

## 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	19/12/2017 14:58
Date Of Accident	18/12/2017 13:35
Exact Location Of Accident	ALONG CHANGI T1 BRAVO 10 DRIVE WAY
Country/State of Loss	SINGAPORE

### DETAILS OF OWN VEHICLE

Vehicle Registration Number	RU5942A
<b>Insured/Policyholder</b>	
Name Of Registered Owner	AVIATION EQUIPMENT LEASING
Co Reg No	200721616C
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-90171904
Alternative Phone No	OFFICE-90171904

### Vehicle Particulars

Manufacturer	TOYOTA
Model	HIACE HIROOF
Exact Purpose for which vehicle was being used at time of accident	COMMERCIAL USE
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	FIRST CAPITAL INSURANCE LTD
Type Of Coverage	THIRD PARTY
Fleet Policy	YES
Policy Number	D-16083840MFCV
Cover Note Number	

### Driver

Name of Driver	BAHARUDIN BIN JOHARI
NRIC No	S0569181H
Date Of Birth	31/05/1953
Occupation	OUTDOOR
Date Of Driving Pass	26/08/2014
Driving Experience	3 YEARS AND 3 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-90171904
Fax Number	
Contact Number	
EEmail Address	NOEMAIL

Address	NIL
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 - HEAD TO REAR
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.	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

MY VEHICLE WAS STOPPED STATIONARY AT THE MENTIONED LOCATION DUE TO RED TRAFFIC LIGHT. OUT OF A SUDDEN, I FELT AN IMPACT FROM MY REAR AND DISCOVER VEHICLE B HAD COLLIDED ONTO THE REAR OF MY VEHICLE. AFTER A FEW SECONDS, I FELT THE SECOND IMPACT AT THE REAR AGAIN. AFTER THE IMPACT, WE ALIGHTED TO EXCHANGE DETAILS AND TOOK SOME PHOTOS BEFORE WE MOVE OFF FROM THE LOCATION. THERE IS 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	WB9526H
Vehicle Make/Model/Colour	ISUZU/NQR70P
Details Of Properties	
Vehicle Category	COMMERCIAL VEHICLE
Name of Driver	ROHANI BIN MD YASIN
NRIC/Passport Number	S0446208D
Contact Number	
Address	
Postcode	
Insurance Company Name	
Nature Of Damage	
No. Of Passenger (Including Driver)	1

## Sketch Plan

### SKETCH PLAN

#### 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 Authorized 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 liability.
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. 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 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.
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.  
(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.

Policyholder's Signature / Date & Time

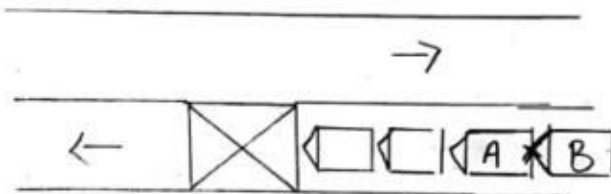
Sketch Plan

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

VERIFIED BY AJAX MARS  
REPORTING OFFICER

EUGENE KOH

Witnessed by Reporting Centre  
Personnel



ALONG CHANGI T1  
BRAVO 10 DRIVE WAY

A) RU S942 A

B) WB 9526 H

**ACCIDENT STATEMENT (2000 characters)**

MY VEHICLE WAS STOPPED STATIONARY AT THE MENTIONED LOCATION DUE TO RED TRAFFIC LIGHT. OUT OF A SUDDEN, I FELT AN IMPACT FROM MY REAR AND DISCOVER VEHICLE B HAD COLLIDED ONTO THE REAR OF MY VEHICLE. AFTER A FEW SECONDS, I FELT THE SECOND IMPACT AT THE REAR AGAIN. AFTER THE IMPACT, WE ALIGHTED TO EXCHANGE DETAILS AND TOOK SOME PHOTOS BEFORE WE MOVE OFF FROM THE LOCATION. THERE IS 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 -  
EUGENE KOH YEW KIAT

