

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	13/06/2018 12:35
Date Of Accident	12/06/2018 20:30
Exact Location Of Accident	HAVELOCK CTE ENTRANCE
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SGQ1787J
Insured/Policyholder	
Name Of Registered Owner	LEE WEN SI
NRIC No	S8613010F
Email Address	JASONWENSI@GMAIL.COM
Mobile Phone No	(LOCAL) +65-91073313
Alternative Phone No	OFFICE-91073313

Vehicle Particulars

Manufacturer	VOLKSWAGEN
Model	JETTA 1.4
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	AVIVA LTD
Type Of Coverage	COMPREHENSIVE
Fleet Policy	NO
Policy Number	10690135
Cover Note Number	

Driver

Name of Driver	LEE WEN SI
NRIC No	S8613010F
Date Of Birth	14/05/1986
Occupation	INDOOR
Date Of Driving Pass	05/12/2006
Driving Experience	11 YEARS AND 6 MONTHS
Gender	FEMALE
Mobile Number	(LOCAL) +65-91073313
Fax Number	
Contact Number	OFFICE-91073313
Email Address	JASONWENSI@GMAIL.COM

Address	BLK 301 SHUNFU ROAD #02-11
Postcode	570301
Was driver an employee of the Insured's Company	NO
If No, Relationship of the Driver with the Insured	OWNER
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)	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 the 1st lane driving cautiously as the traffic medium. Suddenly all of the cars ahead of me jammed their brakes, and I too jam my brakes. Upon braking i felt an impact from my rear vehicle. I later realised that a car had hit my vehicle from the rear. We exchange particulars No injury 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	SGT532T
Vehicle Make/Model/Colour	TOYOTA/LEXUS IS250/WHITE
Details Of Properties	
Vehicle Category	PRIVATE CAR
Name of Driver	LIM TING CHONG HARROLD
NRIC/Passport Number	S8849040A
Contact Number	94768400
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)**
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.

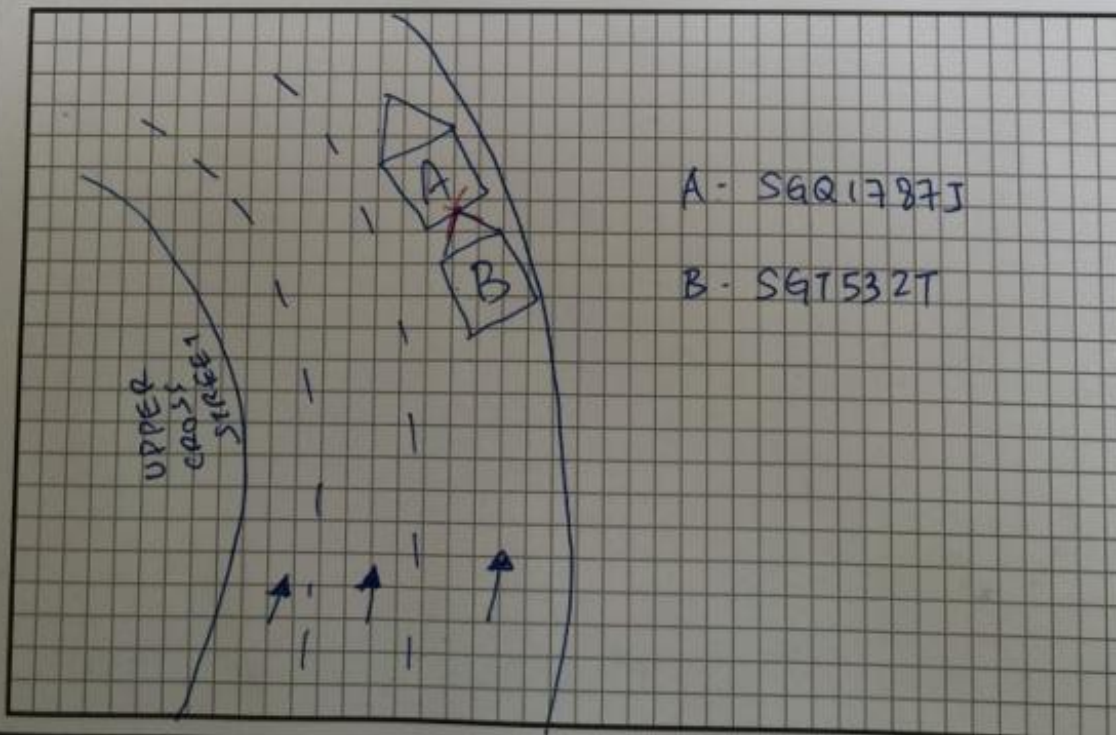
Lawyer 13/6/18

VERIFIED BY AJAX MARS
REPORTING OFFICER
Mohammad Azaly Bin Abdullah
Witnessed by Reporting Centre
Personnel

Policyholder's Signature / Date & Time

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

Sketch Plan



ACCIDENT STATEMENT (2000 characters)

I was driving along the 1st lane driving cautiously as the traffic medium. Suddenly all of the cars ahead of me jammed their brakes, and I too jam my brakes. Upon braking i felt an impact from my rear vehicle. I later realised that a car had hit my vehicle from the rear.

