

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	12/12/2017 14:29
Date Of Accident	11/12/2017 16:30
Exact Location Of Accident	BLOCK D CARGO AGENT BUILDING
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	GBC8263R
Insured/Policyholder	
Name Of Registered Owner	STVE PTE LTD
Co Reg No	198703585C
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-96501021
Alternative Phone No	OFFICE-96501021

Vehicle Particulars

Manufacturer	TOYOTA
Model	HIACE MANUAL
Exact Purpose for which vehicle was being used at time of accident	COMMERCIAL USE
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	

Driver

Name of Driver	ABU BAKAR BIN MOHAMED NOOR
NRIC No	S0210109B
Date Of Birth	16/01/1952
Occupation	INDOOR
Date Of Driving Pass	08/07/1981
Driving Experience	36 YEARS AND 5 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-96501021
Fax Number	
Contact Number	
EEmail 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 CLEAR
 Road Surface DRY

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

WHEN THE TRAFFIC LIGHT TURN GREEN, I PROCEED AND OUT OF A SUDDEN, I FELT AN IMPACT FROM MY LEFT FRONT SIDE PORTION AND DISCOVER VEHICLE B HAD COLLIDED ONTO MY VEHICLE. AFTER THE IMPACT, WE ALIGHTED TO EXCHANGE DETAILS AND TOOK SOME PHOTOS BEFORE WE MOVE OFF. THERE IS NO INJURIES INVOLVED.

Attachment(s)

Are accident photos available for attachment? YES
 Was there any video captured by Car Camera? NO
 Was there any audio recorded? NO

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number PA9438S
 Vehicle Make/Model/Colour TOYOTA/HIACE
 Details Of Properties
 Name of Driver HAMIZARD BIN RAHIM (AUXILIARY POLICE)
 NRIC/Passport Number S6903674J
 Contact Number
 Address
 Postcode
 Insurance Company Name
 Nature Of Damage
 No. Of Passenger (Including Driver) 1

Details of Witness

Name
 Phone Number
 Email Address

Sketch Plan

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 Authorized Driver.
3. Information provided must be as truthful and accurate as possible. Any willful misrepresentation or withholding of material facts may allow insurance companies to reudiate 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)

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.

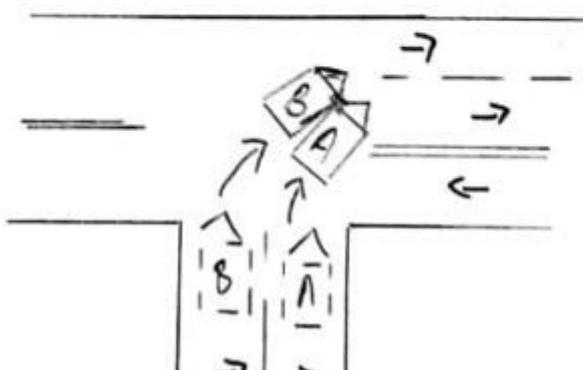
Policyholder's Signature / Date & Time

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

VERIFIED BY AJAX MARS
REPORTING OFFICER
EUGENE KOH

Witnessed by Reporting Centre Personnel

Sketch Plan



BLOCK D CARGO AGENT BUILDING.

A) GBC 8263R

B) PA 9438S.

Sketch Plan #2

ACCIDENT STATEMENT (2000 characters)

WHEN THE TRAFFIC LIGHT TURN GREEN, I PROCEED AND OUT OF A SUDDEN, I FELT AN IMPACT FROM MY LEFT FRONT SIDE PORTION AND DISCOVER VEHICLE B HAD COLLIDED ONTO MY VEHICLE. AFTER THE IMPACT, WE ALIGHTED TO EXCHANGE DETAILS AND TOOK SOME PHOTOS BEFORE WE MOVE OFF. THERE IS NO INJURIES INVOLVED.

Taxi Voucher No.:

DECLARATION

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

VERIFIED BY AJAX MARS REPORTING OFFICER -
EUGENE KOH YEW KIAT

MARS Officer



Registered Owner or Driver's Signature

Job Complete Date/Time

12 December 2017 at 9:57 AM

Date/Time:

12 December 2017 at 9:57 AM

EMAIL ATTACHED

Susan

From: Jacqueline Han Kwee Ling <JacquelineHanKL@goldbellcorp.com>
Sent: Tuesday, 12 December 2017 4:03 PM
To: group@ajaxmars.com
Cc: Isaac Ng Cheng Long; Ethan Toh Xiao Xin; Eileen Ngan Yi Ling
Subject: RE: STV2-MARS00004071-GBC8263R-11122017

Dear All,

Kindly amend to third party claim.

