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.

- 4. The issue and acceptance of this is form by instrained 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 25/08/2021 14:07 (SGT) Date of Accident 25/08/2021 09:00 (SGT) Exact Location of Accident Singapore Additional Location Information AYE TOWARDS TUAS AFTER BUONA VISTA FLYOVER Country/State of Loss Singapore

DETAILS OF OWN VEHICLE

+65-91012990

Vehicle Registration Number SJL4593Y

INSURED/POLICYHOLDER

Is company? No Name Of Registered Owner **WILSON TAY** NRIC No. S8712090B Email Address tyr wilson@hotmail.com Mobile Phone No (Phone) +65-91012990 Alternative Phone No

VEHICLE PARTICULARS

Manufacturer Toyota Model Allion 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 Transmission Auto

CC 1496

INSURANCE COMPANY

Name of Insurance Company Aviva Ltd Type of Coverage Comprehensive Fleet Policy Policy Number 11030601 Cover Note Number

DRIVER

Name of Driver WILSON TAY NRIC No. S8712090B

Date Of Birth 19/04/1987 Occupation Indoor Date Of Driving Pass 27/12/2006 Driving experience 14 YEARS AND 8 MONTHS Gender Mobile Number (Phone) +65-91012990 Alt. Phone Number +65-91012990 Email Address tyr wilson@hotmail.com Address 210B PUNGGOL PLACE Address complement #11-1204 Postcode 822210 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 Chain Collision Weather Conditions Raining Road Surface Wet OTHER INFORMATION Was any foreign vehicle involved in the accident? No Number of vehicles involved in the accident Was anybody injured in the Accident? Yes Was any injured conveyed to hospital by ambulance? Nο Was any other vehicle or property damaged? Yes Number of Passengers (Including Driver) 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? Nο Was notice of intended Prosecution given? No If yes, against whom? CIRCUMSTANCES OF ACCIDENT I WAS TRAVELLING ALONG AYE TOWARDS TUAS. WHEN IN FRONT WAS TRAFFIC HEAVY, I SLOWED DOWN MY VEHICLE AND CAME TO A STOP. SUDDENLY I FELT AN IMPACT AND NOTICED THAT VEHICLE B HAD COLLIDED ONTO REAR OF MY VEHICLE AND MY VEHICLE HIT ONTO VEHICLE C. ATTACHMENT(S) Are accident photos available for attachment? Yes Was there any video captured by Car Camera? Yes Was there any audio recorded? No **DETAILS OF OTHER VEHICLE PROPERTY 1**

SMK289Y

Private car

Accident report SA0A218P0001

Vehicle Variant

Vehicle Model

Vehicle Registration Number

Vehicle Manufacturer

Vehicle Colour
Vehicle Category

Name of Driver
Contact Number

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

DETAILS OF OTHER VEHICLE PROPERTY 2

Vehicle Registration Number	SLD4835T
Vehicle Manufacturer	-
Vehicle Model	-
Vehicle Variant	-
Vehicle Colour	-
Vehicle Category	Private car
Name of Driver	-
Contact Number	-
Address	-
Address complement	-
Postcode	-
Insurance Company Name	-
Nature Of Damage	-
Details of property damaged in accident	-
No. Of Passenger (Including Driver)	_

DETAILS OF OTHER VEHICLE PROPERTY 3

SHD6653K
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DETAILS OF OTHER VEHICLE PROPERTY 4

Vehicle Registration Number	SLJ9799A
Vehicle Manufacturer	_
Vehicle Model	-
Vehicle Variant	-
Vehicle Colour	-
Vehicle Category	Private car
Name of Driver	-
Contact Number	-
Address	-
Address complement	-
Postcode	-
Insurance Company Name	-
Nature Of Damage	-
Details of property damaged in accident	-
No. Of Passenger (Including Driver)	_

DETAILS OF OTHER VEHICLE PROPERTY 5

Vehicle Registration Number	SJ6403B
Vehicle Manufacturer	-
Vehicle Model	_
Vehicle Variant	-
Vehicle Colour	-
Vehicle Category	Private car
Name of Driver	-
Contact Number	-
Address	-
Address complement	_
Postcode	_
Insurance Company Name	_
Nature Of Damage	_
Details of property damaged in accident	_
No. Of Passenger (Including Driver)	_
5 ', ', ', ', ', ', ', ', ', ', ', ', ',	

INJURED PERSONS DETAILS

INJURED 1

Name of injured person Gender Phone No	WILSON TAY Male (Phone) +65-91012990
Address Address Complement Post Code	-
Approximate Age Years Old Injuries Sustained	- -
Injured person in which vehicle? Were seat belts worn? Was this injured conveyed to hospital by ambulance?	SJL4593Y Yes No

SKETCH PLAN

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- 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,
- 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:
 - 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.

