MBH-18034625 / AJAX MARS PTELTD - Bukit Merah ENTRY DATE & TIME 13/03/2018 14:03 SUBMITTED BY: Bizabeth

### 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 <u>truthful and accurate</u> as possible. Any wilful misrepresentation or witholding 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 policyliability 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

aioresaid.		
	ACCIDENT STATEMENT	
Date Of Report	13/03/2018 14:03	
Date Of Accident	13/03/2018 12:20	
Exact Location Of Accident	87C LORONG MARICAN 417296	
Country/State of Loss	SINGAPORE	
DETAILS OF OWN VEHICLE		
Vehicle Registration Number	SLE8110U	
Insured/Policyholder		
Name Of Registered Owner	LCRF PTE. LTD.	
Co Reg No	201624597K	
Email Address	NOEMAIL	
Mobile Phone No		
Alternative Phone No	Office-31584255	
Vehicle Particulars		
Manufacturer	HONDA	
Model	VEZEL HYBRID	
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	REPORTING ONLY	
Vehicle Category	COMMERCIAL VEHICLE	
Insurance Company		
Name of Insurance Company	AIG ASIA PACIFIC INSURANCE PTE. LTD.	
Type Of Coverage	COMPREHENSIVE	
Fleet Policy	YES	
Policy Number	999995059	
Cover Note Number		
Driver		
Name of Driver	AHMAD BIN SAPIK	
NRIC No	S0798984I	

14/02/1949

**OUTDOOR** 

22/03/1978

MALE

39 YEARS AND 11 MONTHS

(LOCAL) +65-97367104

Contact Number

EMail Address AHMADSAPIK985@YAHOO.COM

Date Of Birth

Date Of Driving Pass

**Driving Experience** 

Mobile Number

Fax Number

Occupation

Gender

Address Postcode BLK 149 PASIR RIS STREET 13 #07-42 SINGAPORE 510149

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

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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

Number of vehicles involved in the accident

Was any body injured in the Accident?

NO

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)

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 ALONG LOR MARICAN HEADING TOWARDS JLN DAUD. AT THE JUNCTION OF JLN ISHAK, THERE WAS A BIG LORRY COMING FROM THE OPPOSITE SIDE. AS I ASSUMED I WAS ON A MAJOR ROAD, I SLOWED DOWN BEFORE PROCEEDING. SUDDENLY I FELT AN IMPACT ON THE RIGHT SIDE OF MY VEHICLE. VEHICLE B HAD COLLIDED ONTO THE FRONT RIGHT PORTION OF MY VEHICLE. NO INJURIES WERE 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 SJM4407Y

Vehicle Make/Model/Colour VOLKSWAGEN/GOLF 1.4/WHITE

**Details Of Properties** 

Vehicle Category PRIVATE CAR
Name of Driver MARY WEAVER
NRIC/Passport Number S7789660J
Contact Number 84916420

Address Postcode

Insurance Company Name

Nature Of Damage

No. Of Passenger (Including Driver)

2

### SKETCH PLAN

### IMPORTANT NOTICE

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- 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 liability.
- 4. The issue and acceptance of this form by insurance companies is not an admission of policy liability on the part of insurance companies.
- Any false reporting may be referred to the Police for Investigation.
   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.
- 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:

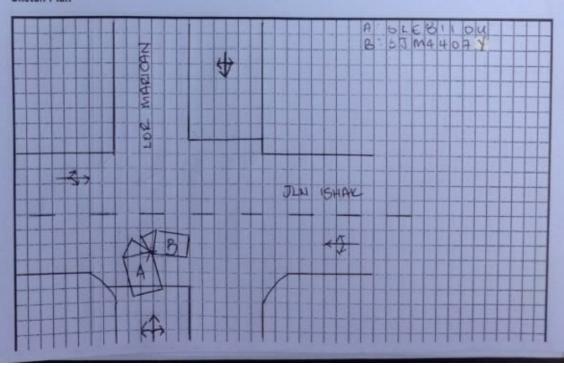
  (a) My insurer, my workshop and the General insurance Association of Singapore ("GIA") may/are permitted to collect, use, disclose and/or process my personal data/personal information set out in this [form] and any other personal information provided by me or possessed by my insurer (collectively the "Personal Information") and disclose and transfer such Personal Information to all insurer(s) who have insured vehicle(s) involved in this accident shall be collectively the "Personal Information"). "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 (iv) administering my claims (including the mailing of correspondence, statements, invoices, reports or notices to me, which could involve discissure 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' iswyers/iaw firms, may/are permitted to collect, use, disclose and/or process my Personal Information for one or more of the above Purposes; and

  (d) 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 iswyers/iaw firms), which may be sited outside of Singapore, for one or more of the above Purposes.

