

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	16/03/2018 22:42
Date Of Accident	16/03/2018 10:20
Exact Location Of Accident	ALONG BKE TOWARDS PIE NEAR MANDAI EXIT AT 7.2KM M
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	YP6747J
Insured/Policyholder	
Name Of Registered Owner	QI FU ENTERPRISE CO PTE LTD
Co Reg No	201603648Z
Email Address	KAYDENLOH89@GMAIL.COM
Mobile Phone No	(LOCAL) +65-81701042
Alternative Phone No	OFFICE-81701042

Vehicle Particulars

Manufacturer	MITSUBISHI
Model	FUSO
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	EQ INSURANCE COMPANY LTD
Type Of Coverage	COMPREHENSIVE
Fleet Policy	NO
Policy Number	DMCPHQ17-003395
Cover Note Number	N.A.

Driver

Name of Driver	LOH FOOK YOU
NRIC No	S8971693D
Date Of Birth	25/09/1989
Occupation	OUTDOOR
Date Of Driving Pass	15/12/2010
Driving Experience	7 YEARS AND 3 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-81701042
Fax Number	
Contact Number	OFFICE-81701042
EEmail Address	KAYDENLOH89@GMAIL.COM

Address	87A JALAN JARAK
Postcode	809283
Was driver an employee of the Insured's Company	YES
If No, Relationship of the Driver with the Insured	
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?	YES
Foreign Vehicle Registration Number	JFS1075 (PRIVATE CAR)
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.	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

ON THE DATE AND TIME MENTIONED, I WAS DRIVING ALONG THE SAID MENTIONED ROAD ON THE SECOND LANE FROM THE LEFT. I WAS FOLLOWING VEHICLE C AT A DISTANCE. WHEN VEHICLE C MADE A STOPPED BECAUSE OF CONGESTION, I FOLLOWED SUIT. WHEN MY VEHICLE WAS AT STATIONARY, IT WAS HIT FROM THE REAR BY VEHICLE B. THE IMPACT PUSHED MY VEHICLE FORWARD AND HIT THE REAR OF VEHICLE C. NOBODY WAS INJURED. I DID NOT HAVE THE PARTICULARS OF THE DRIVER OF VEHICLE C AS THE DRIVER MOVED OFF WHILE I WAS WAITING FOR THE EMAS PERSONELL. I WAS ASKED BY MARS OFFICER TO MAKE A POLICE REPORT AND FORWARD TO MARS HQ AS THIS INCIDENT DID INVOLVED A MALAYSIAN REGISTERED VEHICLE. STATEMENT WAS READ TO ME AND I ACKNOWLEDGED IT.

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	GY7499J
Vehicle Make/Model/Colour	KIA/K2700 S/C/BLU
Details Of Properties	81893925
Vehicle Category	COMMERCIAL VEHICLE
Name of Driver	BAI SHUPWNG
NRIC/Passport Number	G8306321T
Contact Number	
Address	
Postcode	

Insurance Company Name
Nature Of Damage
No. Of Passenger (Including Driver)

2

DETAILS OF OTHER VEHICLE PROPERTY 2

Vehicle Registration Number JFS1075
Vehicle Make/Model/Colour UNKNOWN
Details Of Properties
Vehicle Category PRIVATE CAR
Name of Driver
NRIC/Passport Number
Contact Number
Address
Postcode
Insurance Company Name
Nature Of Damage
No. Of Passenger (Including Driver)

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.