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: Ben [<mailto:ben@ajaxmars.com>]
Sent: Tuesday, 12 December 2017 2:39 PM
To: marynelson@first-insurance.com.sg; Caroline@first-insurance.com.sg; estherlim@first-insurance.com.sg; ceciliaow@first-insurance.com.sg; Isaac Ng Cheng Long <IsaacNgCL@goldbellcorp.com>; Katherine Lim Yen Peng <KatherineLimYP@goldbellcorp.com>; Jacqueline Han Kwee Ling <JacquelineHanKL@goldbellcorp.com>; Ethan Toh Xiao Xin <EthanTohXX@goldbellcorp.com>; rosaliza@first-insurance.com.sg; harminder@first-insurance.com.sg; Eileen Ngan Yi Ling <EileenNganYL@goldbellcorp.com>
Subject: STV2-MARS00004071-GBC8263R-11122017

Dear Sir/madam,

Please kindly find the attached file for your reference.

Thank you.

Accident Photo



Accident Photo



Accident Photo



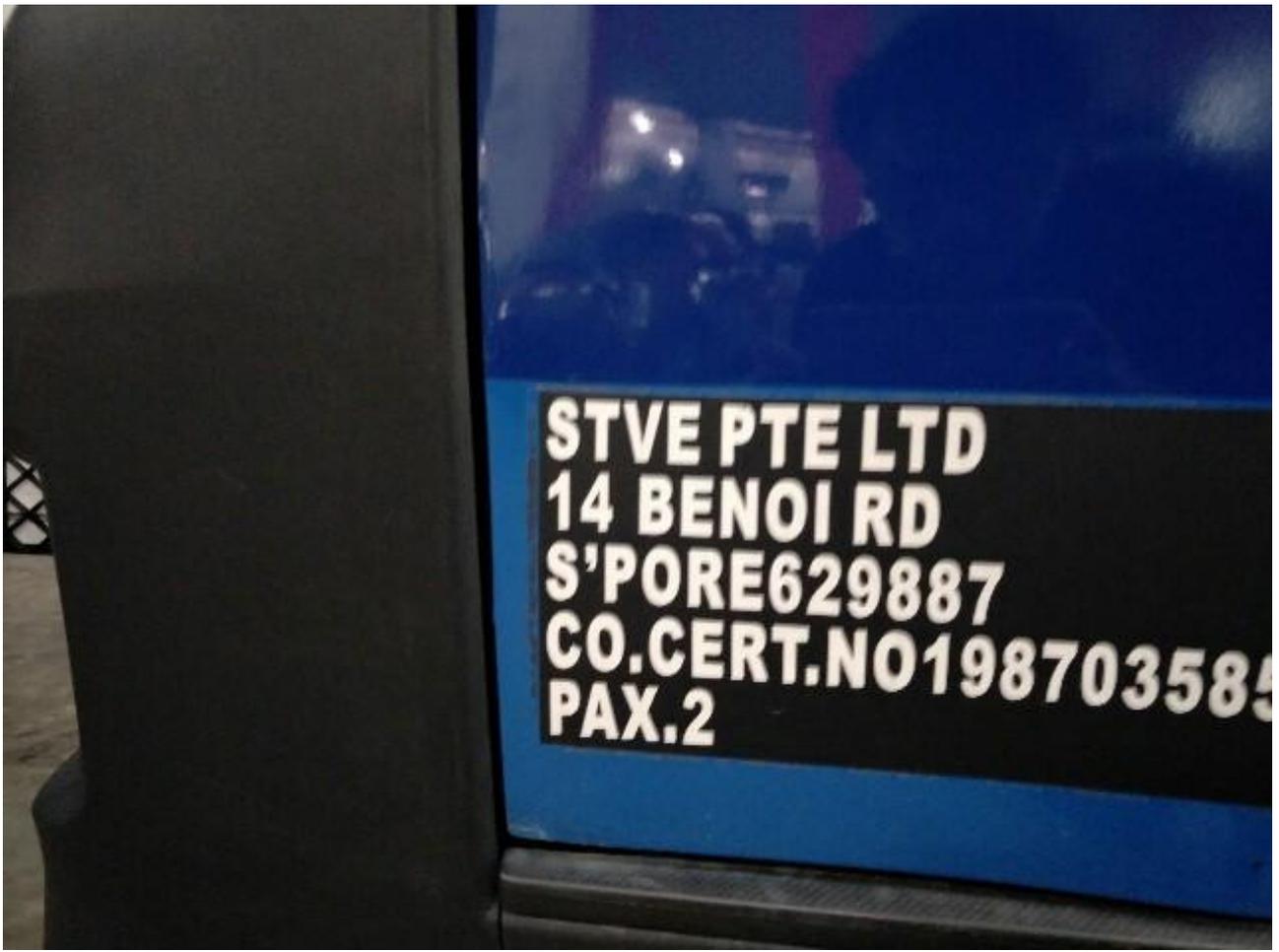
Accident Photo



Accident Photo



Accident Photo



STVE PTE LTD
14 BENOI RD
S'PORE 629887
CO. CERT. NO 198703585
PAX. 2

Accident Photo



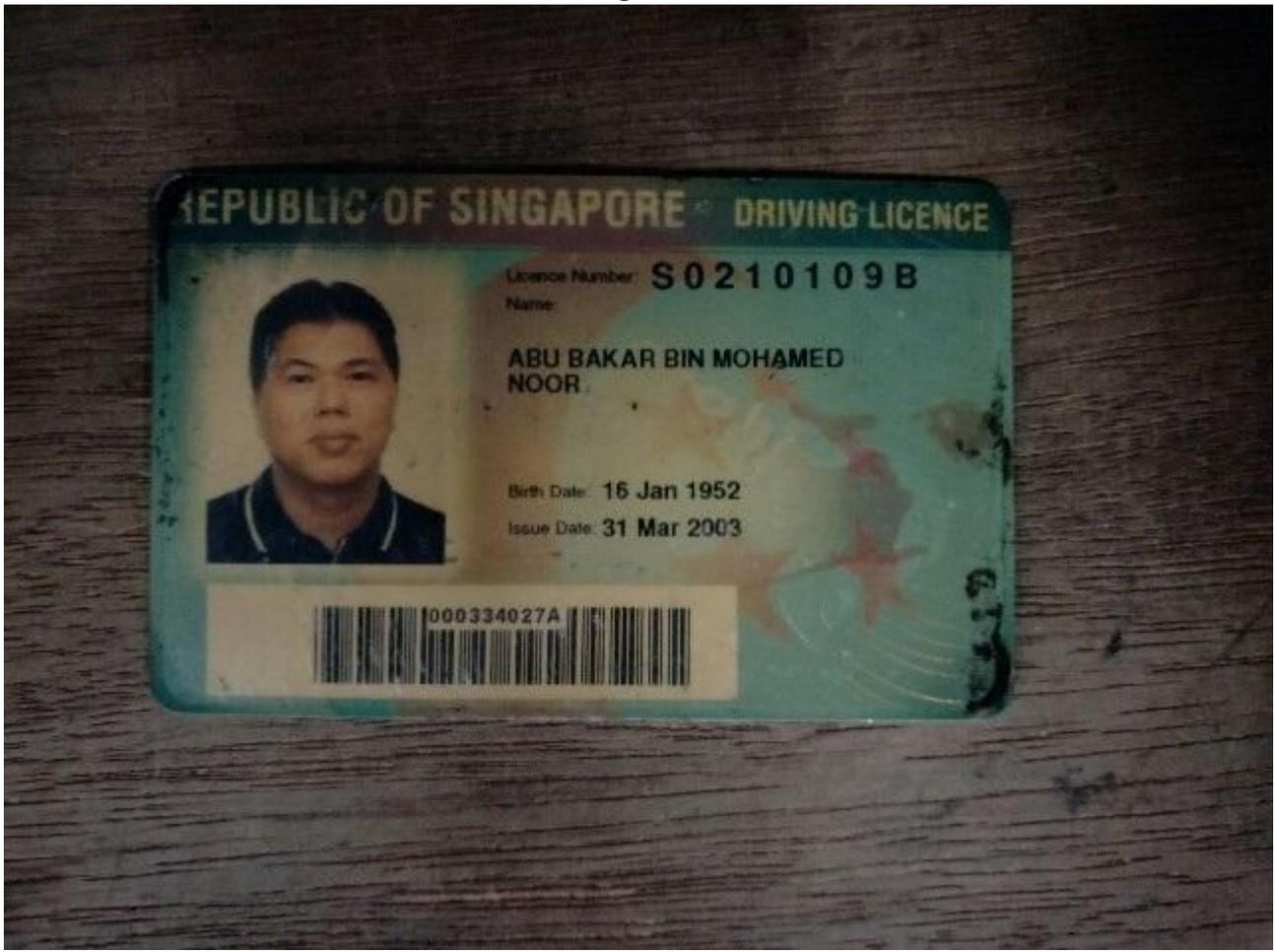
Accident Photo



Accident Photo



Driving License



REPUBLIC OF SINGAPORE DRIVING LICENCE

Licence Number **S0210109B**

Name:

