

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	17/05/2018 19:20
Date Of Accident	17/05/2018 07:05
Exact Location Of Accident	HOLLAND RD TOWARDS CLEMENTI RD BEF NORTH VISTA RD
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SKT7324J
Insured/Policyholder	
Name Of Registered Owner	CHRISTOPHER GILL
NRIC No	S7029867H
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-96854332
Alternative Phone No	OTHERS-96854332

Vehicle Particulars

Manufacturer	VOLVO
Model	S80 2.5T
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?	NO
If No, Please state action to be taken	THIRD PARTY
Vehicle Category	PRIVATE CAR

Insurance Company

Name of Insurance Company	SOMPO INSURANCE SINGAPORE PTE. LTD.
Type Of Coverage	COMPREHENSIVE
Fleet Policy	NO
Policy Number	D17MTPV01012624
Cover Note Number	N.A

Driver

Name of Driver	LAI WEI YEE, JANICE
NRIC No	S7702800E
Date Of Birth	13/01/1977
Occupation	INDOOR
Date Of Driving Pass	29/01/1997
Driving Experience	21 YEARS AND 3 MONTHS
Gender	FEMALE
Mobile Number	(LOCAL) +65-96854332
Fax Number	
Contact Number	
Email Address	EMAILTHEGILLS@YAHOO.COM.SG

Address	AMARYLLIS VILLE, 22 NEWTON ROAD #06-09
Postcode	307990
Was driver an employee of the Insured's Company	NO
If No, Relationship of the Driver with the Insured	SPOUSE
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?	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
Passenger 1	NAME: : RYAN GILL
	GENDER: : MALE

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 Holland Road towards Clementi Road and before the junction of North Buona Vista Road, I had stopped my vehicle due to the traffic. While my vehicle was stationary waiting to move off, I suddenly felt an impact from the rear of my vehicle. Vehicle B had collided onto the rear 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	SFB2302J
Vehicle Make/Model/Colour	MERCEDES BENZ GLC250 4MATIC
Details Of Properties	NIL
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)

2

Passenger 1

NAME: : PASSENGER 1

GENDER: : MALE

Sketch Plan

SKETCH PLAN

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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.