We exchange particulars

No injury 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 -
MOHAMMAD AZALY BIN ABDULLAH

MARS Officer



Registered Owner or Driver's Signature

Job Complete Date/Time

13 June 2018 at 9:49 AM

Date/Time:

13 June 2018 at 9:49 AM

Elizabeth Lee

From: Jason & WenSi Chen <jasonwensi@gmail.com>
Sent: Wednesday, 13 June 2018 1:11 PM
To: Elizabeth Lee
Subject: Re: SGQ1787J Accident Reporting
Attachments: IMG_20180613_121408.jpg; IMG_20180613_121416.jpg

Hi could I add 2 more pictures for the GIA report that show more extensive damage?

I only discovered this when I was at Volkswagen just now for the damage assessment.

Pls see attached.

Jason & Wen Si

On Wed, 13 Jun 2018, 1:05 PM Elizabeth Lee, <elizabeth@ajaxmars.com> wrote:

Dear Wen Si,

We acknowledged receipt of your email.

We will forward the photo to Insurance company for their perusal.

Please find attached for the GIA report.

Thank you.

Best regards,

Elizabeth

Email: elizabeth@ajaxmars.com

AJAX MARS Pte Ltd

120 Lower Delta Road

#08-08 Cendex Centre

Singapore 169208

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. S8613010F

LEE WEN SI
(LI WENSI)
李文思

CHINESE
14-05-1986
SINGAPORE

DRIVING LICENCE
S8613010F
LEE WEN SI
(LI WENSI)
14 May 1986
05 Dec 2006

001463255F

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

Mohammad Azaly Bin Abdullah
Witnessed by Reporting Centre
Personnel

Identification Card



Mohammad Azaly Bin Al

ime Driver's Signature (If driver is not the policyholder) / Date & Time Witnessed by Reporting C Personnel



Pics by insured



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 : MBHH18076607 Vehicle Registration No: SGQ1787J
Name(as shown in NRIC) : LEE WEN SI NRIC/FIN/Passport No : S8613010F
(*Vehicle Driver / Vehicle Owner) (*) Please delete as appropriate
Address : _____ Singapore()
Contact (Tel) : _____ Mobile No. : 91073313
Email Address : jasonwensi@gmail.com
Date of Accident : 12/06/2018 Time of Accident : 20:30 HRS
Place of Accident : HAVELOCK CTE ENTRANCE
Insurance Company: AVIVA 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:

ATTACHED PICS BY INSURED.

Policyholder / Driver's Signature
Date:



Reporting Centre Personnel's Signature
Name: Lee Wan Qi
NRIC/FIN No.: S9245801F
Date: 13/06/2018

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 : MBHH18076607-01 Vehicle Registration No: SGQ1787J

Name(as shown in NRIC) : LEE WEN SI NRIC/FIN/Passport No : S8613010F

(*Vehicle Driver / Vehicle Owner) (*) Please delete as appropriate

Address : _____ Singapore()

Contact (Tel) : _____ Mobile No. : 91073313

Email Address : JASONWENSI@GMAIL.COM

Date of Accident : 12/06/2018 Time of Accident : 20:30

Place of Accident : HAVELOCK CTE ENTRANCE

Insurance Company: AVIVA 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 from Reporting only to 3rd Party Claims

Policyholder / Driver's Signature
Date:



Reporting Centre Personnel's Signature
Name: Boey Loke
NRIC/FIN No.:
Date: 14 Jun 2018

Boey

From: Jason & WenSi Chen <jasonwensi@gmail.com>
Sent: Thursday, 14 June, 2018 10:45 AM
To: Elizabeth Lee
Cc: group@ajaxmars.com
Subject: URGENT: SGQ1787J Accident Reporting

Hi

The GIA you have sent says it is for reporting only. I had specifically called in to your hotline year to request that it be changed to for claims purposes.

Could you urgently amend pls.

Thanks.

Wen Si

On Wed, 13 Jun 2018, 3:19 PM Elizabeth Lee, <elizabeth@ajaxmars.com> wrote:

Dear Wen Si,

We have attached the picture provided into the GIA report.

Please find attached for the amended GIA report.

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