

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	12/06/2018 12:53
Date Of Accident	12/06/2018 08:20
Exact Location Of Accident	WEST COAST LINK
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SKB8780M
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Insured/Policyholder

Name Of Registered Owner	COMFORTDELGRO RENT-A-CAR PTE. LTD.
Co Reg No	198105775H
Email Address	WELSONCHEN@CDGRENTACAR.COM.SG
Mobile Phone No	
Alternative Phone No	OFFICE-68820891

Vehicle Particulars

Manufacturer	TOYOTA
Model	COROLLA ALTIS
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	INDIA INTERNATIONAL INSURANCE PTE LTD
Type Of Coverage	COMPREHENSIVE
Fleet Policy	YES
Policy Number	M460802
Cover Note Number	

Driver

Name of Driver	UETAKA HIRONORI
NRIC No	G5369225M
Date Of Birth	11/04/1983
Occupation	INDOOR
Date Of Driving Pass	18/10/2013
Driving Experience	4 YEARS AND 7 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-96620353
Fax Number	
Contact Number	
EEmail Address	ADMIN@SCEC.COM.SG

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	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 (SKB8780M) was going out from West coast crescent, turning right to West coast link, when I hit a taxi (SHF771G) who was going straight along west coast link at that point of time. The front left side of my car make contact with the right side of the taxi. 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	SHF771G
Vehicle Make/Model/Colour	RENAULT/LATITUDE 2.0L/RED
Details Of Properties	
Vehicle Category	TAXI
Name of Driver	TOH YEW TECK
NRIC/Passport Number	S1588232H
Contact Number	97957793
Address	
Postcode	
Insurance Company Name	
Nature Of Damage	
No. Of Passenger (Including Driver)	1

Sketch Plan

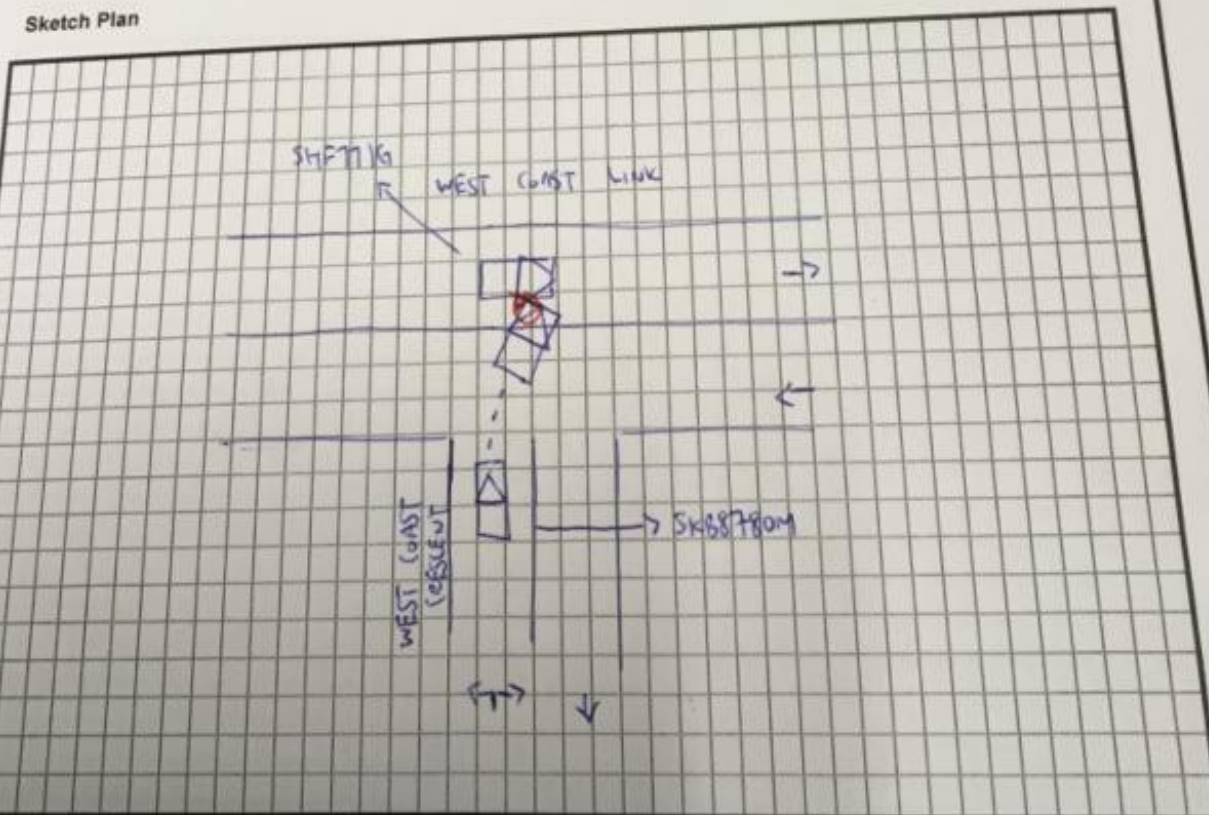
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7. By the lodgement of this report to the insurers, you hereby consent to the archiving of this report at the centre and to copies of the report being made available aforesaid.
8. Consent under the Personal Data Protection Act (PDPA)
 - (a) I understand, acknowledge, agree and consent that:
 - (i) 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) investigating the accident and/or my claims;
 - (ii) carrying out and/or dealing with my instructions or responding to any enquiries by me;
 - (iii) 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
 - (iv) 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
MOHAMMAD SULHANDI BIN
MOHD AFFANDI

