

## 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	19/08/2018 21:18
Date Of Accident	19/08/2018 19:40
Exact Location Of Accident	CAR PARK CHURCH OF ST BERNADETTE 12 ZION ROAD
Country/State of Loss	SINGAPORE

### DETAILS OF OWN VEHICLE

Vehicle Registration Number	SJU6253T
<b>Insured/Policyholder</b>	
Name Of Registered Owner	CHUA LYE SWEE PETER@MOHD SHAFIQ ABDULLAH
NRIC No	S0137309I
Email Address	LYESWEE@HOTMAIL.COM
Mobile Phone No	(LOCAL) +65-96821360
Alternative Phone No	OFFICE-96821360

### Vehicle Particulars

Manufacturer	HYUNDAI
Model	FD I30 CW 1.6 A
Exact Purpose for which vehicle was being used at time of accident	PRIVATE USE
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	EQ INSURANCE COMPANY LTD
Type Of Coverage	COMPREHENSIVE
Fleet Policy	NO
Policy Number	DMPPHQ18-005663
Cover Note Number	

### Driver

Name of Driver	CHUA LYE SWEE PETER@MOHD SHAFIQ ABDULLAH
NRIC No	S0137309I
Date Of Birth	10/11/1954
Occupation	INDOOR
Date Of Driving Pass	01/03/1979
Driving Experience	39 YEARS AND 5 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-96821360
Fax Number	
Contact Number	OFFICE-96821360
EEmail Address	LYESWEE@HOTMAIL.COM

Address	NIL
Postcode	
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	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 was in a parallel parking lot, wanting to move off from the lot. I'm signal my indicator lights for the right. I check my blind spot and I acknowledge that there was a vehicle very far back on the lane. It was safe for me to turn out. As I turn out right, suddenly the vehicle that I saw that was far away hit my right side of my vehicle. The driver of that vehicle has video footage of the accident. 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	SLG5794E
Vehicle Make/Model/Colour	TOYOTA / PRIUS / WHITE
Details Of Properties	
Vehicle Category	PRIVATE HIRE
Name of Driver	CHRIS
NRIC/Passport Number	
Contact Number	91303691
Address	
Postcode	
Insurance Company Name	
Nature Of Damage	
No. Of Passenger (Including Driver)	

## Sketch Plan



### 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.

19/10/18

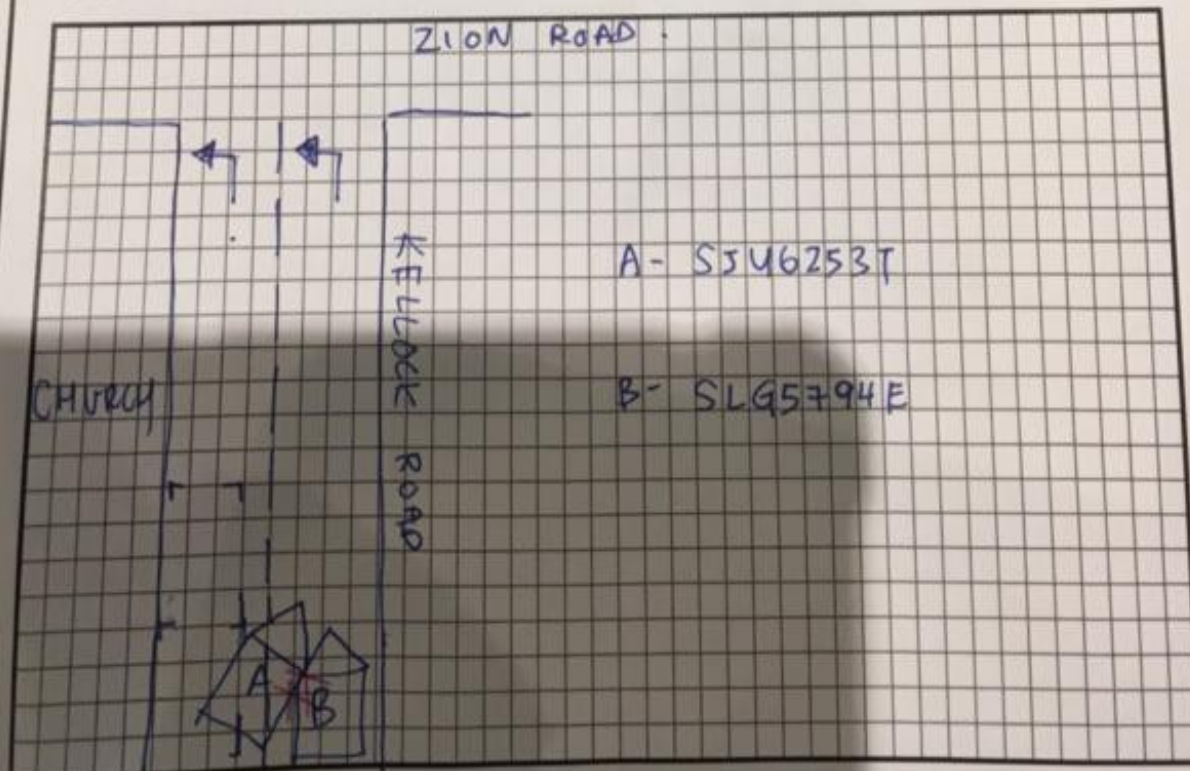
VERIFIED BY AJAX MARS  
REPORTING OFFICER  
Mohammad Azaly Bin Abdullah

