

# 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 Submission ..... 29/12/2020 19:13 (SGT)  
Date of Accident ..... 28/12/2020 14:25 (SGT)  
Exact Location of Accident ..... 386 Dunearn Rd, Singapore 289599  
Additional Location Information ..... Along Dunearn Road Towards City  
Country/State of Loss ..... Singapore

## DETAILS OF OWN VEHICLE

Vehicle Registration Number ..... SJX5618R

### INSURED/POLICYHOLDER

Is company? ..... No  
Name Of Registered Owner ..... TAN SU ZEN YVONNE  
NRIC No .....  
Email Address .....  
Mobile Phone No ..... (Phone) .....  
Alternative Phone No .....

### VEHICLE PARTICULARS

Manufacturer ..... Mini  
Model ..... Cooper  
Variant ..... -  
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 - Claiming third party  
Vehicle Category ..... Private car

### INSURANCE COMPANY

Name of Insurance Company ..... Aviva  
Type of Coverage ..... Comprehensive  
Fleet Policy ..... No  
Policy Number ..... 10980934  
Cover Note Number ..... NA

### DRIVER

Name of Driver ..... TAN SU ZEN YVONNE  
NRIC No ..... SXXXX401A  
Date Of Birth .....  
Occupation ..... Indoor

Date Of Driving Pass .....	[REDACTED]
Driving experience .....	[REDACTED]
Gender .....	Female
Mobile Number .....	[REDACTED]
Alt. Phone Number .....	[REDACTED]
Email Address .....	[REDACTED]
Address .....	[REDACTED]
Address complement .....	-
Postcode .....	[REDACTED]
Is the driver the policyholder? .....	Yes
If No, Relationship of the Driver with the Insured .....	-
Does Driver Own Other Vehicles? .....	No
Vehicle Registration Number of Other Vehicle Owned by Driver .....	-
Insurance Company of Other Vehicle Owned by Driver .....	-

#### 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 the accident? .....	No
Number of vehicles involved in the accident .....	2
Was anybody injured in the Accident? .....	No
Was any injured conveyed to hospital by ambulance? .....	-
Was any other material or property damaged? .....	Yes
Number of Passengers (Including Driver) .....	1
Has the driver been approached by unknown person(s) soliciting/offering accident claims assistance? .....	No

#### DETAILS OF POLICE ACTION

Was the accident reported to the police? .....	No
Was notice of intended Prosecution given? .....	No
If yes, against whom? .....	-

#### CIRCUMSTANCES OF ACCIDENT

I was stationary at the traffic junction as the traffic was on red. I was stationary behind a few vehicles.

Upon the traffic light turn green, i was about to move off suddenly I felt an impact from my rear vehicle. I later realised that a vehicle that was behind mine, had hit the rear of my vehicle. We stopped and exchange particulars. No injury 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 .....	SMA8872M
Vehicle Manufacturer .....	Mercedes
Vehicle Model .....	Cla180
Vehicle Variant .....	-
Vehicle Colour .....	Blue
Vehicle Category .....	Private car
Name of Driver .....	LEONG WAI LEONG
NRIC No .....	SXXXX053D
Contact Number .....	(Phone) +65-98345035
Address .....	-

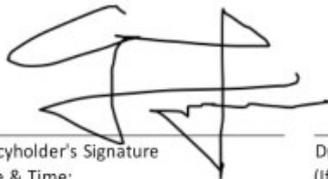
Address complement ..... -  
Postcode ..... -  
Insurance Company Name ..... -  
Nature Of Damage ..... -  
Details of property damaged in accident ..... -  
No. Of Passenger (Including Driver) ..... -

**SKETCH PLAN****SJX5618R****IMPORTANT NOTICE**

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6. The 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 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 &amp; Time:

**29 December 2020**

Driver's Signature

(If driver is not the policyholder)

Date &amp; Time:

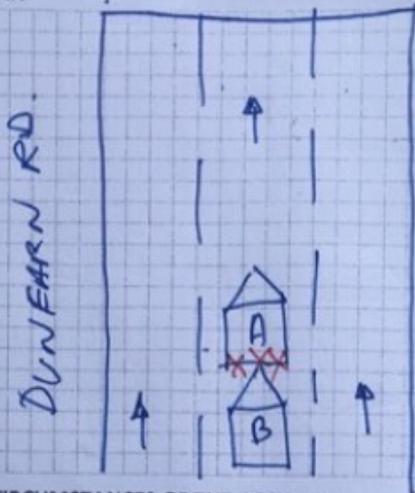
**VERIFY BY AJAX MARS (ARC)  
REPORTING OFFICER  
MOHAMMAD AZALY BIN ABDULLAH**

Reporting Centre Personnel's Signature

Name:

NRIC/FIN No.:

SKETCH PLAN



A - SJX5618R  
(STATIONARY)

B - SMA8872M

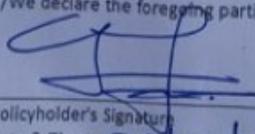
DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

REFER TO ATTACHED STATEMENT.

Lined area for describing the circumstances of the accident.

DECLARATION

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

  
Policyholder's Signature

Date & Time: 29/12/2020

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

VERIFY BY AJAX MARS (ARC)  
REPORTING OFFICER  
MOHAMMAD AZALY BIN ABDULLAH

Reporting Centre Personnel's Signature

Name:

NRIC/FIN No.:

**ACCIDENT STATEMENT (2000 characters)**

I was stationary at the traffic junction as the traffic was on red. I was stationary behind a few vehicles. Upon the traffic light turn green, , i was about to move off suddenly I felt an impact from my rear vehicle. I later realised that a vehicle that was behind mine, had hit the rear of my vehicle.

We stopped and exchange particulars.

No injury involved.

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 -  
MOHAMMAD AZALY BIN ABDULLAH

MARS Officer

Registered Owner or Driver's Signature

Job Complete Date/Time

Date/Time:

29 December 2020 at 10:50 AM

29 December 2020 at 10:50 AM



















