SA1D248B0004 / Ajax Mars Pte Ltd ENTRY DATE & TIME: 12/08/2024 11:33 (SGT) SUBMITTED BY: Susan VERSION: 1 (12/08/2024 11:33 (SGT))



# SINGAPORE ACCIDENT STATEMENT

#### IMPORTANT NOTICE

Please report <u>correctly</u> the details of the accident to speed up the claims process.

2. This Form must be completed by the Policyholder and/or the Actual 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 aftin acceptance of the Police for Investigation.

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 o. This report will be forwarded by the firstness of the GIA Necolds management control by interested parties, 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 First Submission Reported by Date of Accident **Exact Location of Accident** 

Additional Location Information Country/State of Loss

12/08/2024 11:33 (SGT) Both Policyholder and Actual Driver 10/08/2024 12:15 (SGT) Singapore

FORT ROAD FILTERING TO ECP/CHANGI Singapore

# DETAILS OF OWN VEHICLE

Vehicle Registration Number

SLQ233M

INSURED/POLICYHOLDER

Is company? Name Of Registered Owner **Email Address** Mobile Phone No Alternative Phone No

No CHING TIM JUAN SXXXX273F Timtim.ed@gmail.com (Phone) +65-98418580

VEHICLE PARTICULARS

Manufacturer Model Variant

Exact purpose for which vehicle was being used at time of

accident Are you claiming under your own insurance policy for repair to your vehicle? Vehicle Category Transmission

CC Vehicle Fuel

First Regisration Date Chassis no

Effective Date/Time of Ownership

A4 1.4 TFSI S TRONIC (NAV)

Private use

No - Claiming third party Private car Auto 1395

INSURANCE COMPANY

Name of Insurance Company Policy Number / Cover Note Number Singapore Life Ltd 11437026

DRIVER



Name of Driver **CHING TIM JUAN** SXXXX273F Date Of Birth 05/07/1982 Occupation Indoor Driving Pass Date 17/12/2002 **Driving License Pass Class** 3 **Driving License Validity** Valid Driving experience 21 YEARS AND 8 MONTHS Gender Male Mobile Number (Phone) +65-98418580 Alt. Phone Number **Email Address** Timtim.ed@gmail.com Address 2 Bedok Ria Terrace Address complement Postcode 489727 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 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) 1 Has the driver been approached by unknown person(s) soliciting/offering accident claims assistance? No Translator's name Translator's ID Translator's phone number Translator's email Original language used in the statement **DETAILS OF POLICE ACTION** Was the accident reported to the police? Was notice of intended Prosecution given? If yes, against whom? CIRCUMSTANCES OF ACCIDENT FILTERING TOWARDS ECP/CHANGI. UPON APPROACHING, THERE WAS A CYCLIST SUDDENLY APPEARED AND DASHED THE ZEBRA CROSSING. WHEN I SAW, I APPLIED MY BRAKE AND MANAGE TO STOP IN TIME. FOLLOWED BY AN IMPACT FROM BEHIND AND SAW A VEHICLE HAS ALREADY BUMPED INTO MY VEHICLE REAR PORTION. CHAIN COLLISION WITH 3 VEHICLES INVOLVED.

Are accident photos available for attachment? Was there any video captured by Car Camera?

Yes No

## **DETAILS OF OTHER VEHICLE PROPERTY 1**



ATTACHMENT(S)

SMT649U Vehicle Registration Number Volkswagen Vehicle Manufacturer Passat Vehicle Model Vehicle Variant Vehicle Colour Private car Vehicle Category CHAN HSIEN-ALVIN Name of Driver SXXXX888C NRIC No Contact Number Address Address complement Postcode Insurance Company Name Nature Of Damage Details of property damaged in accident No. Of Passenger (Including Driver) PASSENGER 1 Passenger 1 Name Female Gender PASSENGER 2 Passenger 2 Name Female Gender

# DETAILS OF OTHER VEHICLE PROPERTY 2

SMF7703Z Vehicle Registration Number Audi Vehicle Manufacturer Q3 Vehicle Model Vehicle Variant Vehicle Colour Private car Vehicle Category NG CHIA LIANG Name of Driver SXXXX016A NRIC No Contact Number Address Address complement Postcode Insurance Company Name Nature Of Damage Details of property damaged in accident No. Of Passenger (Including Driver) PASSENGER 1 Passenger 1 Name Female Gender PASSENGER 2 Passenger 2 Name Gender

#### SKETCH PLAN

### IMPORTANT NOTICE

- Please report <u>correctly</u> 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. 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 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.
- 8. Consent under the Personal Data Protection Act (PDPA)

l 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' law yers/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' law yers/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 law yers/law firms), which may be sited outside of Singapore, for one or more of the above Purposes.

Polloyholder's Signature / Date &

Time

Sketch Plan

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

Witnessed By Reporting Officer Aizam Bin Atan

Witnessed by Reporting Centre Personne

REFER TO ATTACHED ACCIDENT DIAGRAM

Describe Circumstances of the Accident

FILTERING TOWARDS ECP/CHANGI. UPON APPROACHING, THERE WAS A CYCLIST SUDDENLY APPEARED AND DASHED THE ZEBRA CROSSING. WHEN I SAW, I APPLIED MY BRAKE AND MANAGE TO STOP IN TIME. FOLLOWED BY AN IMPACT FROM BEHIND AND SAW A VEHICLE HAS ALREADY BUMPED INTO MY VEHICLE REAR PORTION. CHAIN COLLISION WITH 3 VEHICLES INVOLVED.

#### Declaration

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

Policyholder's Signature / Date &

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

Witnessed By Reporting Officer Aizam Bin Atan

Witnessed by Reporting Centre Personnel

