARPARK
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SLD273R
Insured/Policyholder	
Name Of Registered Owner	MOK ENG JOO
NRIC No	SXXXX233I
Email Address	DARREN_MOK@HOTMAIL.COM
Mobile Phone No	(LOCAL) +65-96402450
Alternative Phone No	OTHERS-96402450

Vehicle Particulars

Manufacturer	VOLKSWAGEN
Model	POLO GP 1.2 TSI A/T 6C13EZ SR LED
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?	YES
If No, Please state action to be taken	
Vehicle Category	PRIVATE CAR

Insurance Company

Name of Insurance Company	AVIVA LTD
Type Of Coverage	COMPREHENSIVE
Fleet Policy	NO
Policy Number	10981897
Cover Note Number	NA

Driver

Name of Driver	MOK KHENG RONG, DARREN
NRIC No	SXXXX016J
Date Of Birth	31/08/1993
Occupation	INDOOR
Date Of Driving Pass	10/07/2015
Driving Experience	5 YEARS AND 1 MONTH
Gender	MALE
Mobile Number	(LOCAL) +65-96402450
Fax Number	
Contact Number	OTHERS-96402450
Email Address	DARREN_MOK@HOTMAIL.COM

Address	NA
Postcode	
Was driver an employee of the Insured's Company	NO
If No, Relationship of the Driver with the Insured	CHILDREN
Vehicle Registration Number of Driver's Own Vehicle	-
	-
	-
Insurance Company of Driver's Own Vehicle	-
	-
	-

General Information of the Accident

Type Of Accident	SIDE SWIPE
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)	3
Passenger 1	NAME: : LAU YIWEN GENDER: : FEMALE
Passenger 2	NAME: : WEI MIN JU 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 ALONG THE MENTIONED LOCATION. WHEN PASSING BY A JUNCTION, THIRD PARTY DIDNT STOP AT THE STOP LINE AND COLLIDED ONTO THE LEFT SIDE OF MY VEHICLE. MY LEFT PORTION IS BADLY DAMAGE. ONLY TWO VEHICLES WERE INVOLVED WITHOUT ANY INJURIES.

Attachment(s)

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

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	GBG3048H
Vehicle Make/Model/Colour	NISSAN / NV200 1.5 MT ABS AIRBAG 2WD 6DR E5 W/RC
Details Of Properties	
Vehicle Category	COMMERCIAL VEHICLE
Name of Driver	KRISHNASAMY VEERAPANDIAN
NRIC/Passport Number	FXXXX620T
Contact Number	86235250

Address
Postcode
Insurance Company Name
Nature Of Damage
No. Of Passenger (Including Driver)

Sketch Plan Pg. 1

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.
- (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:

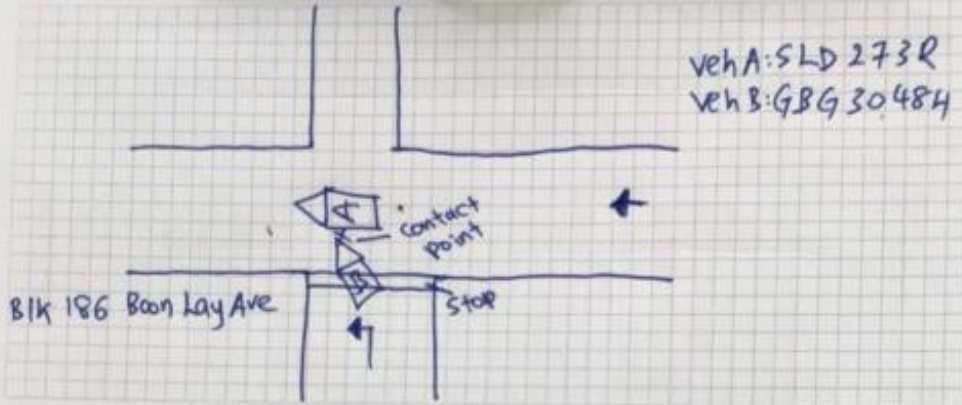
VERIFY BY AJAX MARS (ARC)
REPORTING OFFICER
ANG QI HAO VICTOR

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

Sketch Plan #2

SKETCH PLAN

SKETCH PLAN



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

REFER TO ATTACHED STATEMENT.

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:

VERIFY BY AJAX MARS (ARC)
REPORTING OFFICER
ANG QI HAO, VICTOR

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

16/08/2020 15:13pm

ACCIDENT STATEMENT (2000 characters)

I WAS DRIVING ALONG THE MENTIONED LOCATION. WHEN PASSING BY A JUNCTION, THIRD PARTY DIDNT STOP AT THE STOP LINE AND COLLIDED ONTO THE LEFT SIDE OF MY VEHICLE. MY LEFT PORTION IS BADLY DAMAGE. ONLY TWO VEHICLES WERE INVOLVED WITHOUT ANY INJURIES.

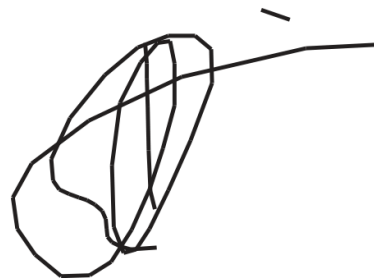
Taxi Voucher No.:

DECLARATION

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

VERIFIED BY AJAX MARS REPORTING OFFICER -
ANG QI HAO, VICTOR

MARS Officer



Registered Owner or Driver's Signature

Job Complete Date/Time

16 August 2020 at 3:15 PM

Date/Time:

16 August 2020 at 3:15 PM

Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Driving License

DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

REFER TO ATTACHED STATEMENT.



foregoing particulars are true in every respect.