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 in a parallel parking lot, wanting to move off from the lot. I'm signal my indicator lights for the right. I check my blind spot and I acknowledge that there was a vehicle very far back on the lane. It was safe for me to turn out. As I turn out right, suddenly the vehicle that I saw that was far away hit my right side of my vehicle.

The driver of that vehicle has video footage of the accident.

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

19 August 2018 at 8:40 PM

Date/Time:

19 August 2018 at 8:40 PM

**Susan**

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**From:** peter chua <lyeswee@hotmail.com>  
**Sent:** Monday, 20 August 2018 12:02 PM  
**To:** Susan  
**Subject:** Re: SJU6253T-19082018

Hi Susan  
I like to change to own damage claim  
Thanks /Regards  
Chua lye swee

On 19 Aug 2018 9:44 pm, Susan <[susan@ajaxmars.com](mailto:susan@ajaxmars.com)> wrote:

Dear Sir,

Please find attached a copy of GIA Report for your perusal.

Thank you.

Best regards,

Mayury

Email: [susan@ajaxmars.com](mailto:susan@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>

Accident Photo





Accident Photo



Accident Photo





Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo





Accident Photo



Driving License

**REPUBLIC OF SINGAPORE DRIVING LICENCE**

Portrait of a man

Licence Number: **S01373091**

Name: **CHUA LYE SWEE PETER**

Birth Date: **18 Nov 1954**

Issue Date: **04 Mar 2003**

Barcode: 1000257146F

**REPUBLIC OF SINGAPORE**

IDENTITY CARD NO. **S01373091**

Portrait of a man

Name: **CHUA LYE SWEE PETER**  
**@MOHD SHAFIQ BIN**  
**ABDULLAH**

Arabic Name: **محمد شفيق بن عبدالله**

Race: **CHINESE**

Date of Birth: **18-11-1954**

Sex: **M**

Country of Birth: **SINGAPORE**

Emblem of the Republic of Singapore

**Mohammad Azaly Bin Abdul**

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

Witnessed by Reporting Centre  
Personnel

YOU ARE LICENSED TO DRIVE VEHICLES IN THE FOLLOWING CLASS(ES)

Class 3 Motor Cars and Motor Trucks the weight of which unladen does not exceed 2500 kilograms

PASS DATE 01 Mar 1979

NP 428A

Licence No. S0137309I

1748377

Barcode

NRIC No. S0137309I

Fingerprint

Blood Group B+ Date of issue 18-02-1994

66 TOH TUCK ROAD #04-03 SINGAPORE 596730

NRIC No. S0137309I Date: 23-05-2004 No. 4950782

Driver's Signature (If driver is not present)

Monhammad Azaly Bin

## 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: S66550020G / 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 : MBHH18107094 Vehicle Registration No: SJU6253T  
Name(as shown in NRIC) : CHUA LYE SWEE PETER@MOHD SHAFIQ ABDULLAH NRIC/FIN/Passport No : S0137309I  
(\*Vehicle Driver / Vehicle Owner) (\*) Please delete as appropriate  
Address : \_\_\_\_\_ Singapore( )  
Contact (Tel) : \_\_\_\_\_ Mobile No. : 96821360  
Email Address : LYESWEE@HOTMAIL.COM  
Date of Accident : 19/08/2018 Time of Accident : 19:40  
Place of Accident : CAR PARK CHURCH OF ST BERNADETTE 12 ZION ROAD  
Insurance Company: EQ INSURANCE COMPANY 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 third party claim to own damage claim

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\_\_\_\_\_  
Policyholder / Driver's Signature  
Date:

\_\_\_\_\_  
Xian Chern  
Reporting Centre Personnel's Signature  
Name: Chin Xian Chern  
NRIC/FIN No.: G8577824U  
Date: 20 AUG 2018