**VERIFIED BY AJAX MARS
REPORTING OFFICER**

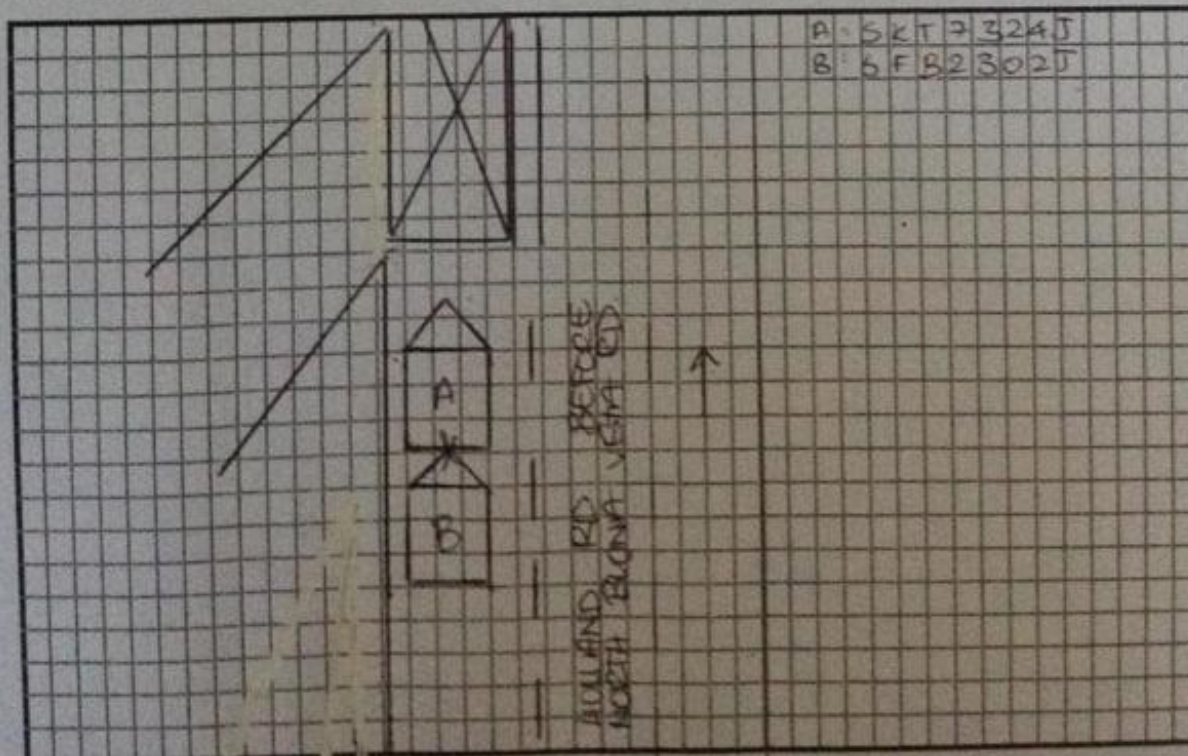
Ammar Hamizan Bin Khairudin

Policyholder's Signature / Date & Time

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

Witnessed by Reporting Centre
Personnel

Sketch Plan



ACCIDENT STATEMENT (2000 characters)

I was driving along Holland Rd towards Clementi Rd and before The junction of north buona vista rd, I had stopped my vehicle due to the traffic. While my vehicle was stationary waiting to move off, I suddenly felt an impact from the rear of my vehicle. Vehicle B had collided onto the rear portion of my vehicle. No injuries were 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 -
AMMAR HAMIZAN

MARS Officer



Registered Owner or Driver's Signature

Job Complete Date/Time

17 May 2018 6:51 pm

Date/Time:

Elizabeth Lee

From: Chris & Janice Gill <emailthegills@yahoo.com.sg>
Sent: Saturday, 19 May 2018 11:43 AM
To: Boey
Cc: group@ajaxmars.com
Subject: Re: RE: GIA Report - SKT7324J

Hi - please change the report from "Reporting Only" to "Third Party Claim".

Thank you very much.

Kind regards,
Janice Gill

On Thursday, 17 May 2018, 7:47:15 PM GMT+8, Boey <boey@ajaxmars.com> wrote:

Dear Ms Janice,

Please find attached.

