

## 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 ability.
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 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 Report	24/11/2017 01:22
Date Of Accident	22/11/2017 16:40
Exact Location Of Accident	539 JURONG WEST AVE 1
Country/State of Loss	SINGAPORE

### DETAILS OF OWN VEHICLE

Vehicle Registration Number	YN8457T
<b>Insured/Policyholder</b>	
Name Of Registered Owner	STVE PTE LTD
Co Reg No	198703585C
Email Address	NOEMAIL
Mobile Phone No	
Alternative Phone No	OFFICE-65928800

### Vehicle Particulars

Manufacturer	MITSUBISHI
Model	CANTER FEB21ER4
Exact Purpose for which vehicle was being used at time of accident	COMMERCIAL
Are you claiming under your own insurance policy for repair to your vehicle?	NO
If No, Please state action to be taken	THIRD PARTY
Vehicle Category	COMMERCIAL VEHICLE

### Insurance Company

Name of Insurance Company	FIRST CAPITAL INSURANCE LTD
Type Of Coverage	THIRD PARTY
Fleet Policy	YES
Policy Number	D-17087422MFCV
Cover Note Number	N.A.

### Driver

Name of Driver	MOHAMMAD ASHEK BIN MOHD ZAIN
NRIC No	S7642413F
Date Of Birth	25/12/1976
Occupation	OUTDOOR
Date Of Driving Pass	06/12/2011
Driving Experience	5 YEARS AND 11 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-97505574
Fax Number	
Contact Number	OFFICE-97505574
Email Address	NOEMAIL

Address

Postcode

Was driver an employee of the Insured's Company NO

If No, Relationship of the Driver with the Insured OTHER - HIRER

Vehicle Registration Number of Driver's Own Vehicle -

Insurance Company of Driver's Own Vehicle -

#### General Information of the Accident

Type Of Accident SIDE SWIPE

Weather Conditions RAINING

Road Surface WET

#### Other Information

Was any foreign vehicle involved in this accident? NO

Was any body injured in the Accident? NO

Was any other material or property damaged? YES

I have been approached by unknown person(s) soliciting/offering accident claims assistance. NO

Number of Passengers (Including Driver) 1

#### Details of Police Action

Was the accident reported to the police? NO

If Yes, Please state which Police Station

Was notice of intended Prosecution given? NO

If Yes, against whom?

#### Circumstances of Accident

My vehicle was stopped at the said location, on my hazard light. I checked my mirror and engage into reversed gear. Checked again to ensure it was safe to reversed, I move back slowly and I felt a sudden impact. As shown in the video the driver of vehicle b was on my rear as he approached my vehicle he swerved to the right while I was reversing. He did not sounded his horn or even stop after noticing my reversed light.

#### Attachment(s)

Are accident photos available for attachment? YES

Was there any video captured by Car Camera? YES

Remarks/ Reasons: PENDING VIDEO FROM INSURED

Was there any audio recorded? NO

#### DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number SLF4729G

Vehicle Make/Model/Colour HONDA/VEZEL HYBRID 1./

Details Of Properties

Name of Driver PATHNANATHAN S/O KATALINGGAN\_

NRIC/Passport Number S1638669C

Contact Number 96387837

Address

Postcode

Insurance Company Name

Nature Of Damage

No. Of Passenger (Including Driver) 1

#### Details of Witness

Name

Phone Number

Email Address

## Sketch Plan

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4. 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 application by interested parties.
5. 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.
6. 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.

- (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.

VERIFIED BY AJAX MARS  
REPORTING OFFICER  
MOHAMAD HELMY BIN  
ALEHAM

Policyholder's Signature / Date & Time

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

Witnessed by Reporting Centre  
Personnel

### Sketch Plan

Parking Lots

Parking Lot

A- YN 8457T

B- SLP 47296

## Sketch Plan #2

### ACCIDENT STATEMENT (2000 characters)

My vehicle was stopped at the said location, on my hazard light. I checked my mirror and engage into reversed gear. Checked again to ensure it was safe to reversed, I move back slowly and I felt a sudden impact. As shown in the video the driver of vehicle b was on my rear as he approached my vehicle he swerved to the right while I was reversing. He did not sounded his horn or even stop after noticing my reversed light.

