MBHH18093524 / Ajax Mars Pte Ltd - Bukit Merah ENTRY DATE & TIME: 19/07/2018 23:54 SUBMITTED BY: Susan Neo

SINGAPORE ACCIDENT STATEMENT

IMPORTANT NOTICE

Contact Number

EMail Address

- 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 <u>truthful and accurate</u> as possible. Any wilful misrepresentation or witholding 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

aforesaid.	
	ACCIDENT STATEMENT
Date Of Report	19/07/2018 23:54
Date Of Accident	18/07/2018 10:30
Exact Location Of Accident	TERMINAL 2 AIRPORT CP
Country/State of Loss	SINGAPORE
	DETAILS OF OWN VEHICLE
Vehicle Registration Number	SJS7526K
Insured/Policyholder	
Name Of Registered Owner	CHUA CHEE SAN
NRIC No	S6934745B
Email Address	BEN.CHUA9901@GMAIL.COM
Mobile Phone No	(LOCAL) +65-81980886
Alternative Phone No	OFFICE-81980886
Vehicle Particulars	
Manufacturer	TOYOTA
Model	WISH 1.8X A
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	EQ INSURANCE COMPANY LTD
Type Of Coverage	COMPREHENSIVE
Fleet Policy	NO
Policy Number	DMCTHQ17-000027
Cover Note Number	N.A.
Driver	
Name of Driver	CHUA CHEE SAN
NRIC No	S6934745B
Date Of Birth	23/09/1969
Occupation	INDOOR
Date Of Driving Pass	18/06/2007
Driving Experience	11 YEARS AND 1 MONTH
Gender	MALE
Mobile Number	(LOCAL) +65-81980886
Fax Number	

OFFICE-81980886

BEN.CHUA9901@GMAIL.COM

Address BLK 189A RIVERVALE DRIVE

#15-1020

Postcode 541189

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 - MAJOR/MINOR RD

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?

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.

Number of Passengers (Including Driver) 1

Details of Police Action

Was the accident reported to the police?

NO

NO

NO

If Yes, Please state which Police Station

Was notice of intended Prosecution given?

If Yes, against whom?

Circumstances of Accident

I was inching my vehicle forward as there is a wall on the left. As I was moving forward suddenly oncoming vehicle B collided with my bumper. My bumper had a minor damages and 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 SHC3917A

Vehicle Make/Model/Colour HYUNDAI/I40 1.7L

Details Of Properties

Vehicle Category PRIVATE CAR

Name of Driver JEFFREY LIM

NRIC/Passport Number S0026123H

Contact Number

Address Postcode

Insurance Company Name

Nature Of Damage

No. Of Passenger (Including Driver)

Page 2 of 22

SKETCH PLAN

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 The issue and acceptance of this form by insurance companies is not an admission of policy liability on the part of insurance companies.
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 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 the report will for a fee be made available application by interested parties.

 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.

- 5. Consent under the Personal Data Protection Act (PDPA)
- 6. 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 (all insurer(s) who have insurers vehicle(s). 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:
 (a) 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
- (ii) 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

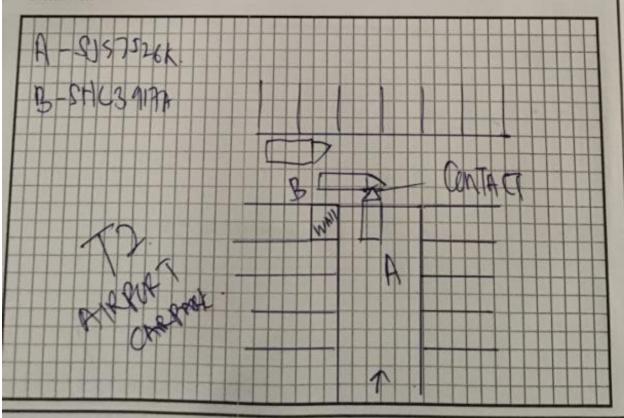
 (c) my Personal Information may/can be disclosed by any of the Insurers and/or GIA to their third party service providers or agents (including their lawyers/law firms), which may be sited outside of Singapore, for one or more of the above Purposes.

