

SA1D24AQ0003-02 / Ajax Mars Pte Ltd
ENTRY DATE & TIME: 27/10/2024 15:25 (SGT)
SUBMITTED BY: Aizam
VERSION: 3 (28/10/2024 18:09 (SGT))

Your NCD will be affected due to late reporting

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 Actual 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 First Submission	27/10/2024 15:25 (SGT)
Reported by	Owner
Date of Accident	21/10/2024 10:00 (SGT)
Exact Location of Accident	Singapore
Additional Location Information	Pioneer Road North before Rounabout
Country/State of Loss	Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number	FBS8933G
-----------------------------	----------

INSURED/POLICYHOLDER

Is company?	No
Name Of Registered Owner	CHEOK SIN YEE
NRIC No	S9178580C
Email Address	sycheok0224@gmail.com
Mobile Phone No	(Phone) +65-97316928
Alternative Phone No	-

VEHICLE PARTICULARS

Manufacturer	Honda
Model	ADV 150 ABS CVT
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	Motorcycle
Transmission	Manual
CC	150
Vehicle Fuel	-
First Registration Date	-
Chassis no	-
Effective Date/Time of Ownership	-

INSURANCE COMPANY

Name of Insurance Company	Direct Asia Insurance (Singapore) Pte Ltd
Policy Number / Cover Note Number	MC/01092334/01

DRIVER

Name of Driver	SEE WEE WEE
NRIC No	S9187223D
Date Of Birth	21/03/1991
Occupation	Indoor
Driving Pass Date	31/08/2021
Driving License Pass Class	3
Driving License Validity	Valid
Driving experience	3 YEARS AND 2 MONTHS
Gender	Male
Mobile Number	(Phone) +65-81159513
Alt. Phone Number	-
Email Address	sycheok0224@gmail.com
Address	APT BLK 484 CHOA CHU KANG AVENUE 5
Address complement	#11-10
Postcode	680484
Is the driver the policyholder?	No
If No, Relationship of the Driver with the Insured	Spouse
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 Motorcyclist
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?	Yes
Was any injured conveyed to hospital by ambulance?	No
Was any other vehicle or property damaged?	Yes
Number of Passengers (Including Driver)	2
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	-

PASSENGER 1

Name	FAKIR PALASH
Gender	Male

DETAILS OF POLICE ACTION

Was the accident reported to the police?	Yes
Police Station Name	Jurong Division Headquarters
Police Station Phone No	(Phone) +65-18007910000
Alt. Police Station Phone No	(Fax) +65-68965647
Police Station Address	No. 2 Jurong West Avenue 5 Singapore 649482
Was notice of intended Prosecution given?	No
If yes, against whom?	-

CIRCUMSTANCES OF ACCIDENT

REFER TO POLICE REPORT : J/20241022/7043 LODGED AT JURONG DIVISION HQ

BRIEF DETAILS

At roundabout... Lorry bang my motor.. Lorry driver thought of my motor is moving off to roundabout and he go pump the petrol and the accident was happened. My motor is moving forward and thus driver and passenger fall down.
Motor is Falling and hit my left leg. Left leg fracture and waiting for operation at Ng Teng Feng Hospital.
Driver injured seriously. Passenger injured on shoulder. Lorry Driver no injury at all
Lorry plate YN1112J, Driver name Chua Ngow Chai, Work permit number: 5 24367491, License Number F7921654L

ATTACHMENT(S)

Are accident photos available for attachment? Yes
Was there any video captured by Car Camera? No

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	YN1112J
Vehicle Manufacturer	Mitsubishi
Vehicle Model	Fe84be6srdea
Vehicle Variant	-
Vehicle Colour	Yellow
Vehicle Category	Commercial vehicle
Name of Driver	CHUA NGOW CHAI
Passport No/FIN	F7921654L
Contact Number	-
Address	-
Address complement	-
Postcode	-
Insurance Company Name	-
Nature Of Damage	-
Details of property damaged in accident	-
No. Of Passenger (Including Driver)	1

INJURED PERSONS DETAILS

INJURED 1

Name of injured person	SEE WEE WEE
Gender	Male
Phone No	(Phone) +65-81159513
Address	484 Choa Chu Kang Avenue 5
Address Complement	#11-10
Post Code	680484
Approximate Age Years Old	33
Injuries Sustained	Left leg fractured
Injured person in which vehicle?	FBS8933G
Were seat belts worn?	No
Was this injured conveyed to hospital by ambulance?	Yes

INJURED 2

Name of injured person	FAKIR PALASH
Gender	Male
Phone No	-
Address	-
Address Complement	-
Post Code	-
Approximate Age Years Old	-
Injuries Sustained	Injured on shoulder
Injured person in which vehicle?	FBS8933G
Were seat belts worn?	-
Was this injured conveyed to hospital by ambulance?	Yes

SKETCH PLAN

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. 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 & Time:

26102024

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

26102024

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

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

SKETCH PLAN

REFER TO ATTACHED ACCIDENT DIAGRAM

DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

PLEASE REFER TO POLICE REPORT

DECLARATION

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

Policyholder's Signature
Date & Time:

Driver's Signature
(If driver is not the policyholder)
Date & Time: 26102024

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

Accident Report Form (V)

