

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 06/11/2021 15:05 (SGT)
Date of Accident 05/11/2021 11:00 (SGT)
Exact Location of Accident 219 Lor 8 Toa Payoh, Block 219, Singapore 310219
Additional Location Information Open Carpark
Country/State of Loss Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number SMM3000H

INSURED/POLICYHOLDER

Is company? No
Name Of Registered Owner GOH JIN LIAN
NRIC No S9038058C
Email Address era.hazलगoh@gmail.com
Mobile Phone No (Phone) +65-98366851
Alternative Phone No +65-98366851

VEHICLE PARTICULARS

Manufacturer Audi
Model Tt
Variant 2.0 TFSI
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 1984

INSURANCE COMPANY

Name of Insurance Company Aviva Ltd
Type of Coverage Comprehensive
Fleet Policy No
Policy Number 10995975
Cover Note Number NA

DRIVER

Name of Driver GOH JIN LIAN
NRIC No S9038058C

| | |
|--|------------------------|
| Date Of Birth | 24/09/1990 |
| Occupation | Indoor |
| Date Of Driving Pass | 15/04/2009 |
| Driving experience | 12 YEARS AND 7 MONTHS |
| Gender | Female |
| Mobile Number | (Phone) +65-98366851 |
| Alt. Phone Number | +65-98366851 |
| Email Address | era.hazalgoh@gmail.com |
| Address | 357 TAMPINES ST 33 |
| Address complement | 08-600 |
| Postcode | 520357 |
| 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 | Collided into Parked Vehicle |
| Weather Conditions | Clear |
| Road Surface | Dry |

OTHER INFORMATION

| | |
|---|-----|
| Was any foreign vehicle involved in the accident? | No |
| Number of vehicles involved in the accident | 3 |
| Was anybody injured in the Accident? | No |
| Was any injured conveyed to hospital by ambulance? | - |
| Was any other vehicle or property damaged? | Yes |
| Number of Passengers (Including Driver) | 0 |
| 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

Upon going over to my vehicle, I noticed my vehicle was being hit by a blue vehicle. There was a note on my windscreen. A guy came to me and explained that he had drove and accidentally hit the blue parked vehicle. Upon impact the blue parked vehicle ricochet towards my parked vehicle. The driver gave me his details. The blue parked vehicle was not attended and I have to moved off.

There was no injury involved.

There are viewable damages on the left front part of my vehicle including the rims.

ATTACHMENT(S)

| | |
|---|-------------------------------|
| Are accident photos available for attachment? | Yes |
| Was there any video captured by Car Camera? | Yes |
| Reasons for not uploading a video of the accident | UPLOADED INTO AVIVA FILEZILLA |
| Was there any audio recorded? | No |

DETAILS OF OTHER VEHICLE PROPERTY 1

| | |
|-----------------------------------|----------|
| Vehicle Registration Number | SLH4279C |
| Vehicle Manufacturer | Toyota |
| Vehicle Model | Axio |

| | |
|---|------------------------------|
| Vehicle Variant | - |
| Vehicle Colour | Gray |
| Vehicle Category | Private car |
| Name of Driver | GERALD LEONG |
| NRIC No | S9520083D |
| Contact Number | (Phone) +65-81573295 |
| Address | BLK 457 ANG MO KIO AVENUE 10 |
| Address complement | #03-1516 |
| Postcode | 560457 |
| 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 | SLZ7658C |
| Vehicle Manufacturer | Toyota |
| Vehicle Model | C-hr |
| Vehicle Variant | - |
| Vehicle Colour | Blue |
| Vehicle Category | Private hire |
| 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) | 0 |

SKETCH PLAN**IMPORTANT NOTICE**

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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.



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

Policyholder's Signature
Date & Time:

06112021

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

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

SKETCH PLAN

REFER TO ATTACHED ACCIDENT DIAGRAM

DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

Upon going over to my vehicle, I noticed my vehicle was being hit by a blue vehicle. There was a note on my windscreen. A guy came to me and explained that he had drove and accidentally hit the blue parked vehicle. Upon impact the blue parked vehicle ricochet towards my parked vehicle. The driver gave me his details. The blue parked vehicle was not attended and I have to moved off.

There was no injury involved.

There are visible damages on the left front part of my vehicle including the rims.

DECLARATION

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


 Policyholder's Signature
 Date & Time: 06112021

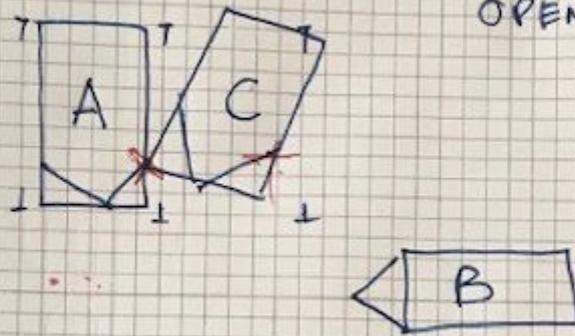
Driver's Signature
 (If driver is not the policyholder)
 Date & Time:

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

ACCIDENT DIAGRAM

Ver. 30042021

NEAR BLK 219
LOR. 8 TOA PAYOH
OPEN CARPARK.



A - SMM3000H
PARKED.

B - SLH4279C

C - SLZ7658C
PARKED

Policyholder's Signature
Date & Time:

6/11/21

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

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

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



























