

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	16/11/2017 18:47
Date Of Accident	15/11/2017 23:40
Exact Location Of Accident	ALONG BUKIT TIMAH RD
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SGV717S
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Insured/Policyholder

Name Of Registered Owner	MUHAMMAD FADZLI BIN SALIM
NRIC No	S7919738F
Email Address	FADZLISALIM4LIFE@GMAIL.COM
Mobile Phone No	(LOCAL) +65-96938147
Alternative Phone No	OFFICE-96938147

Vehicle Particulars

Manufacturer	TOYOTA
Model	VELLFIRE 2.5 MPV 2493CC
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?	YES
If No, Please state action to be taken	
Vehicle Category	PRIVATE CAR

Insurance Company

Name of Insurance Company	EQ INSURANCE COMPANY LTD
Type Of Coverage	COMPREHENSIVE
Fleet Policy	NO
Policy Number	DMPPHQ17-005676
Cover Note Number	N.A

Driver

Name of Driver	MUHAMMAD FADZLI BIN SALIM
NRIC No	S7919738F
Date Of Birth	02/07/1979
Occupation	INDOOR
Date Of Driving Pass	19/03/2007
Driving Experience	10 YEARS AND 7 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-96938147
Fax Number	
Contact Number	OFFICE-96938147
Email Address	FADZLISALIM4LIFE@GMAIL.COM

Address

Postcode

Was driver an employee of the Insured's Company NO

If No, Relationship of the Driver with the Insured OWNER

Vehicle Registration Number of Driver's Own Vehicle -

Insurance Company of Driver's Own Vehicle -

General Information of the Accident

Type Of Accident COLLISION - HEAD TO REAR

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) 2

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

Was driving along the said location, on the third lane of five lane road. Vehicle b was ahead of me, i noticed the said driver signal left i followed safety distance away. Approaching the traffic junction, vehicle suddenly jams it's brake on amber light. I applied my brake but unable to stop in time. My vehicle surged forward and bump, onto the rear of vehicle b. The said driver came out from his vehicle and keep on apologizing, both party pull over our vehicle along the road as not to obstruct the traffic flows. Verbally had a conversation with the owner of the vehicle and was mention by him to claim against his insurance for my vehicle repair.

Attachment(s)

Are accident photos available for attachment? YES

Was there any video captured by Car Camera? YES

Was there any audio recorded? NO

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number SKX2993P

Vehicle Make/Model/Colour MASERATI/ GRANTURISMO/ BLACK

Details Of Properties NA

Name of Driver REUBEN GAVIN PETER

NRIC/Passport Number S8834291G

Contact Number 90091317

Address NA

Postcode NA

Insurance Company Name

Nature Of Damage

No. Of Passenger (Including Driver)

Details of Witness

Name

Phone Number

Email Address

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 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.

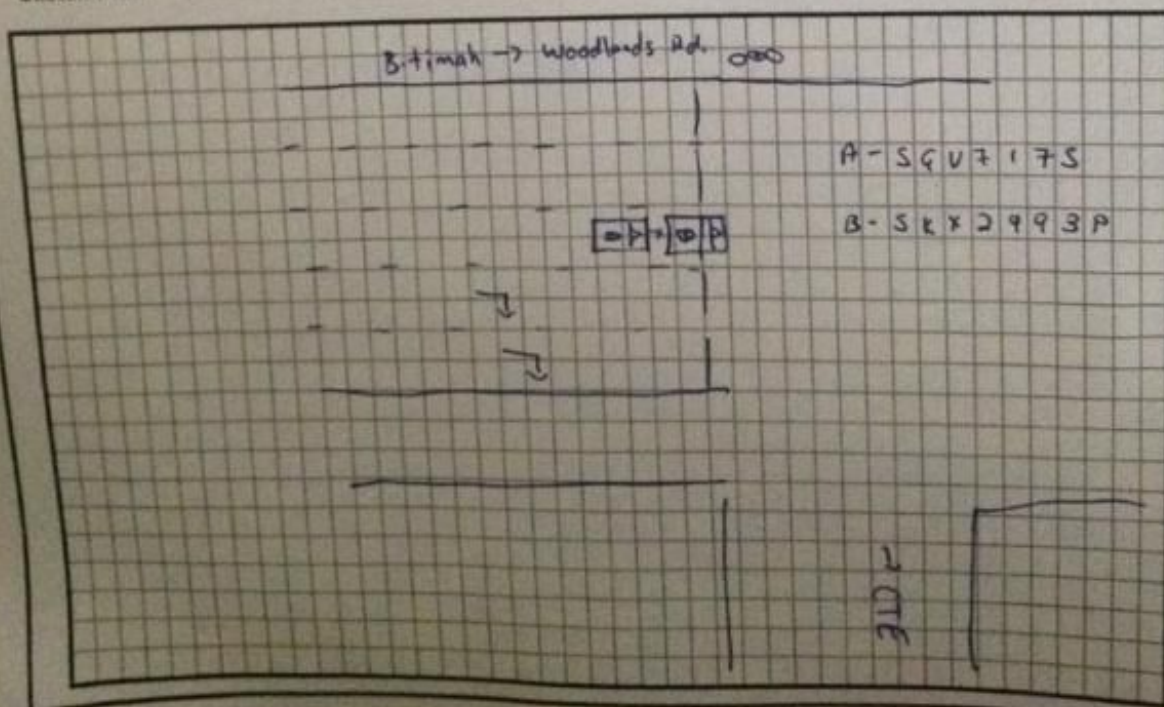
[Signature]
Policyholder's Signature / Date & Time