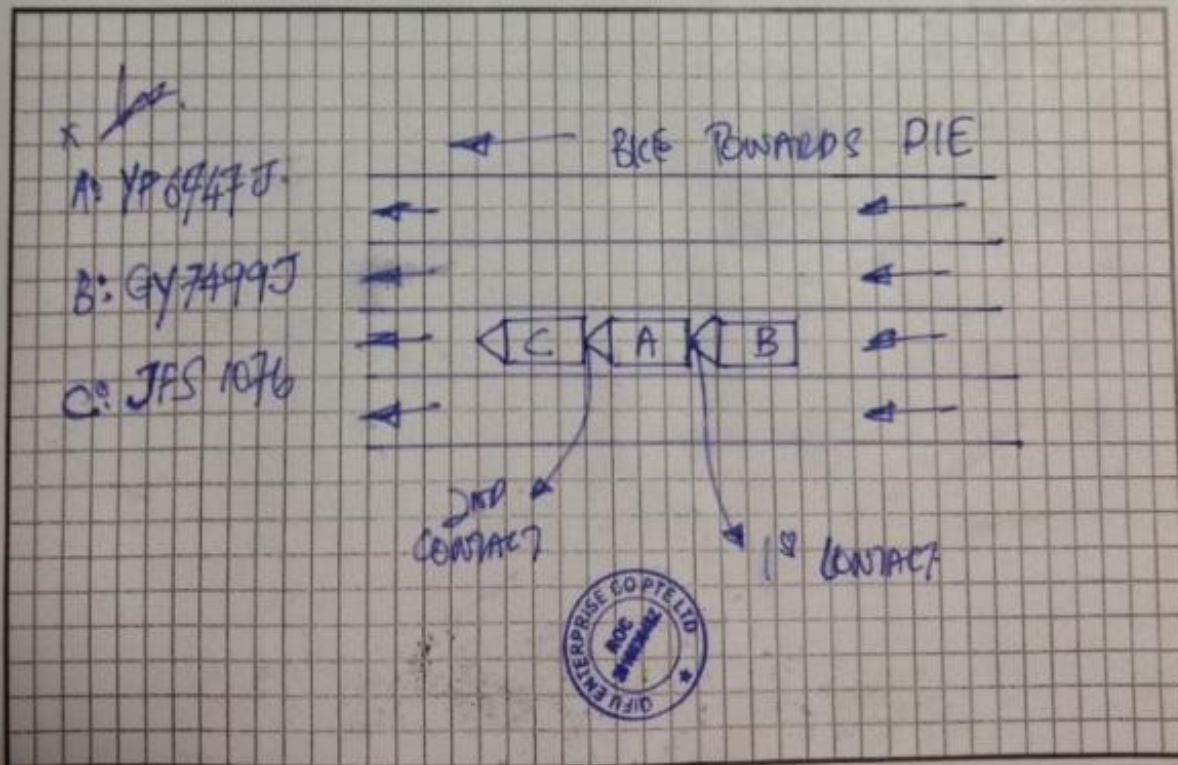
VERIFIED BY AJAX MARS
REPORTING OFFICER
Hashim Kamari

Policyholder's Signature / Date & Time

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

Witnessed by Reporting Centre
Personnel 16/03/18

Sketch Plan



Common Statement

ACCIDENT STATEMENT (2000 characters)

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STATEMENT WAS READ TO ME AND I ACKNOWLEDGED IT.

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 -
HASHIM BIN KAMARI

MARS Officer



Registered Owner or Driver's Signature

Job Complete Date/Time

16 March 2018 at 5:17 PM

Date/Time:

16 March 2018 at 5:17 PM

EMAIL ATTACHED

Susan

From: Loh Fook You <kaydenloh89@gmail.com>
Sent: Wednesday, 18 April 2018 3:01 PM
To: Susan
Subject: Re: GIA REPORT-YP6747J
Attachments: image001.gif

Please help me change the accident report to 3rd party claim thanks

On Fri, 16 Mar 2018, 23:29 Susan, <susan@ajaxmars.com> wrote:

Dear Sir/Madam,

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

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.

