

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 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	30/01/2018 21:12
Date Of Accident	30/01/2018 13:50
Exact Location Of Accident	GUL AVE AND GUL CIRCLE
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	YP7609T
Insured/Policyholder	
Name Of Registered Owner	STVE PTE. LTD.
Co Reg No	198703585C
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-97867523
Alternative Phone No	OFFICE-97867523

Vehicle Particulars

Manufacturer	MITSUBISHI
Model	FK62FMZ1RD
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	MS FIRST CAPITAL INSURANCE LTD
Type Of Coverage	THIRD PARTY
Fleet Policy	YES
Policy Number	D-16083837MFCV/4
Cover Note Number	NA

Driver

Name of Driver	PEH YIEW HIONG
NRIC No	S1825149C
Date Of Birth	10/12/1967
Occupation	INDOOR
Date Of Driving Pass	01/02/1988
Driving Experience	29 YEARS AND 11 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-97867523
Fax Number	
Contact Number	OFFICE-97867523
EEmail Address	NOEMAIL

Address	N.I.L
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	COLLISION - MAJOR/MINOR RD
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?	NO
Was any injured conveyed to hospital by ambulance?	
Was any other material or property damaged?	YES
I have been approached by unknown person(s) soliciting/offering accident claims assistance.	YES
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

I was driving straight along gul circle when veh b fail to stop at the stop line and make a right turn and collided with my vehicle. My front portion was damage and no injury 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	SGT3380U
Vehicle Make/Model/Colour	HONDA / CITY CVT
Details Of Properties	NA
Vehicle Category	PRIVATE CAR
Name of Driver	TOH KIM MENG
NRIC/Passport Number	
Contact Number	97498520
Address	
Postcode	
Insurance Company Name	
Nature Of Damage	
No. Of Passenger (Including Driver)	1

Sketch Plan

SKETCH PLAN

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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 my 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.

[Signature]

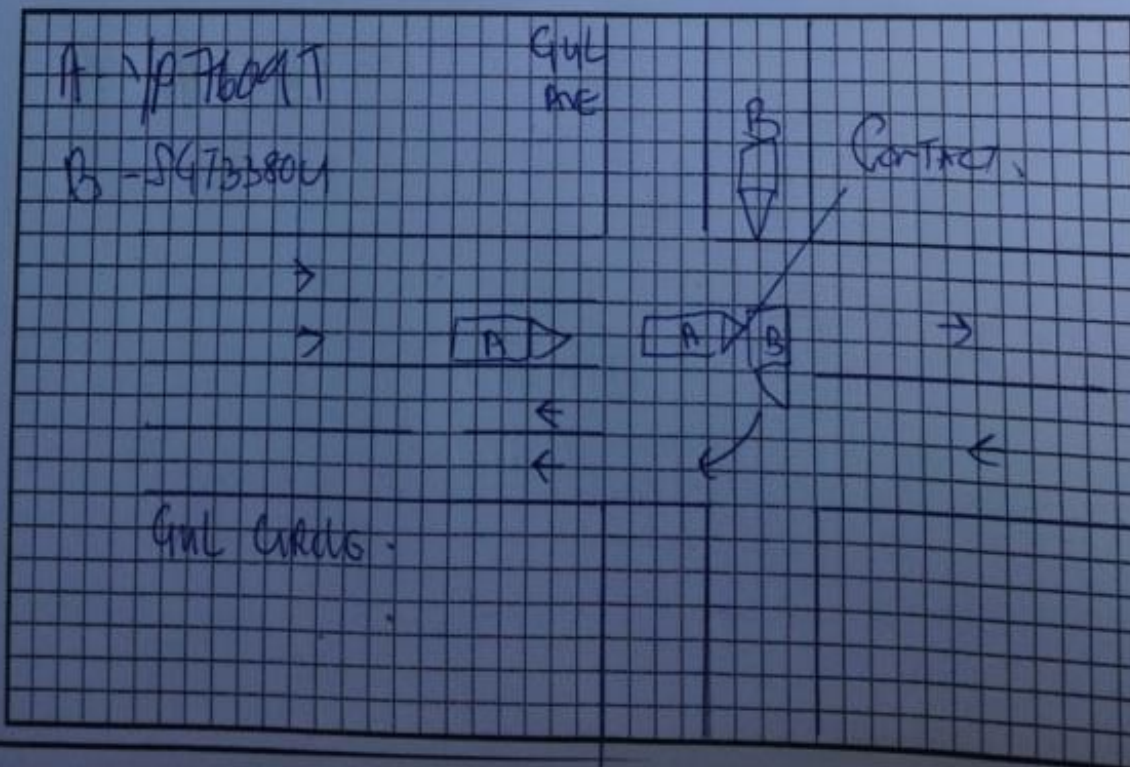
VERIFIED BY AJAX MARS
REPORTING OFFICER
MOHAMED SHARIL
BIN SATAR

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 was driving straight along gul circle when veh b fail to stop at the stop line and make a right turn and collided with my vehicle. My front portion was damage and no injury involvd.