VERIFIED BY AJAX MARS REPORTING OFFICER Ammar Hamizan Bin

Khairudin Witnessed by Reporting Centre

## Sketch Plan



# **ACCIDENT STATEMENT (2000 characters)**

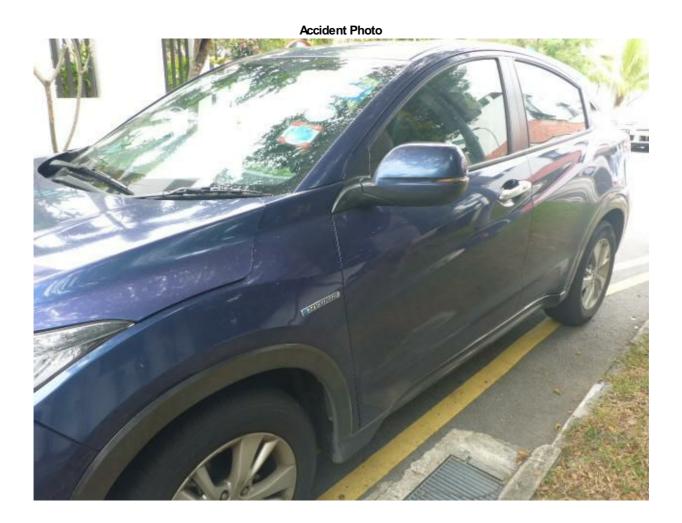
JUNCTION OF JLN ISHAK, THERE WA OPPOSITE SIDE. AS I ASSUMED I WAS BEFORE PROCEEDING. SUDDENLY I	S ON A MAJOR ROAD, I SLOWED DOWN FELT AN IMPACT ON THE RIGHT SIDE OF DED ONTO THE FRONT RIGHT PORTION OF
Taxi Voucher No.:	
DECLARATION  I/We declare that the above particulars & information provide	ed above are true in every aspect
VERIFIED BY AJAX MARS REPORTING OFFICER - AMMAR HAMIZAN	The state of the s
MARS Officer	
	Registered Owner or Driver's Signature
Job Complete Date/Time	Date/Time:







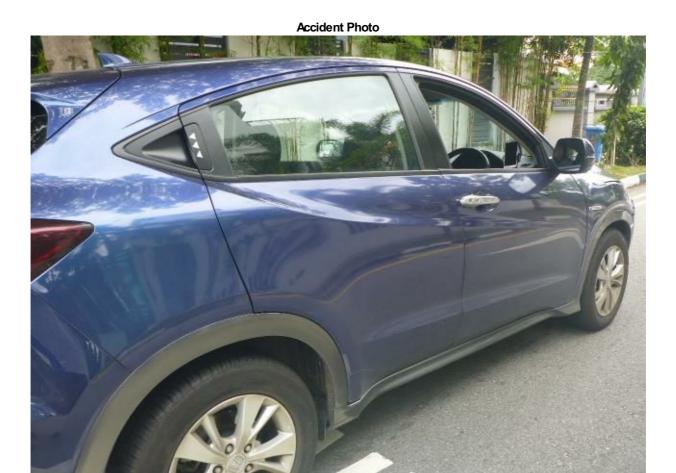












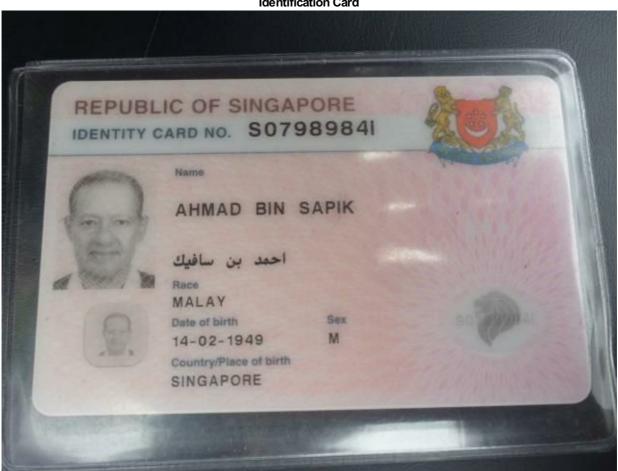




**Accident Photo** 



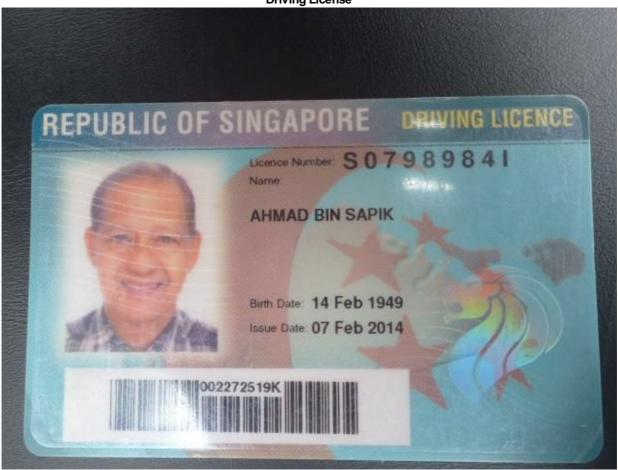
**Identification Card** 



**Identification Card** 



**Driving License** 



# YOU ARE LICENSED TO DRIVE VEHICLES IN THE FOLLOWING CLASS(ES) EFFECTIVE DATE Class 28 Motorcycles =< 200 cc Class 24 Motorcycles between 201 cc and 400 cc Class 2 Motorcycles > 400 cc Class 2 Motorcycles > 400 cc Class 3 Motor Cars =< 3000kg with =<7 passengers, exclusive of the driver; and other motor vehicles =< 2500kg NP 428A