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)

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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 -
MOHAMMAD SULHANDI BIN MOH AFFANDI

MARS Officer



Registered Owner or Driver's Signature

Job Complete Date/Time

12 June 2018 at 11:27 AM

Date/Time:

12 June 2018 at 11:27 AM

Elizabeth Lee

From: Joyce Cheok <admin@scec.com.sg>
Sent: Tuesday, 12 June 2018 5:22 PM
To: Elizabeth Lee
Subject: RE: GIA REPORT - SKB8780M
Attachments: GIA REPORT - SKB8780M.PDF

Dear Elizabeth,

Could you kindly assist to amend the Driver's mobile number in Page 1 to 96620353?
The mobile number indicated in the report is incorrect.

Thank you!

Best Regards,

Joyce Cheok

HR/Admin Executive

Sumitomo Chemical Engineering Singapore Pte. Ltd.

8 Jurong Town Hall Road #27-05 The JTC Summit Singapore 609434

Tel: (65) 6425 4477 Fax: (65) 6425 3577

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From: Elizabeth Lee [<mailto:elizabeth@ajaxmars.com>]
Sent: Tuesday, 12 June, 2018 4:26 PM
To: Joyce Cheok
Subject: GIA REPORT - SKB8780M

Dear Sir/ Madam,

Please kindly find the attached file for your perusal.

Thank you.

Best regards,

Elizabeth

Email: elizabeth@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>

*CONFIDENTIAL NOTE: The information contained in this email is intended only for the use of the individual or entity named above and may contain information that is privileged, confidential and exempt from disclosure under applicable law.

Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Identification Card

EMPLOYMENT PASS
Employment of Foreign Manpower Act (Chap. 91A)
Republic of Singapore

Employer
SUMITOMO CHEMICAL ENGINEERING SINGAPORE PTE. LTD.

Name
UETAKA HIRONORI

Occupation
SENIOR ENGINEER

FIN
G5369225M

Date of Application
06-03-2017

Date of Issue
16-03-2017

Date of Expiry
01-06-2019

L7736050



REPUBLIC OF SINGAPORE DRIVING LICENCE

License Number
G5369225M

Name
UETAKA HIRONORI

Birth Date
11 Apr 1983

Issue Date
18 Oct 2013

Valid Till
17 Oct 2018



Identification Card

VISIT PASS
Immigration Regulations

Name
UETAKA HIRONORI

Date of Birth **11-04-1983** Sex **M** Nationality **JAPANESE**

FIN **G5369225M** Date of Issue **16-03-2017** Date of Expiry **01-06-2019**

MULTIPLE JOURNEY VISA ISSUED

YOU ARE TO SURRENDER THIS CARD WHEN IT IS CANCELLED OR HAS EXPIRED, OR WHEN A NEW CARD IS ISSUED TO YOU.

YOU ARE LICENSED TO DRIVE VEHICLES IN THE FOLLOWING CLASSES

	EFFECTIVE DATE
Class 3 Motor Cars=< 3000kg with =<7 passengers, exclusive of the driver; and other motor vehicles =< 2500kg	18 Oct 2013

NP 428A

Licence No: G5369225M

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 : MBHH18076114 Vehicle Registration No: SKB8780M
Name (as shown in NRIC) : UETAKA HIRONORI NRIC/FIN/Passport No : G5369225M
(*Vehicle Driver / Vehicle Owner) (*) Please delete as appropriate
Address : _____ Singapore ()
Contact (Tel) : _____ Mobile No. : 96620353
Email Address : admin@scec.com.sg
Date of Accident : 12/06/2018 Time of Accident : 08:20 HRS
Place of Accident : WEST COAST LINK
Insurance Company: INDIA INTERNATIONAL INSURANCE P L

(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 DRIVER HP NUMBER TO 96620353.

Policyholder / Driver's Signature
Date:



Reporting Centre Personnel's Signature
Name: Lee Wan Qi
NRIC/FIN No.: S9245801F
Date: 12/6/2018