**ABU BAKAR BIN MOHAMED
NOOR**

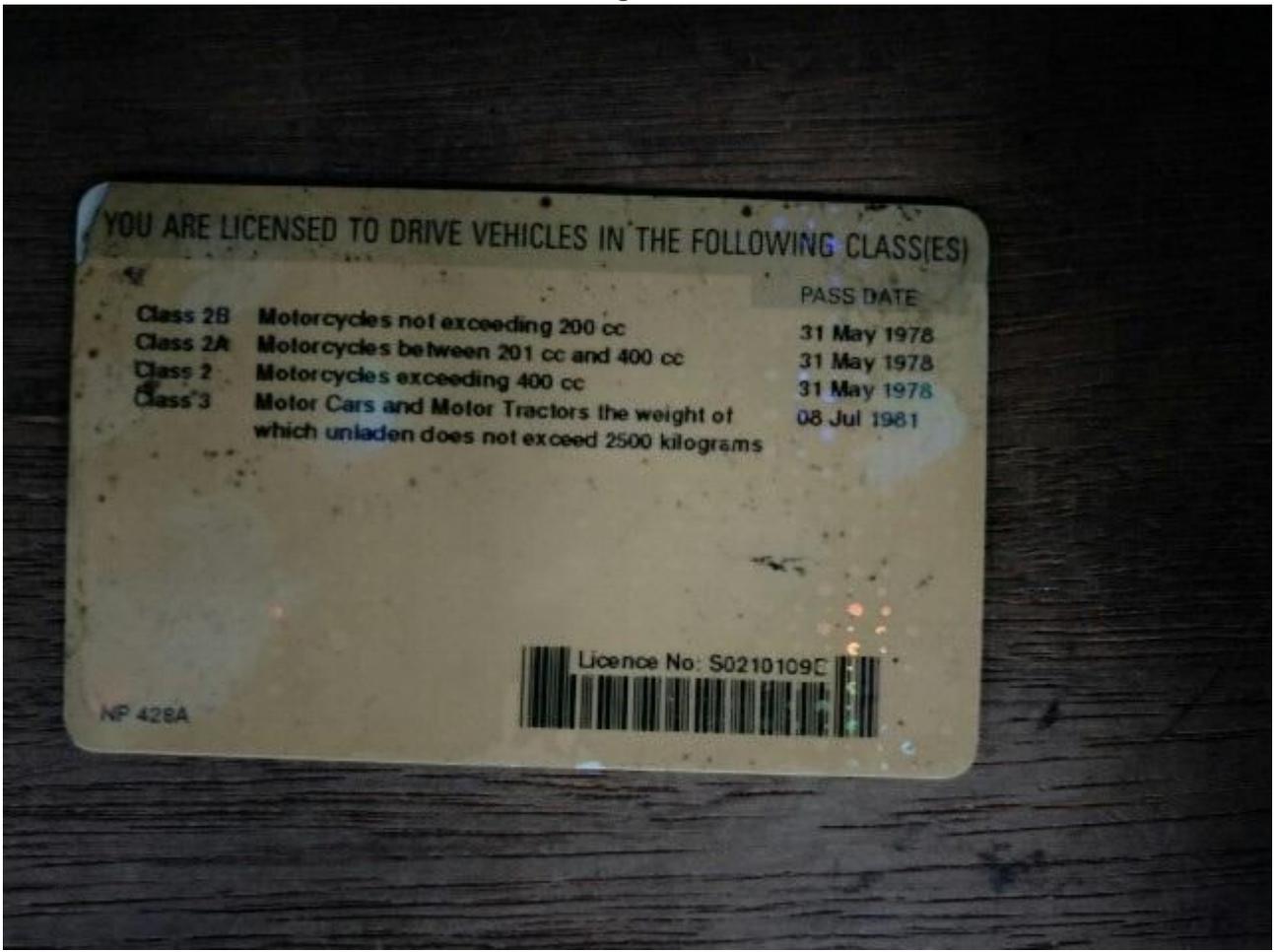
Birth Date: **16 Jan 1952**

Issue Date: **31 Mar 2003**



000334027A

Driving License



Addendum Sheet

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 : MBHH17163404 Vehicle Registration No: GBC8263R

Name (as shown in NRIC) : ABU BAKAR BIN MOHAMED NOOR NRIC/FIN/Passport No : S0210109B

(*Vehicle Driver / Vehicle Owner) (* Please delete as appropriate)

Address : _____ Singapore ()

Contact (Tel) : _____ Mobile No. : 96501021

Email Address : _____

Date of Accident : 11/12/2017 Time of Accident : 16:30
Exact Location Of Accident BLOCK D CARGO

Place of Accident : BLOCK D CARGO AGENT BUILDING

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:

AMENDED : to third party claim.

EMAIL ATTACHED

Policyholder / Driver's Signature
Date:

SUSAN
(e-filer)

Reporting Centre Personnel's Signature
Name: F S NEO
NRIC/FIN No.:
Date: 13/12/2017