Taxi Voucher No.:

Are you claiming your own insurance policy for the repair of your vehicle?

No, Reporting only

### DECLARATION

I/We declare that the above particulars & information provided above are true in every aspect

VERIFIED BY AJAX MARS REPORTING OFFICER -  
MOHAMAD HELMY BIN ALEHAM

MARS Officer



Registered Owner or Driver's Signature

Job Complete Date/Time

Date/Time:

## EMAIL ATTACHED

Susan

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**From:** Jacqueline Han Kwee Ling <JacquelineHanKL@goldbellcorp.com>  
**Sent:** Friday, 24 November 2017 2:41 PM  
**To:** Susan; 'Meilin'  
**Cc:** Isaac Ng Cheng Long; Ethan Toh Xiao Xin; Eileen Ngan Yi Ling  
**Subject:** RE: STV2-MARS00004031-YN8457T-22112017

Dear Susan/Meilin,

Kindly assist to amend to Third Party instead of reporting only.

Thank you.



**Jacqueline Han Kwee Ling | Goldbell Corporation Pte Ltd**  
Assistant, Operations Admin (FIM)  
Representing STVE Pte Ltd, Goldbell Leasing Pte Ltd  
& Aviation Equipment Leasing Pte Ltd

DID: +65 6494 2817 | Tel: +65 6861 0007 | Fax: +65 6807 0431 |  
Mobile: | Web: <http://www.goldbellgroup.com/>  
Address: 18 Tuas Ave 10, Level 6, Singapore 639142



**From:** Susan [<mailto:susan@ajaxmars.com>]  
**Sent:** Friday, November 24, 2017 1:49 AM  
**To:** [marynelson@first-insurance.com.sg](mailto:marynelson@first-insurance.com.sg); Isaac Ng Cheng Long <[IsaacNgCL@goldbellcorp.com](mailto:IsaacNgCL@goldbellcorp.com)>; [Caroline@first-insurance.com.sg](mailto:Caroline@first-insurance.com.sg); [EstherLim@first-insurance.com.sg](mailto:EstherLim@first-insurance.com.sg); Jacqueline Han Kwee Ling <[JacquelineHanKL@goldbellcorp.com](mailto:JacquelineHanKL@goldbellcorp.com)>; [CeciliaLow@first-insurance.com.sg](mailto:CeciliaLow@first-insurance.com.sg); Ethan Toh Xiao Xin <[EthanTohXX@goldbellcorp.com](mailto:EthanTohXX@goldbellcorp.com)>; Eileen Ngan Yi Ling <[EileenNganYL@goldbellcorp.com](mailto:EileenNganYL@goldbellcorp.com)>; Katherine Lim Yen Peng <[KatherineLimYP@goldbellcorp.com](mailto:KatherineLimYP@goldbellcorp.com)>  
**Subject:** STV2-MARS00004031-YN8457T-22112017

Dear Sir/Madam,

Please find attached files for your perusal.

Thank you.