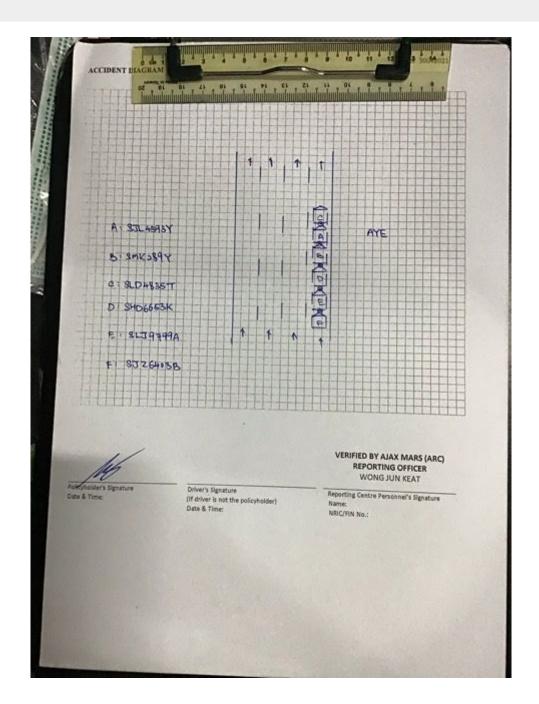
VERIFY BY AJAX MARS (ARC)
REPORTING OFFICER
WONG JUN KEAT

Policybolders Signature Date & Time:

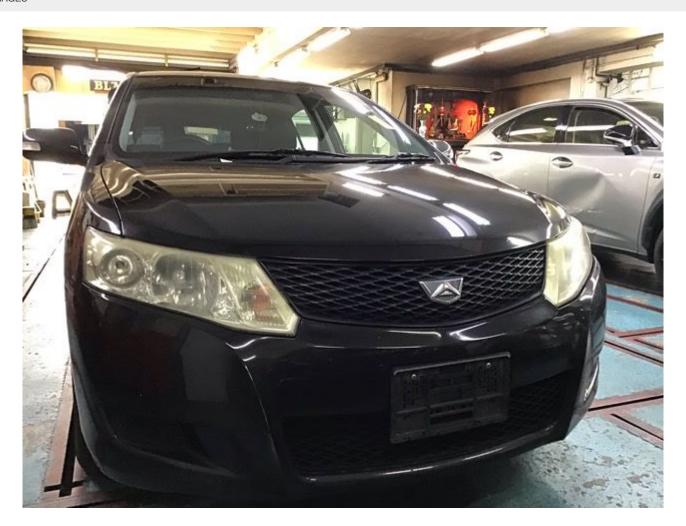
Driver's Signature (If driver is not the policyholder) Date & Time: Reporting Centre Personnel's Signature Name: NRIC/FIN No.:

