

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	21/12/2017 19:32
Date Of Accident	21/12/2017 12:15
Exact Location Of Accident	ALONG SHEARES AVE
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SKV6527L
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Insured/Policyholder

Name Of Registered Owner	TOKYO CENTURY LEASING (SINGAPORE PTE LTD)
Co Reg No	197901535G
Email Address	KEN.LOW@TCLS.COM.SG
Mobile Phone No	
Alternative Phone No	OFFICE-62208751

Vehicle Particulars

Manufacturer	TOYOTA
Model	VELLFIRE 2.5 CV
Exact Purpose for which vehicle was being used at time of accident	PRIVATE
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	PRIVATE CAR

Insurance Company

Name of Insurance Company	MSIG INSURANCE (SINGAPORE) PTE. LTD.
Type Of Coverage	COMPREHENSIVE
Fleet Policy	YES
Policy Number	MSD/VPCP/17-001930
Cover Note Number	NA

Driver

Name of Driver	SALEHAN BIN MASDUKI
NRIC No	S1240397F
Date Of Birth	24/04/1957
Occupation	INDOOR
Date Of Driving Pass	07/01/1980
Driving Experience	37 YEARS AND 11 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-98150671
Fax Number	
Contact Number	
EEmail Address	NOEMAIL

Address	BLK 411 CHOA CHU KANG AVE 3 #03-353
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	CHAIN COLLISION
Weather Conditions	CLEAR
Road Surface	DRY

Other Information

Was any foreign vehicle involved in this accident?	NO
Number of vehicles involved in the accident	
Was any body injured in the Accident?	YES
Was any injured conveyed to hospital by ambulance?	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)	2
Passenger 1	NAME: : P1 GENDER: : MALE

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

I (SKV6527L) WAS STOPPING AT A TRAFFIC LIGHT ALONG SHEARES AVE WHEN A TAXI (SHB7715U) HIT ME FROM THE BACK. DUE TO THE IMPACT, MY CAR MOVE FORWARD AND HIT THE TAXI (SH2431J) IN FRONT OF ME. 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	SHB7715U
Vehicle Make/Model/Colour	CHEVROLET / EPICA 2.0DSL
Details Of Properties	
Vehicle Category	PRIVATE CAR
Name of Driver	YEO KIM LAI
NRIC/Passport Number	S1122970J
Contact Number	
Address	
Postcode	
Insurance Company Name	
Nature Of Damage	

No. Of Passenger (Including Driver)

DETAILS OF OTHER VEHICLE PROPERTY 2

Vehicle Registration Number	SH2431J
Vehicle Make/Model/Colour	HYUNDAI /SONATA NF 2.0
Details Of Properties	NA
Vehicle Category	PRIVATE CAR
Name of Driver	ANG LEOW BOK ROBERT
NRIC/Passport Number	S1181587A
Contact Number	
Address	
Postcode	
Insurance Company Name	
Nature Of Damage	
No. Of Passenger (Including Driver)	

DETAILS OF INJURED PERSON 1

Name	P1
Approximate Age	
Injuries Sustain	
Injured person in which vehicle?	SKV6527L
Were seat belts worn?	
Was this injured conveyed to hospital by ambulance?	
Address	
Postcode	

Sketch Plan

I report correctly the details of the accident to the Police and/or the Automobile Insurance Association of Singapore (GIA). The information provided must be as truthful and accurate as possible. Any wilful misrepresentation by the insured or any other person involved in the accident may result in the insurance companies to repudiate policy liability.

Insurance companies to repudiate policy liability.

False reporting may be referred to the Police for investigation.

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.

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.

I consent under the Personal Data Protection Act (PDPA) to understand, acknowledge, agree and consent that:

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 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:

- processing, handling and/or dealing with my claims including the settlement of the claims and any necessary investigations relating to the claims;
- investigating the accident and/or my claims;
- carrying out and/or dealing with my instructions or responding to any enquiries by me;
- 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
- complying with applicable law in administering, processing, handling and/or dealing with my claims.