VERIFIED BY AJAX MARS REPORTING OFFICER Md ShariL

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

Witnessed by Reporting Centre Personnel

Sketch Plan



Common Statement Pg. 1

ACCIDENT STATEMENT (2000 characters)	
	re is a wall on the left. As I was moving forward ith my bumper. My bumper had a minor damages
Taxi Voucher No.:	
DECLARATION I/We declare that the above particulars & information particulars are also as a second content of the second content of	provided above are true in every aspect
VERIFIED BY AJAX MARS REPORTING OFFICER MOHAMED SHARIL BIN SATAR	
MARS Officer	

Date/Time:

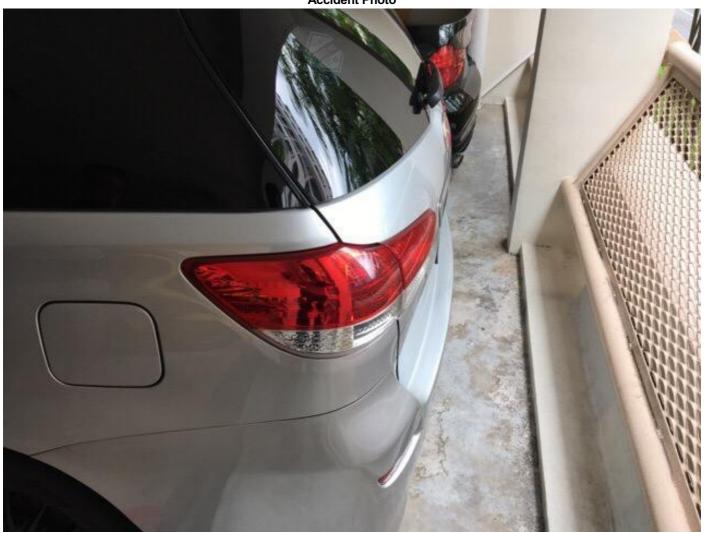
19 July 2018 at 12:52 PM

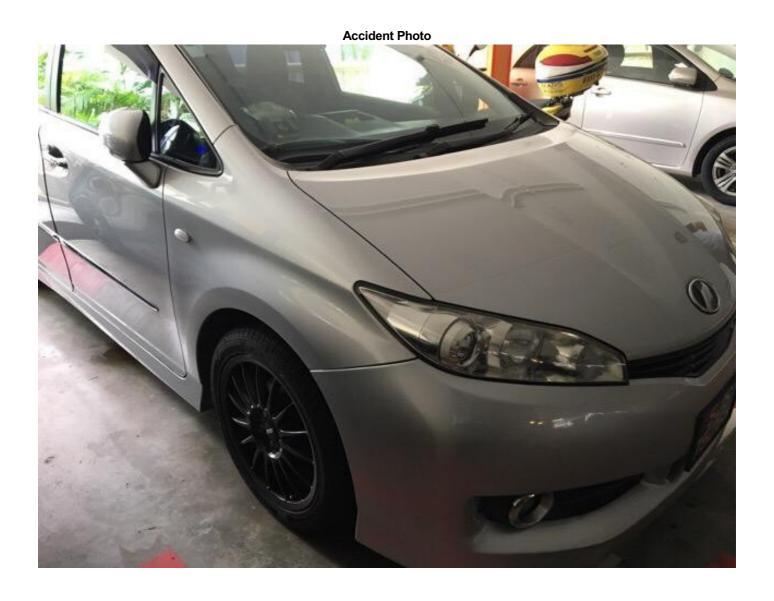
Job Complete Date/Time