Taxi Voucher No.:

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

No, Claims 3rd Party

DECLARATION

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

VERIFIED BY AJAX MARS REPORTING OFFICER -
MOHAMED SHARIL BIN SATAR

MARS Officer



Registered Owner or Driver's Signature

Job Complete Date/Time

30 January, 2018 4:03 pm

Date/Time:

30 January, 2018 4:03 pm

Elizabeth Lee

From: Ethan Toh Xiao Xin <EthanTohXX@goldbellcorp.com>
Sent: Wednesday, 31 January 2018 10:30 AM
To: Susan; marynelson@first-insurance.com.sg; Isaac Ng Cheng Long; Caroline@first-insurance.com.sg; estherlim@msfirstcapital.com.sg; Jacqueline Han Kwee Ling; Ceciallow@first-insurance.com.sg; Eileen Ngan Yi Ling
Cc: group@ajaxmars.com
Subject: RE: STV2-MARS00004164-YP7609T-30012018

Dear Susan,

Please amend driver surname to PEH as per NRIC.

Thank you.

Regards.

	Ethan Toh Xiao Xin Goldbell Corporation Pte Ltd Assistant, Operations Admin (FIM) Representing STVE Pte Ltd, Goldbell Leasing Pte Ltd & Aviation Equipment Leasing Pte Ltd DID: +65 6494 2942 Tel: +65 6861 0007 Fax: +65 6807 0431 Mobile: +65 9348 4218 Web: http://www.goldbellgroup.com/ Address: 18 Tuas Ave 10, Level 6, Singapore 639142
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From: Susan [<mailto:susan@ajaxmars.com>]
Sent: Wednesday, January 31, 2018 12:46 AM
To: marynelson@first-insurance.com.sg; Isaac Ng Cheng Long <IsaacNgCL@goldbellcorp.com>; Caroline@first-insurance.com.sg; estherlim@msfirstcapital.com.sg; Jacqueline Han Kwee Ling <JacquelineHanKL@goldbellcorp.com>; Ceciallow@first-insurance.com.sg; Ethan Toh Xiao Xin <EthanTohXX@goldbellcorp.com>; Eileen Ngan Yi Ling <EileenNganYL@goldbellcorp.com>
Cc: group@ajaxmars.com
Subject: STV2-MARS00004164-YP7609T-30012018

Dear Sir/Madam,

Please find attached files, for your perusal.

Thank you.

Best Regards,

Susan Neo

Email: susan@ajaxmars.com

AJAX MARS Pte Ltd
120 Lower Delta Road
#08-08 Cendex Centre

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



Identification Card

REPUBLIC OF SINGAPORE 新加坡共和国

IDENTITY CARD NO. S1825149C



Name

PEH VIEW HIONG

白 祐 熊

Race

CHINESE

Date of Birth



10-12-1967

Sex

M



Country of Birth

SINGAPORE




Identification Card

HYUNDAI A0123565



NRIC No: S1825149C



Blood Group: B+ Date of issue: 16-04-2002

APT BLK 690E WOODLANDS DRIVE 75 #05-200
SINGAPORE 735690

NRIC No: S1825149C Date: 03-06-2002 No: 4280694

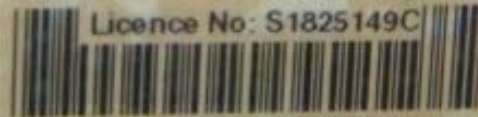
Driving License



YOU ARE LICENSED TO DRIVE VEHICLES IN THE FOLLOWING CLASS(ES)

		PASS DATE
Class 3	Motor Cars and Motor Tractors the weight of which unladen does not exceed 2500 kilograms	01 Feb 1988
Class 4	Heavy Motor Cars and Motor Tractors the weight of which unladen exceeds 2500 kilograms	29 May 1989
Class 5	Motor Vehicles which are not constructed themselves to carry any load and the weight of which unladen exceeds 7250 kilograms	28 Jul 1994

NP 428A



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 : MBHH18015004 Vehicle Registration No: YP7609T
Name(as shown in NRIC) : PEH YIEW HIONG NRIC/FIN/Passport No : S1825149C
(*Vehicle Driver / Vehicle Owner) (*) Please delete as appropriate
Address : _____ Singapore()
Contact (Tel) : _____ Mobile No. : 97867523
Email Address : _____
Date of Accident : 30/01/2018 Time of Accident : 13:50 HRS
Place of Accident : GUL AVE AND GUL CIRCLE
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 DRIVER NAME TO PEH YIEW HIONG.

Policyholder / Driver's Signature
Date:

Reporting Centre Personnel's Signature
Name: Lee Wan Qi
NRIC/FIN No.: S9245801F
Date: 31/01/2018