(collectively the "Purposes")

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

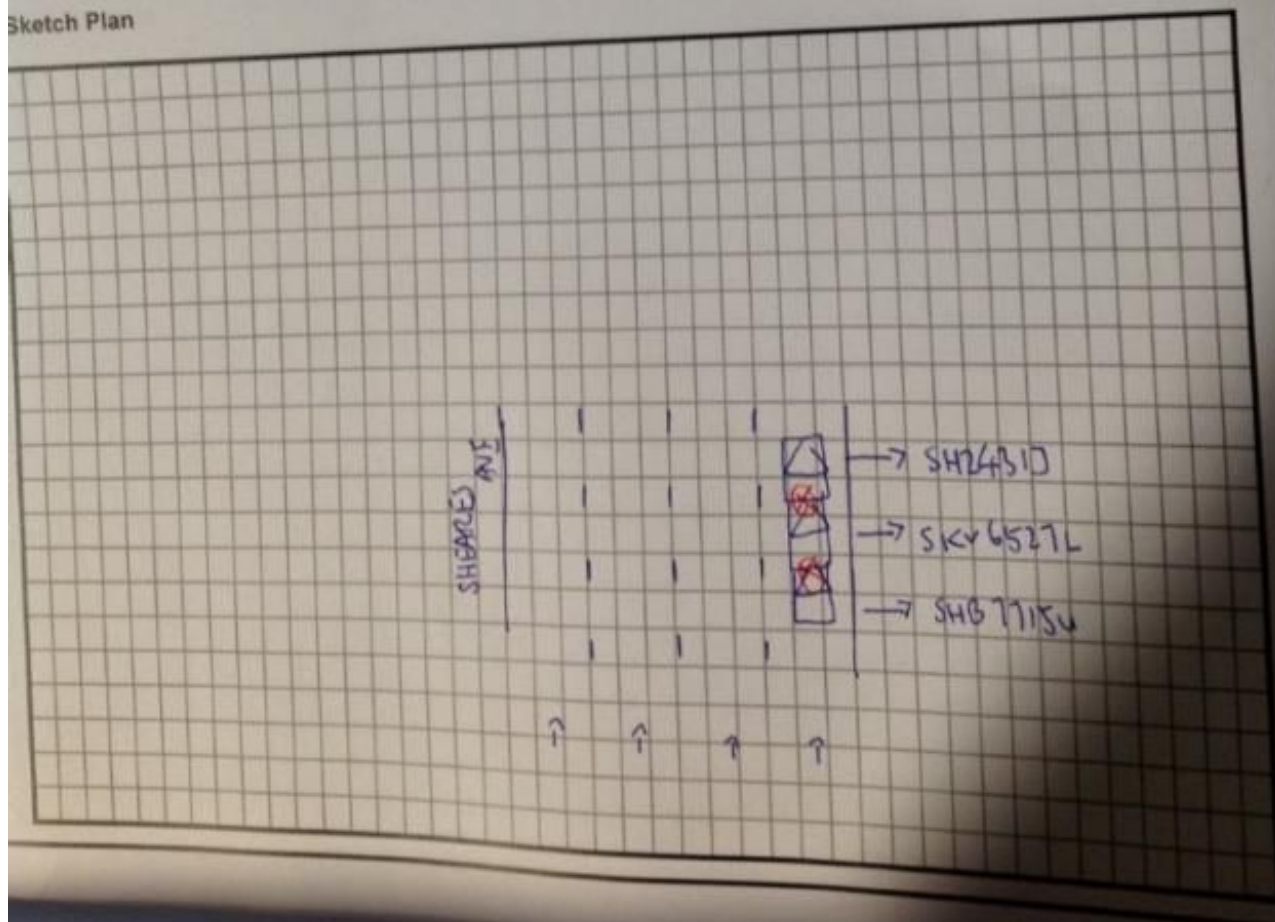
my Personal Information may/can be disclosed by any of the Insurers and/or GIA to their third party service providers or agents (including their lawyers/law firms), which may be sited outside of Singapore, for one or more of the above Purposes.

VERIFIED BY AJAX MARS
REPORTING OFFICER
MOHAMMAD SULHANDI BIN
MOHD AFFANDI

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

Witnessed by Reporting Centre
Personnel

Sketch Plan



Common Statement

ACCIDENT STATEMENT (2000 characters)

I (SKV6527L) WAS STOPPING AT A TRAFFIC LIGHT ALONG SHEARES AVE WHEN A TAXI (SHB7715U) HIT ME FROM THE BACK. DUE TO THE IMPACT, MY CAR MOVE FORWARD AND HIT THE TAXI (SH2431J) IN FRONT OF ME. 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 -
MOHAMMAD SULHANDI BIN MOH AFFANDI

MARS Officer



Registered Owner or Driver's Signature

Job Complete Date/Time

21 December 2017 at 4:27 PM

Date/Time:

21 December 2017 at 4:27 PM

Ben

From: Ben <ben@ajaxmars.com>
Sent: Friday, 22 December 2017 2:54 PM
To: BEN@AJAXMARS.COM
Subject: FW: GIA Report - SKV6527L

From: - Jess [<mailto:jess@tcls.com.sg>]
Sent: Friday, 22 December, 2017 12:59 PM
To: Meilin <meilin@ajaxmars.com>
Cc: Ng Chee Haw <cheehaw@tcls.com.sg>
Subject: Re: GIA Report - SKV6527L

Hi Meilin,

Any update?