19 July 2018 at 12:52 PM

Registered Owner or Driver's Signature

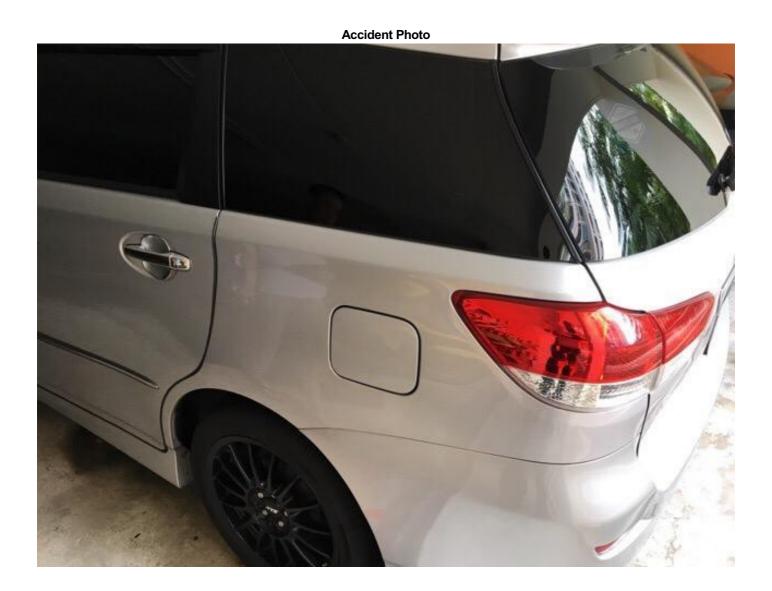


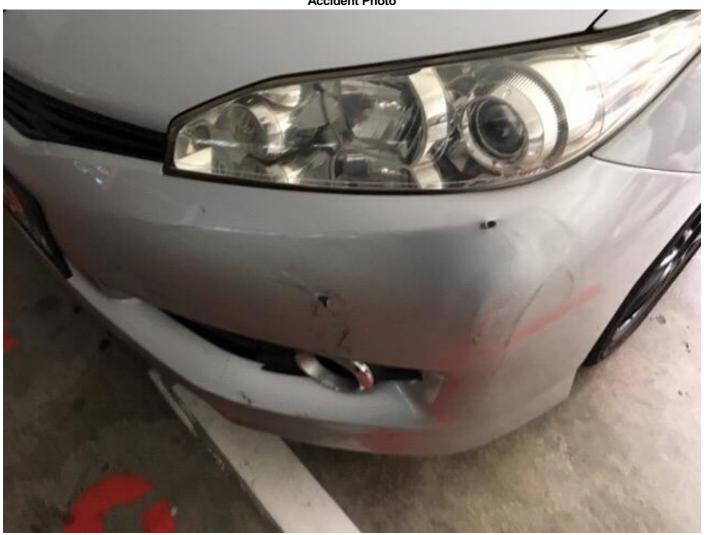


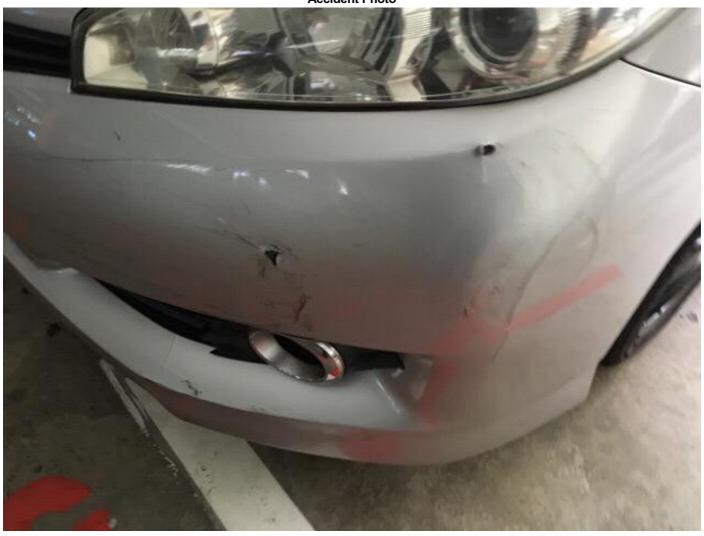




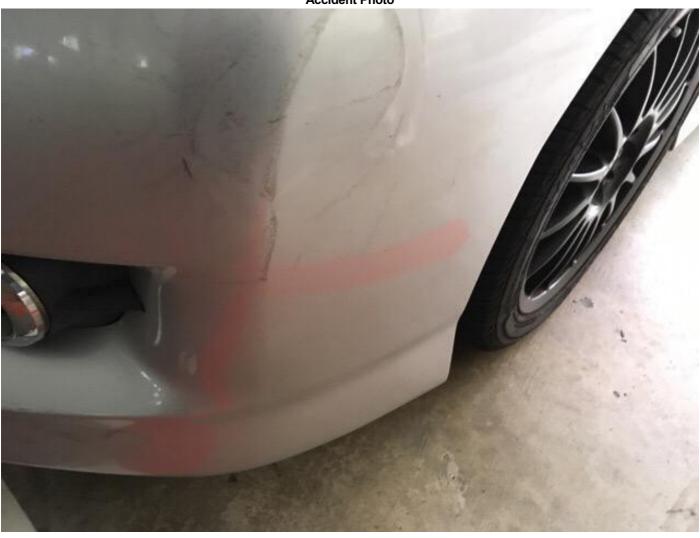






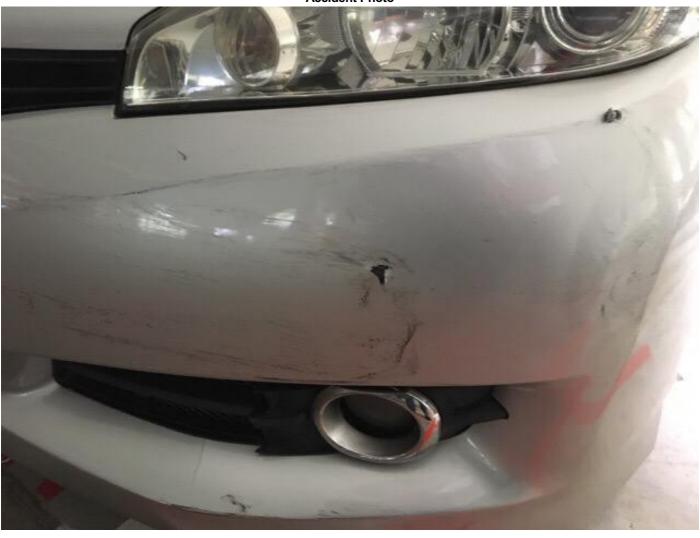


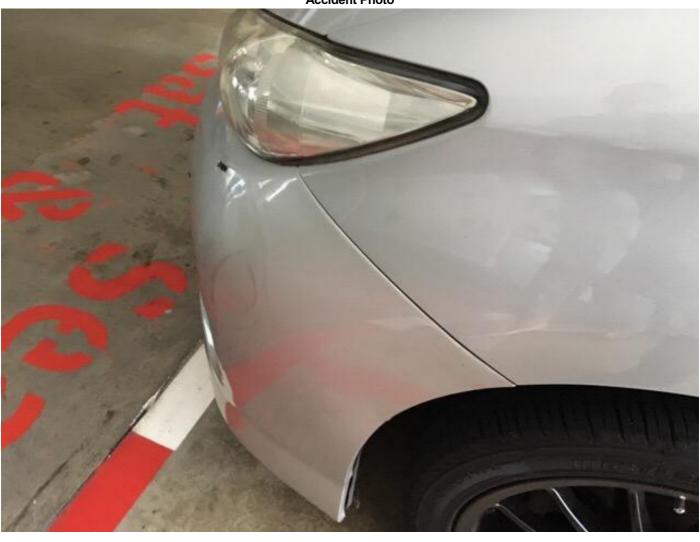
















Driving License



Driving License