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

VERIFIED BY AJAX MARS
REPORTING OFFICER
MOHAMAD HELMY BIN
ALEHAM

Witnessed by Reporting Centre
Personnel

Sketch Plan



Common Statement

ACCIDENT STATEMENT (2000 characters)

Was driving along the said location, on the third lane of five lane road. Vehicle b was ahead of me, i noticed the said driver signal left I followed safety distance away. Approaching the traffic junction, vehicle suddenly jams it's brake on ember light. I applied my brake but unable to stop in time. My vehicle surged forward and bump, onto the rear of vehicle b. The said driver came out from his vehicle and keep on apologizing, both party pull over our vehicle along the road as not to obstruct the traffic flows. Verbally had a conversation with the owner of the vehicle and was mention by him to claim against his insurance for my vehicle repair.

Taxi Voucher No.:

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

Yes

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:

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



Driving License

REPUBLIC OF SINGAPORE
IDENTITY CARD NO. **S7919738F**



Name
MUHAMMAD FADZLI BIN SALIM

Race
MALAY

Date of birth
02-07-1979

Sex
M

Country of birth
SINGAPORE

S7919738F

REPUBLIC OF SINGAPORE **DRIVING LICENCE**



License Number
Name: **S7919738F**

MUHAMMAD FADZLI BIN SALIM

Birth Date: **02 Jul 1979**

Issue Date: **19 Mar 2007**

001487428A



Driving License

3772463



NRIC No. S7919738F



Date of issue
06-09-2005

Address
APT BLK 759 JURONG WEST STREET 74
#05-106
SINGAPORE 640759

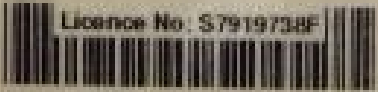


YOU ARE LICENSED TO DRIVE VEHICLES IN THE FOLLOWING CLASSIES

	PASS DATE
Class 2B Motorcycles \leq 200 cc	06 Mar 2000
Class 2A Motorcycles between 201 cc and 400 cc	12 Mar 2002
Class 3 Motor Cars \leq 3000kg with \leq 7 passengers, exclusive of the driver, and other motor vehicles \leq 2500kg	19 Mar 2007

NP 428A

Licence No. S7919738F





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: S6650020G / 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 : MBHH17152189 Vehicle Registration No: SGV717S
 Name(as shown in NRIC) : MUHAMMAD FADZLI BIN SALIM NRIC/FIN/Passport No : S7919738F
 (*Vehicle Driver / Vehicle Owner) (*) Please delete as appropriate
 Address : _____ Singapore()
 Contact (Tel) : _____ Mobile No. : 96938147
 Email Address : FADZLISALIM4LIFE@GMAIL.COM
 Date of Accident : 15/11/2017 Time of Accident : 23:40
 Place of Accident : ALONG BUKIT TIMAH RD
 Insurance Company: EQ INSURANCE COMPANY 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 TO OWN DAMAGED CLAIMS

AMEND EMAIL ADDRESS : FADZLISALIM4LIFE@GMAIL.COM

N.A

Policyholder / Driver's Signature
 Date:

Reporting Centre Personnel's Signature
 Name: NOR ATIKA
 NRIC/FIN No.: G2055450P
 Date: 21/11/2017

Atika

From: Fadzli Salim <fadzlisalim4life@gmail.com>
Sent: Tuesday, 21 November, 2017 2:16 PM
To: Atika
Subject: Re: GIA REPORT - SGV717S

Dear Sir / Madam

I MUHAMMAD Fadzli bin Salim S7919738F, vehicle owner of SGV 717 S, would like to amend my report, from third party claim to own claim my insurance due to the nature of the accident. Pls revert to me with the amended copy to expedite. So the workshop could submit to the insurance company. Your help is greatly appreciated. Thank you.

Fadzli Salim

On Tue, 21 Nov 2017 at 2:10 PM, Atika <atika@ajaxmars.com> wrote:

Dear Sir,

Please find attached file for your perusal.

Best Regards,

Nor Atika Bte Rahim

Email: atika@ajaxmars.com

AJAX MARS Pte Ltd

120 Lower Delta Road

#08-08 Cendex Centre

Singapore 169208

Tel: (65) 6333 2222 Fax: (65) 6849 9155

<http://www.ajaxadjusters.com>

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