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

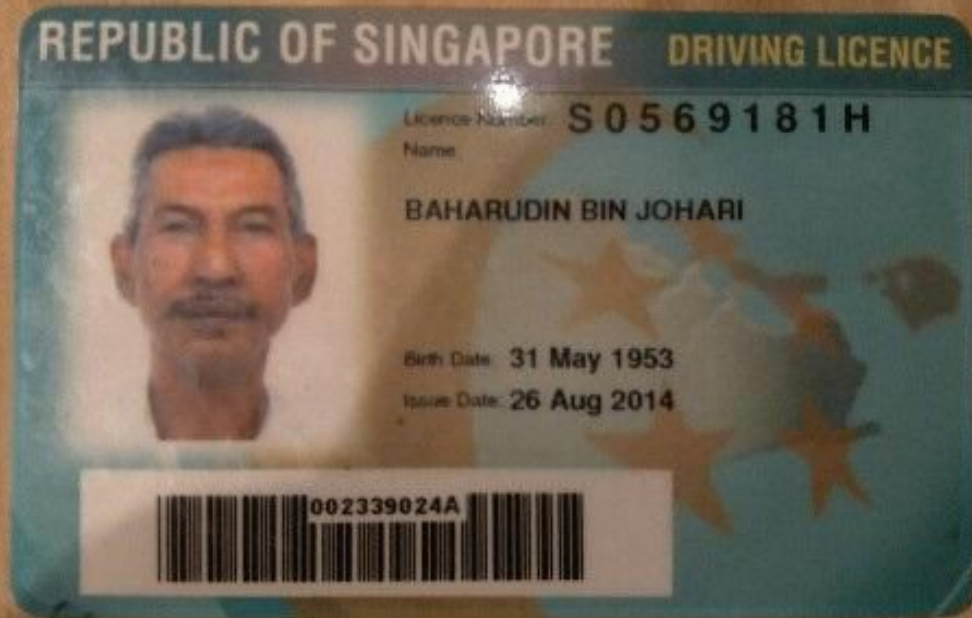


Accident Photo

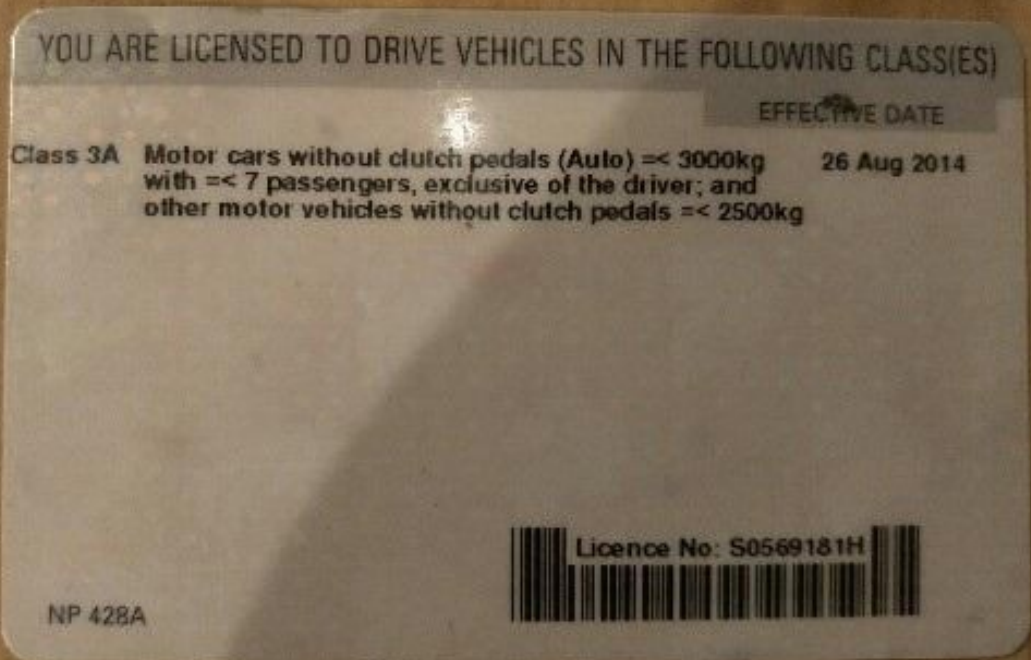




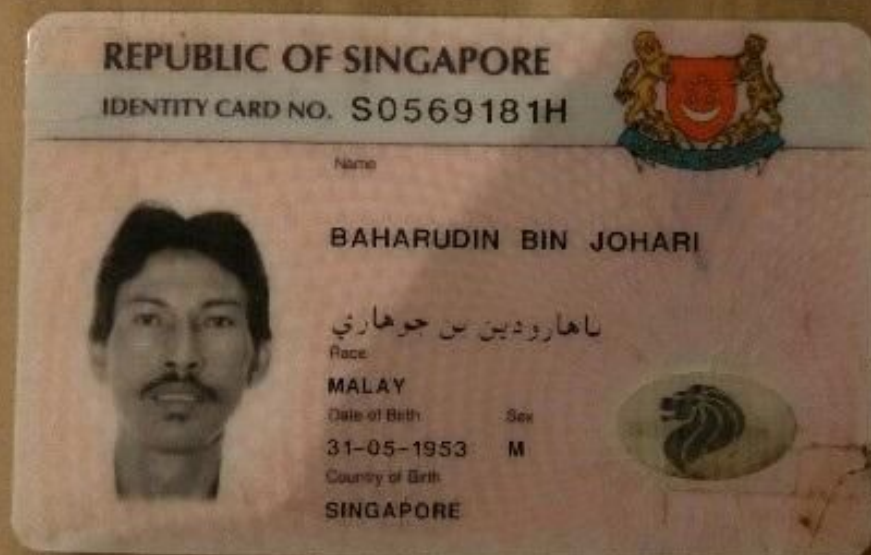
Driving License



Driving License



Identification Card





Identification Card



**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

## ADDENDUM

Original Report No : MBHH17166761      Vehicle Registration No: RU5942A

Name(as shown in NRIC) : BAHARUDIN BIN JOHARI      NRIC/FIN/Passport No : S0569181H

Address : \_\_\_\_\_ Singapore( )

Contact (Tel) : \_\_\_\_\_ Mobile No. : 90171904

Email Address : \_\_\_\_\_

Date of Accident : 18/12/2017 Time of Accident : 13:35hrs

Place of Accident : ALONG CHANGI T1 BRAVO 10 DRIVE WAY

Insurance Company: FIRST CAPITAL INSURANCE LTD

I have made a report on the above mentioned accident and would like to include additional information or make the following amendments:

Amend to third party claims

MEILIN CHAI

Reporting Centre Personnel's Signature  
Name:  
NRIC/FIN No.: 841119016058  
Date: 19 DEC 2017