Best Regards,

Boey

Email: boey@ajaxmars.com

AJAX MARS PTE LTD

120 Lower Delta Road

#08-08 Cendex Centre

Singapore 169208

Tel: (65) 6333 2222 Fax: (65) 6311 3749

<http://www.ajaxadjusters.com>

SE ASIA ■ CHINA ■ UK ■ US ■ SOUTH PACIFIC

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



Identification Card

REPUBLIC OF SINGAPORE

IDENTITY CARD NO. S7702800E



Name

LAI WEI YEE, JANICE
MRS JANICE GILL

黎 慧 仪

Race

CHINESE

Date of birth

13-01-1977

Sex

F

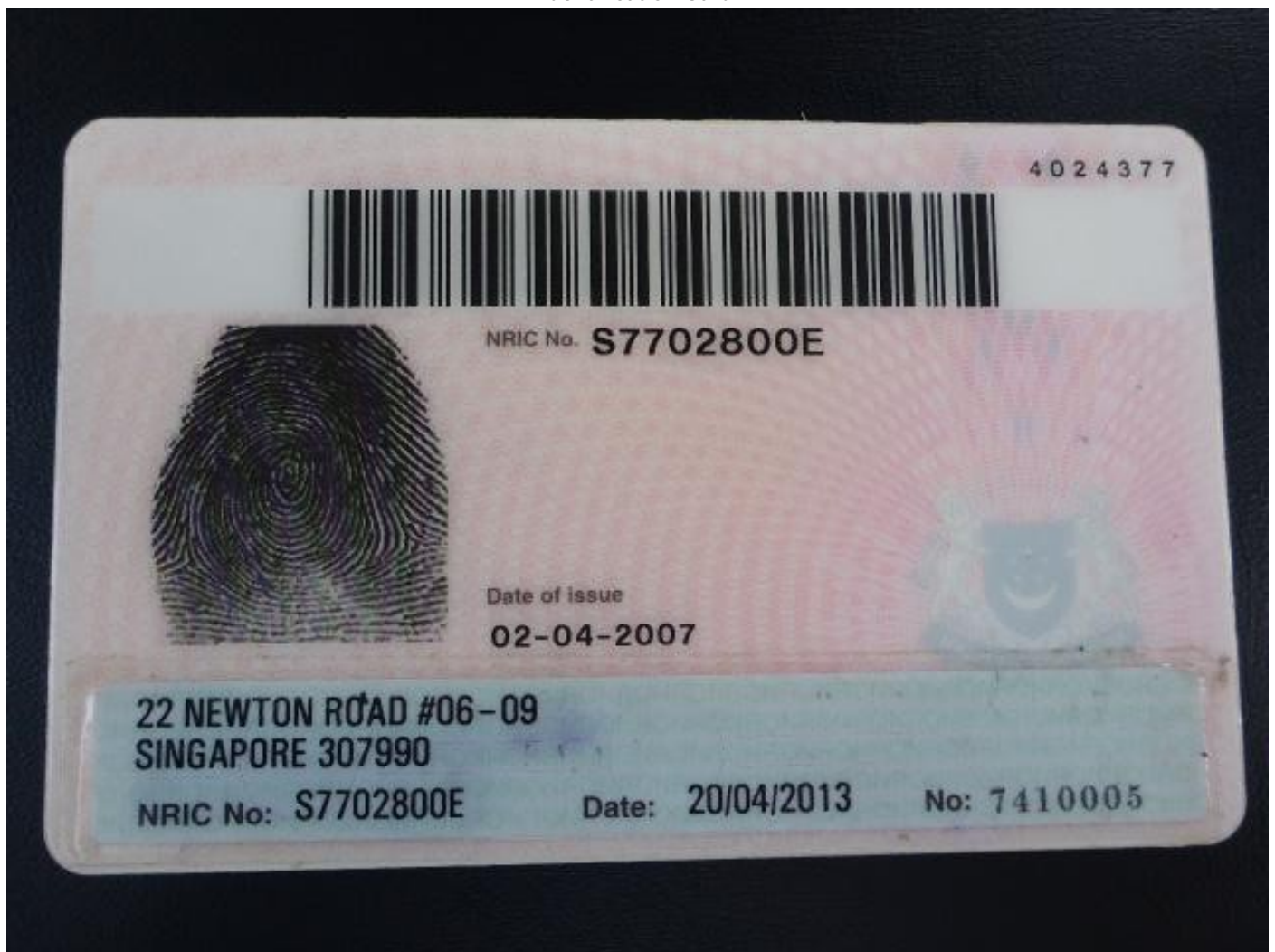
Country of birth

SINGAPORE



S7702800E

Identification Card



Driving License

REPUBLIC OF SINGAPORE **DRIVING LICENCE**

Licence Number: **S7702800E**
Name:

LAI WEI YEE, JANICE (LI HUIYI, JANICE)

Birth Date: **13 Jan 1977**
Issue Date: **20 Jan 2003**



 **000133714B**

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**

29 Jan 1997

NP 423A



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 : MBHH18064574 Vehicle Registration No: SKT7324J
Name (as shown in NRIC) : LAI WEI YEE, JANICE NRIC/FIN/Passport No : S7702800E
(*Vehicle Driver / Vehicle Owner) (*) Please delete as appropriate
Address : _____ Singapore ()
Contact (Tel) : _____ Mobile No. : 96854332
Email Address : emailthegills@yahoo.com.sg
Date of Accident : 17/05/2018 Time of Accident : 07:05 HRS
Place of Accident : ALONG HOLLAND RD TOWARDS CLEMENTI RD BEFORE NORTH BUONA VISTA RD.
Insurance Company: SOMPO INSURANCE SINGAPORE PTE 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 REPORT TO THIRD PARTY CLAIM.

Policyholder / Driver's Signature
Date:



Reporting Centre Personnel's Signature
Name: Lee Wan Qi
NRIC/FIN No.: S9245801F
Date: 19/05/2018