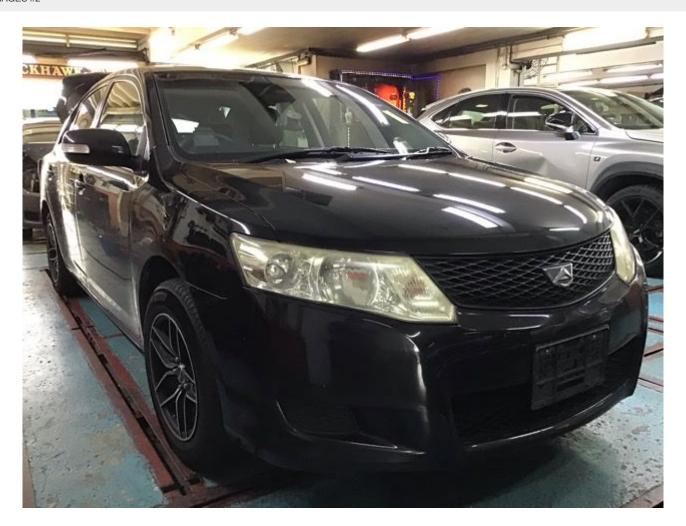
25/8/2021

GIABMC SketchPlanForm V3



SKETCH PLAN		
REFER TO ATTACH	ED ACCIDENT DIAGRAM	
DESCRIBE CIRCUMSTANCES C	OF THE ACCIDENT	
WAS TRAFFIC HEA STOP . SUDDENLY	I FELT AN IMPACT AND N TO REAR OF MY VEHICLE	VEHICLE AND CAME TO A OTICED THAT VEHICLE B
DECLARATION We declare the foregoing particu	lars are true in every respect.	VEDIEV DV AIAV MADS (ADC)
lis	NASA 34 1934 MANGATAN (1935-1935)	VERIFY BY AJAX MARS (ARC) REPORTING OFFICER WONG JUN KEAT
Policyholder Signature Date & Time: 25/8/2021	Driver's Signature (If driver is not the policyholder) Date & Time:	Reporting Centre Personnel's Signature Name: NRIC/FIN No.:
ARMC SketchPlanForm_V3		*