Best regards,



Accident Photo



Accident Photo



Accident Photo





Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo





Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo





Accident Photo





Identification Card

**REPUBLIC OF SINGAPORE**  
IDENTITY CARD NO. **S7642413F**





Name  
**MOHAMAD ASHEK BIN MOHD ZAIN**

Race  
**MALAY**

Date of birth  
**25-12-1978**

Sex  
**M**

Country/Place of birth  
**SINGAPORE**



**REPUBLIC OF SINGAPORE** **DRIVING LICENCE**

Licence Number **S7642413F**

Name  
**MOHAMAD ASHEK BIN MOHD ZAIN**

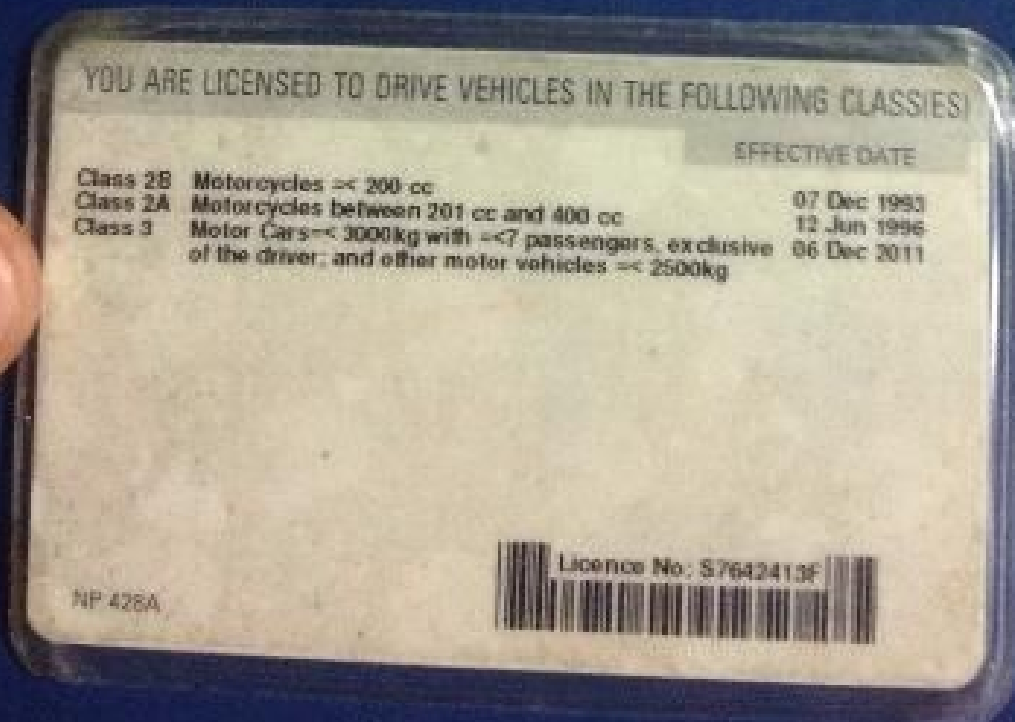
Birth Date **25 Dec 1978**

Issue Date **04 Feb 2014**



002270988H

# Identification Card



## Addendum Sheet



GENERAL INSURANCE ASSOCIATION OF SINGAPORE RECORDS MANAGEMENT CENTRE  
6 Raffles Quay #18-00 Singapore 048580  
Tel (65) 6224 0010 Fax (65) 6224 0030  
Operating Hours : Monday to Friday, 09:00 – 17:00  
UEN: S66550020G / GST Reg. No.: M400017735

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

### ADDENDUM

#### (A) PARTICULARS OF PERSON MAKING THE AMENDMENTS:

Original Report No : MBHH17155251 Vehicle Registration No: YN8457T  
Name(as shown in NRIC) : MOHAMMAD ASHEK BIN MOHD ZAIN NRIC/FIN/Passport No : S7642413F  
(\*Vehicle Driver / Vehicle Owner) (\*) Please delete as appropriate  
Address : Singapore( )  
Contact (Tel) : Mobile No. : 97505574  
Email Address :  
Date of Accident : 22/11/2017 Time of Accident : 16:40  
Place of Accident : 539 JURONG WEST AVE 1  
Insurance Company: FIRST CAPITAL INSURANCE LTD

#### (B) ADDITIONAL INFORMATION / AMENDMENTS:

I have made a report on the above mentioned accident and would like to include additional information or make the following amendments:

AMEND FROM REPORTING ONLY TO CLAIM THIRD PARTY

EMAIL ATTACHED

Policyholder / Driver's Signature  
Date:

SUSAN

(e-filer)

Reporting Centre Personnel's Signature  
Name: F S NEO  
NRIC/FIN No.:  
Date: 25/11/2017