Best Regards,

Susan Neo

Email: susan@ajaxmars.com

Accident Photo



Accident Photo



Accident Photo



Accident Photo



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Accident Photo



Accident Photo



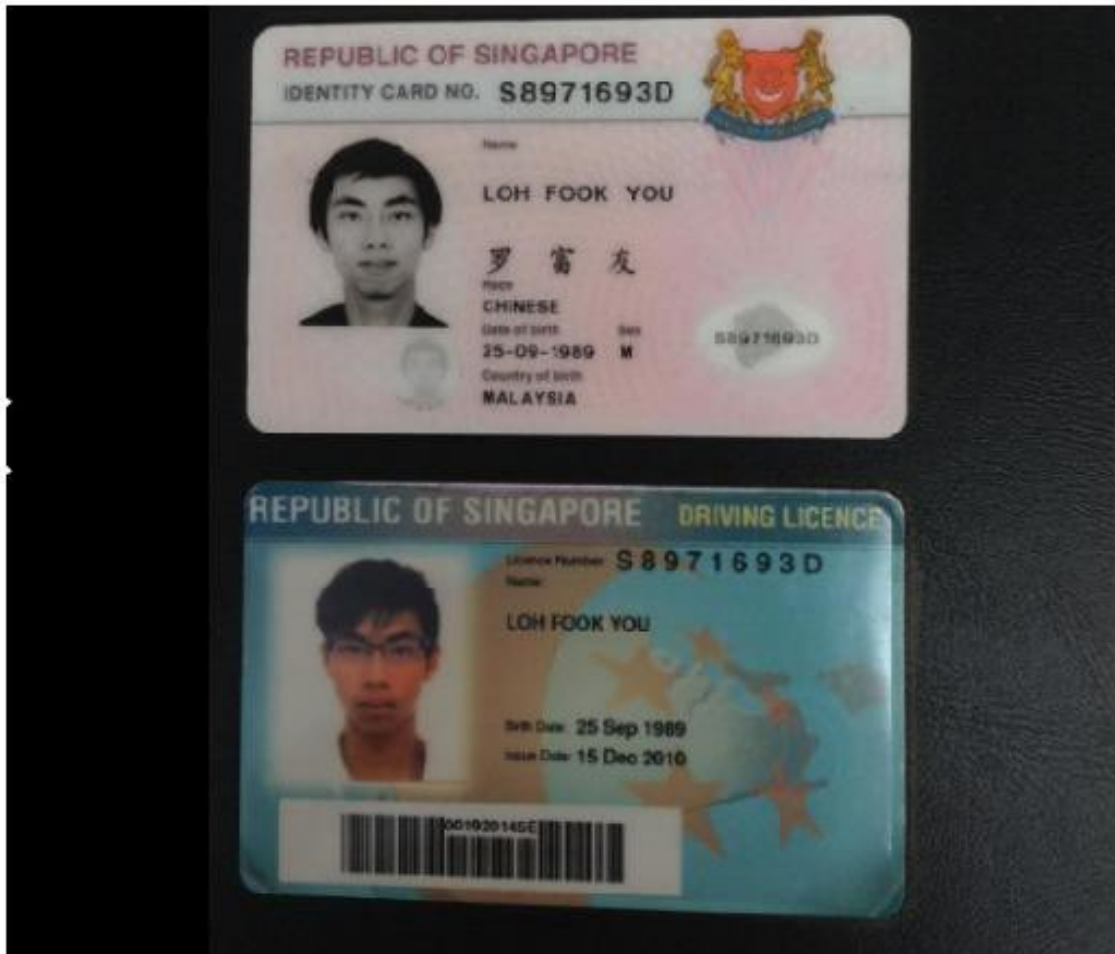
Accident Photo



Accident Photo



Driving License



Driving License



Addendum Sheet



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: S66550020G / 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 : MBHH18036346 Vehicle Registration No: YP6747J
Name (as shown in NRIC) : LOH FOOK YOU NRIC/FIN/Passport No : S8971693D
(*Vehicle Driver / ~~Vehicle Owner~~) (*) Please delete as appropriate
Address : _____ Singapore()
Contact (Tel) : _____ Mobile No. : 81701042
Email Address : kaydenloh89@gmail.com
Date of Accident : 16/03/2018 Time of Accident : 10:20
Place of Accident : ALONG BKE TOWARDS PIE NEAR MANDAI EXIT AT 7.2KM M
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: Are you claiming under your own insurance policy for repair to your vehicle? NO, CLAIM 3RD PARTY

Policyholder / Driver's Signature
Date:

SUSAN

Reporting Centre Personnel's Signature
Name: F S NEO
NRIC/FIN No.:
Date: 19/04/2018