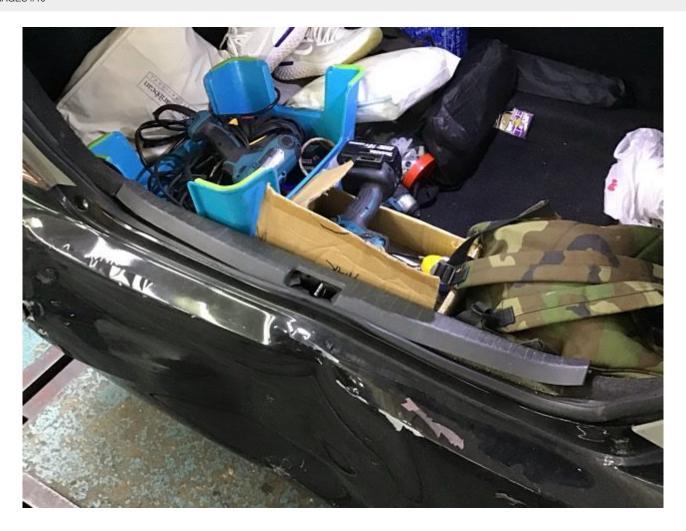










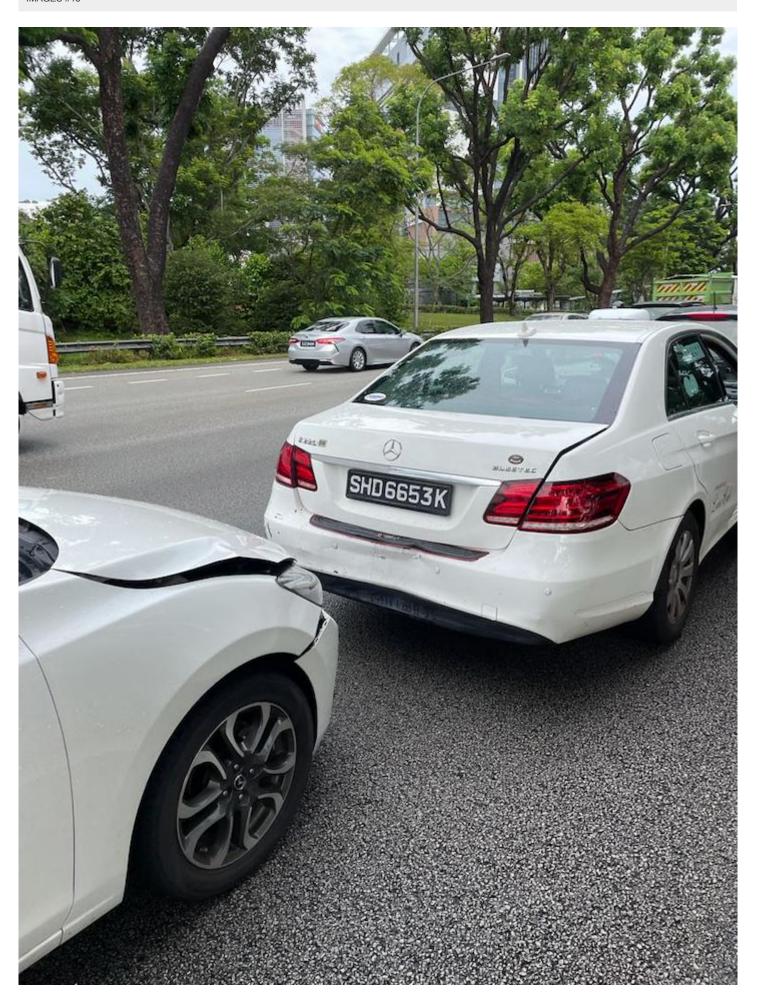


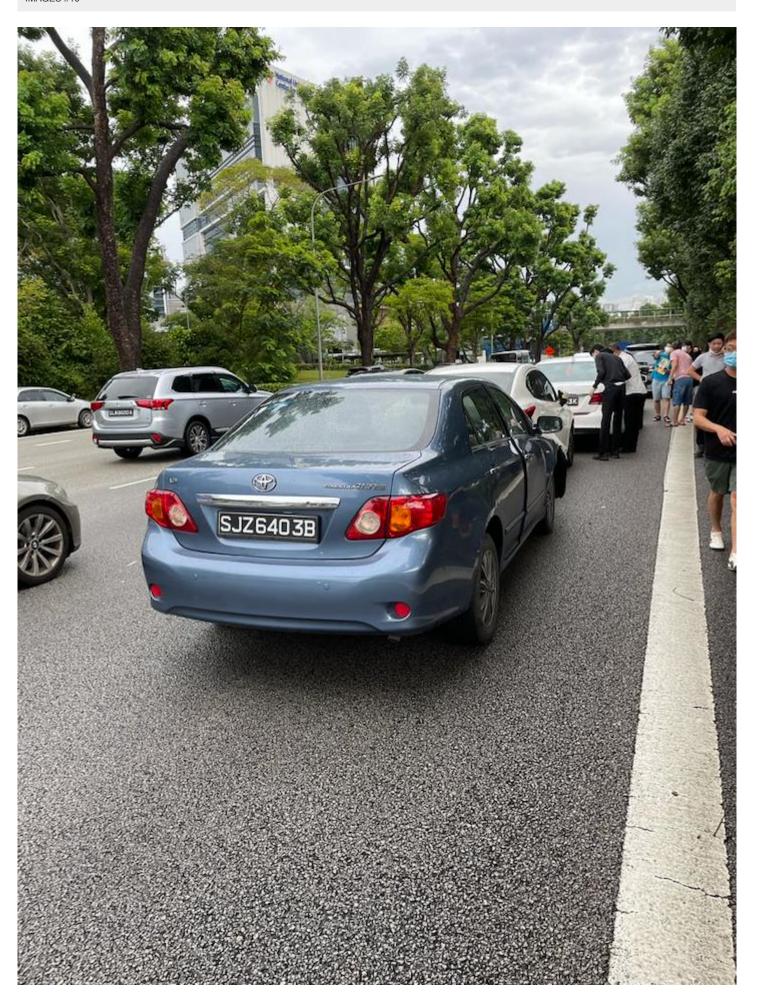
















GENERAL INSURANCE ASSOCIATION OF SINGAPORE RECORDS MANAGEMENT CENTRE

Tel (65) 6224 0010 Fax (65) 6224 0030
Operating Hours: Monday to Friday, 09:00 – 17:00
UEN: \$66550020G / GST Reg. No.: M400017735

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

		ADDENDUM
) F	PARTICULARS OF PERSON MAKING TI	HEAMENDMENTS:
C	Original Report No :	Vehicle Registration No:s_L4593Y
١	Name(as shownin NRIC) :	NRIC/FIN/Passport No:
	Vehicle Driver / Vehicle Owner) () F	
F	Address :	Singapore(
C	Contact (Tel) :	Mobile No.:
E	Email Address :	-34-5
C	Date of Accident :	Time of Accident :(SGT)
P	Place of Accident : 25/08/2021	
1	nsurance Company : Aviva Ltd	
	make the following amendments:	
8.5		
167		
80		
-		
		Shipero
	Policyholder / Driver's Signature Date:	Reporting Centre Personnel's Signature Name: SUGANYA NRIC/FIN No.: Date: 25082021

GIARMC addendumform_V3