VERIFY BY ALIAX

Identification Card

DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

REFER TO ATTACHED STATEMENT.



DECLARATION

I declare the foregoing particulars are true in every respect.

Driver's Signature
(If driver is not the policyholder)

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

VERIFY BY AJAX MARS (AR)
REPORTING OFFICER
ANG QI HAO, VICTOR

Reporting Officer

Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



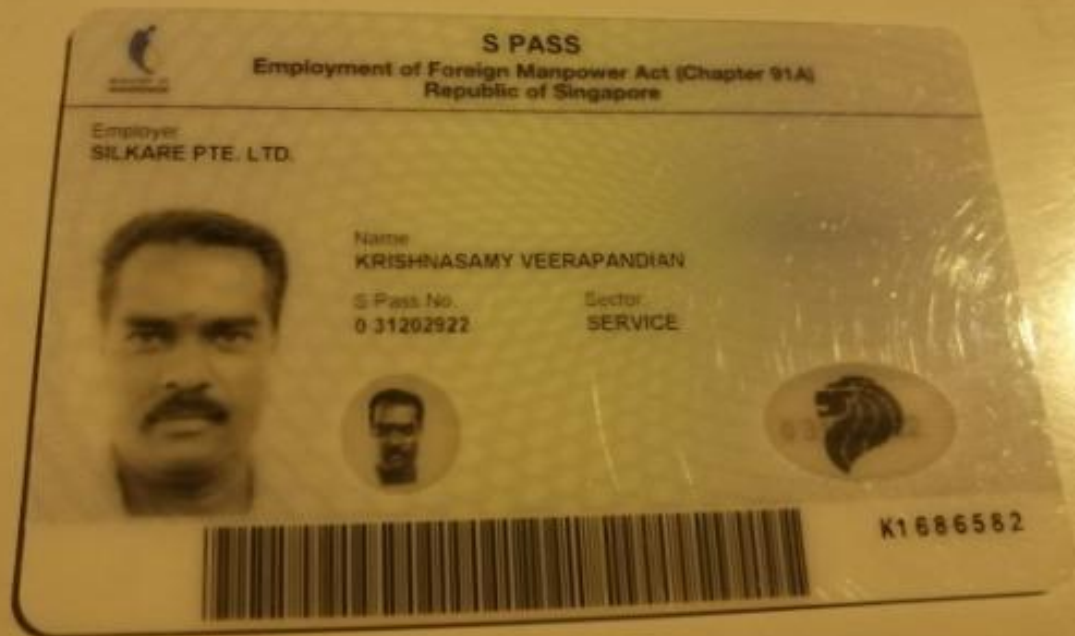
Driving License



Driving License



Driving License



Addendum Sheet Pg. 1



GENERAL INSURANCE ASSOCIATION OF SINGAPORE RECORDS MANAGEMENT CENTRE
6 Raffles Quay #18-00 Singapore 048580
Tel (65) 6224 0010 Fax (65) 6224 0030
Operating Hours : Monday to Friday, 09:00 – 17:00
UEN: S66S0020G / GST Reg. No.: M400017735

IMPORTANT NOTE: Please submit the completed Addendum form to the same Authorised Reporting Centre with whom you submitted the Original Report.

ADDENDUM

(A) PARTICULARS OF PERSON MAKING THE AMENDMENTS:

Original Report No : MBHH20069417 Vehicle Registration No: SLD273R
Name(as shown in NRIC) : MOK KHENG RONG, DARREN NRIC/FIN/Passport No : S9331016J
(*Vehicle Driver / Vehicle Owner) (*) Please delete as appropriate
Address : _____ Singapore()
Contact (Tel) : _____ Mobile No. : 96402450
Email Address : darren_mok@hotmail.com
Date of Accident : 14/08/2020 Time of Accident : 23:30
Place of Accident : BLK 186 BOON LAY AVE OPEN SPACE CARPARK
Insurance Company: AVIVA LTD

(B) ADDITIONAL INFORMATION / AMENDMENTS:

I have made a report on the above mentioned accident and would like to include additional information or make the following amendments:

AMEND: INSURED NAME & NRIC

Policyholder / Driver's Signature
Date:



Reporting Centre Personnel's Signature
Name: SABITRA
NRIC/FIN No.:
Date: 17/08/2020

Addendum Sheet Pg. 1



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6 Raffles Quay #18-00 Singapore 048580
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Operating Hours : Monday to Friday, 09:00 – 17:00
UEN: S66S0020G / GST Reg. No.: M400017735

IMPORTANT NOTE: Please submit the completed Addendum form to the same Authorised Reporting Centre with whom you submitted the Original Report.

ADDENDUM

(A) PARTICULARS OF PERSON MAKING THE AMENDMENTS:

Original Report No : MBHH20069417-01 Vehicle Registration No: SLD273R
Name(as shown in NRIC) : MOK KHENG RONG, DARREN NRIC/FIN/Passport No : _____
(*Vehicle Driver / Vehicle Owner) (*) Please delete as appropriate
Address : _____ Singapore()
Contact (Tel) : _____ Mobile No. : 96402450
Email Address : DARREN_MOK@HOTMAIL.COM
Date of Accident : 14/08/2020 Time of Accident : 2330HRS
Place of Accident : BLK 186 BOON LAY AVE OPEN SPACE CARPARK
Insurance Company: AVIVA LTD

(B) ADDITIONAL INFORMATION / AMENDMENTS:

I have made a report on the above mentioned accident and would like to include additional information or make the following amendments:

AMEND TO OD CLAIM

Policyholder / Driver's Signature
Date:

Reporting Centre Personnel's Signature
Name: THRUGA
NRIC/FIN No.: _____
Date: 04/09/2020