# **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 witholding 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.

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   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 09/01/2021 13:05 (SGT) Date of Accident 08/01/2021 16:32 (SGT) Exact Location of Accident PIE, Singapore Additional Location Information ALONG PIE TOWARDS TUAS before Clementi RD exit Country/State of Loss Singapore

# **DETAILS OF OWN VEHICLE**

Audi

Vehicle Registration Number SKC2331K

### INSURED/POLICYHOLDER

Is company? No Name Of Registered Owner PATEL CYRUS JONATHAN NRIC No. SXXXX050B Email Address cyrus@kingslaw.com.sg Mobile Phone No (Phone) +65-96155560 Alternative Phone No +65-96155560

# VEHICLE PARTICULARS

Manufacturer

Model A4 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 Policy Number 10945121 Cover Note Number NA

# DRIVER

Name of Driver PATEL CYRUS JONATHAN NRIC No SXXXX050B Date Of Birth 20/08/1963 Occupation Indoor

Date Of Driving Pass Driving experience Gender Mobile Number Alt. Phone Number Email Address Address Address Address complement Postcode Is the driver the policyholder? If No, Relationship of the Driver with the Insured Does Driver Own Other Vehicles? Vehicle Registration Number of Other Vehicle Owned by Driver Insurance Company of Other Vehicle Owned by Driver	20/04/1981 39 YEARS AND 9 MONTHS Male (Phone) +65-96155560 +65-96155560 cyrus@kingslaw.com.sg Mont Timah, 77 Bukit Way - 587770 Yes - No
GENERAL INFORMATION OF THE ACCIDENT	
CENTER OF THE PROBLEM	
Type of Accident Weather Conditions Road Surface	Collision - Head to Rear Clear Wet
OTHER INFORMATION	
Was any foreign vehicle involved in the accident?  Number of vehicles involved in the accident  Was anybody injured in the Accident?  Was any injured conveyed to hospital by ambulance?  Was any other material or property damaged?  Number of Passengers (Including Driver)  Has the driver been approached by unknown person(s) soliciting/offering accident claims assistance?	No 2 No - Yes 1 Yes
DETAILS OF POLICE ACTION	
Was the accident reported to the police? Was notice of intended Prosecution given? If yes, against whom?	No No -
CIRCUMSTANCES OF ACCIDENT	
REFER TO STATEMENT- VEHICLE OWNER OF SKC331K- PAT	TEL CYRUS JONATHAN NRIC- S1601050B .
ON TE EXTREME RIGHT LANE. THE VEHICLES IN FRONT OF	BEHIND ME (SLR8563C) WAS NOT ABLE TO BRING HIS CAR TO

I FELT MY HEAD JERK FORWARD AND RECALL BACK DURING THE ACCIDENT . ALTHOUGH I DID NOT HIT MY HEAD ANYWHERE , MY HEAD FELT SHAKEN BY THE FORCE OF THE COLLISION .AFTER THE ACCIDENT , MY NECK AND SHOULDERS FELR SORE , I AM CONCERNED ABOUT MY NECK AS I HAD PREVIOUSLY SUFFERED AWHIPLASH INJURY DUE TO CAR ACCIDENT IN THE LATE 1990s, WHICH MEANS MY NECK IS ALREADY WEAKENED .

MY CAR WAS DAMAGE IN THE REAR . SLR8563C SUFFERED DAMAGE TO THE FRONT

NO OTHER VEHICLE WERE INVOLVED IN THE ACCIDENT

WEATHER - LIGHT DRIZZLE/ JUST ENDED. ROAD CONDITIONS - SLIGHTLY WET . ROAD GRADIENT - SLIGHTLY DOWNSLOPE

THE DRIVER OF SLR8563C IS LIM CHONG HUNG - NRIC S71743481

ATTACHMENT(S)

Are accident photos available for attachment?



Was there any video captured by Car Camera? Yes Was there any audio recorded? No

# **DETAILS OF OTHER VEHICLE PROPERTY 1**

Vehicle Registration Number Vehicle Manufacturer Vehicle Model Vehicle Variant Vehicle Colour	SLR8563C - -
Vehicle Category Name of Driver NRIC No Contact Number Address	Private car LIM CHONG HUNG SXXXX348I (Phone) +65-97317080
Address complement Postcode Insurance Company Name Nature Of Damage Details of property damaged in accident No. Of Passenger (Including Driver)	-

# **SKETCH PLAN**

#### SKC2331K

### **IMPORTANT NOTICE**

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- 3. Information provided must be as <u>truthful and accurate as possible</u>. Any wilful misrepresentation or withholding of material facts may allow insurance companies to <u>repudiate policy liability</u>.
- 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. 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.

e.S

VERIFY BY AJAX MARS (ARC)
REPORTING OFFICER

MOHAMMAD AZALY BIN ABDULLAH

Policyholder's Signature Date & Time:

9 January 2021

Driver's Signature (If driver is not the policyholder) Date & Time: Reporting Centre Personnel's Signature Name: NRIC/FIN No.:

GIARMC SketchPlanForm V

ETCH PLAN	RO EXIT
	AHEAD.
	A-040,2331k
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SCRIBE CIRCUMSTANCES	S OF THE ACCIDENT
EFER TO ATTACHED STAT	TEMENT.
1	
-	
CLARATION	
e declare the foregoing part	ticulars are true in avery respect.  VERIFY BY AJAX MARS (ARC)  REPORTING OFFICER
es	MOHAMMAD AZALY BIN ABDULLAH
cyholder's Signature	Driver's Signature Reporting Centre Personnel's Signature (If driver is not the policyholder) Name: NRIC/FIN No.:
MILITAL	Date & Time: NRIC/FIN No.:



