On 22 December 2017 at 10:04, - Jess <jess@tcls.com.sg> wrote:

Hi Meilin,

Called Victor just now.

Please help me to change the statement to there have injury involved in the accident.

According to my customer, he fetch his client at that time, his client said feeling unwell after the accident, my customer advise him to see doctor.

Medical report will be sent to me to claim for insurance.

Thank you.

On 22 December 2017 at 09:16, Meilin <meilin@ajaxmars.com> wrote:

Dear Sir/Madam,

Please find attached file, the GIA Accident Report for your perusal.

Kindly ignore, If you find the statement, 'Your NCD will be affected due to late reporting' found on the right top corner of the report.

The date and time of your call to Mobile Accident Response Service (MARS) will be taken as the time you reported your accident to the insurer which is within 24 hours from the time of accident as required under the Motor Claims Framework (MCF).

If you require any further clarification on the matter, please do not hesitate to contact us at 6333 2222.

Thank You.

Mobile Accident Response Service (MARS)
Tel: 6333 2222

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



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Accident Photo



Accident Photo



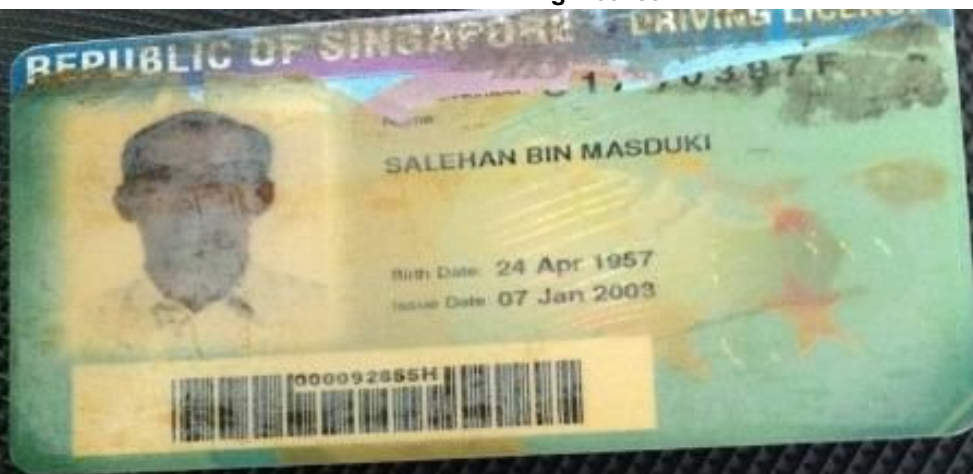
Accident Photo



Accident Photo



Driving License



Identification Card

YOU ARE LICENSED TO DRIVE VEHICLES IN THE FOLLOWING CLASS(ES)		PASS DATE
Class 2B	Motorcycles not exceeding 200 cc	18 Sep 1995
Class 2A	Motorcycles between 201 cc and 400 cc	29 Oct 2002
Class 3	Motor Cars and Motor Tractors the weight of which unladen does not exceed 2500 kilograms	07 Jan 1980

Licence No: S1240397F

NP 428A

2483779

NRIC No. S1240397F

Blood Group: B+ Date of issue: 15-10-1994

Address: APT BLK 411 CHOA CHU KANG AVENUE 3 #03-353 SINGAPORE 2368

Addendum Sheet Pg. 1



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: S66S0020G / 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 : MBHH17167956 Vehicle Registration No: SKV6527L
Name(as shown in NRIC) : SALEHAN BIN MASDUKI NRIC/FIN/Passport No : S1240397F
(*Vehicle Driver / Vehicle Owner) (*) Please delete as appropriate
Address : _____ Singapore()
Contact (Tel) : _____ Mobile No. : 98150671
Email Address : NOEMAIL
Date of Accident : 21/12/2017 Time of Accident : 12:15
Place of Accident : ALONG SHEARES AVE
Insurance Company: MSIG INSURANCE (SINGAPORE) PTE. 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 no of passenger (include driver) and detail of injury person.

Policyholder / Driver's Signature
Date:

Xian Chern
Reporting Centre Personnel's Signature
Name: Chin Xian Chern
NRIC/FIN No.: G8577824U
Date: 22 DEC 2017