ACCIDENT DIAGRAM

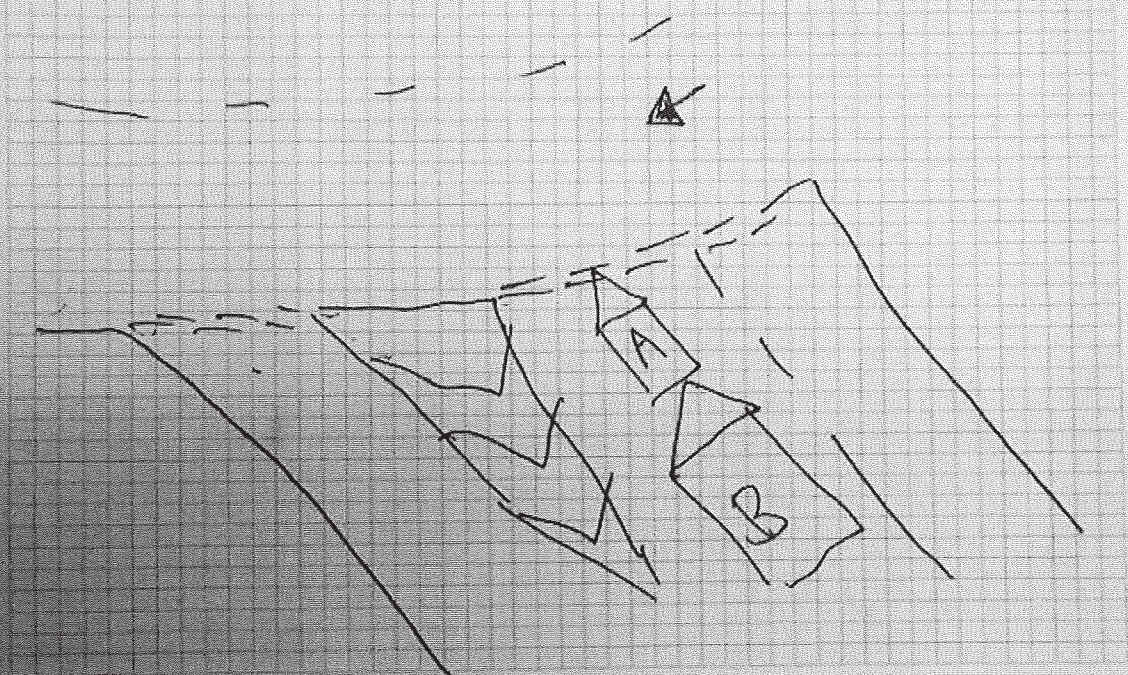
Ver. 30042021

A - FBS 8933G.

PIOWEER RD
NORTH


B - YN1112J

ROUNDABOUT.




Policyholder's Signature
Date & Time:

24/10/24


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

24/10/24

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

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



**SINGAPORE
POLICE FORCE**



J/20241022/7043

1 of 2

POLICE REPORT (NP299)

Report No. J/20241022/7043

Police Station Of Origin
Jurong Division HQ
2 Jurong West Avenue 5 SINGAPORE
649482
Tel No:1800-7910000

Date/Time Report Made 22/10/2024 13:52	Vide Report No.	Station Diary No.
Name Of Informant CHEOK SIN YEE	Address 484 CHOA CHU KANG AVENUE 5 #11-10 SINGAPORE 680484	
ID Type / ID No. NRIC NO / S9178580C	Contact No. Home/Office: Mobile: 97316928	
Nationality SINGAPORE CITIZEN	Email Address SYCHEOK0224@GMAIL.COM	
Occupation Accountant (excluding tax accountant)	Sex Female	Age 33
	Date of Birth 24/02/1991	Race Chinese
Institution/School Name	Language English	
Date/Time Of Incident 21/10/2024 10:00 - 21/10/2024 11:00	Location Of Incident NIL PIONEER ROAD NORTH NIL	

Brief details:

At roundabout... Lorry bang my motor.. Lorry driver thought of my motor is moving off to roundabout and he go pump the petrol and the accident was happened. My motor is moving forward and thus driver and passenger fall down.

Motor is Falling and hit my left leg. Left leg fracture and waiting for operation at Ng Teng Feng Hospital.

Driver injured seriously. Passenger injured on shoulder. Lorry Driver no injury at all

Lorry plate YN1112J, Driver name Chua Ngow Chai , Work permit number: 5 24367491, License Number F7921654L

Signature Of Officer Recording The Report: Not applicable	Signature Of Informant: The identity of the person making this report has been authenticated by Singpass. No signature is required.
Signature Of Interpreter: Not applicable	Date/Time: 22/10/2024 13:52
Officer In-Charge Of Case:	Classification Of Case:
Contact No.:	



**SINGAPORE
POLICE FORCE**



J/20241022/7043

2 of 2

POLICE REPORT (NP299)

CONTINUATION OF REPORT

Report No. J/20241022/7043

Subjects Involved			
Victim			
Person Name	SEE WEE WEE		
ID Type	NRIC NO	ID No	S9187223D
Gender	Male	Age	33
Nationality	MALAYSIAN	Race	Chinese
Language	Chinese	Occupation	Construction manager
Address	484 CHOA CHU KANG AVENUE 5 #11-10 SINGAPORE 680484		Home/Office No 81159513
Mobile No	81159513	Email Address	VWEE0321@GMAIL.COM
Relation To Informant	HUSBAND		

Signature Of Officer Recording The Report:
Not applicable

Signature Of Interpreter:
Not applicable

Officer In-Charge Of Case:

Contact No.:

Signature Of Informant:

The identity of the person making this report has been authenticated by Singpass. No signature is required.

Date/Time:
22/10/2024 13:52

Classification Of Case: