

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	17/08/2018 19:52
Date Of Accident	17/08/2018 11:50
Exact Location Of Accident	JUNCTION OF HAVELOCK RD & LOWER DELTA RD
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	GBH5500A
Insured/Policyholder	
Name Of Registered Owner	LBE ELECTRICAL ENGINEERING PTE LTD
Co Reg No	201720315R
Email Address	NOEMAIL
Mobile Phone No	
Alternative Phone No	OFFICE-68622105

Vehicle Particulars

Manufacturer	TOYOTA
Model	DYNA
Exact Purpose for which vehicle was being used at time of accident	COMMERCIAL
Are you claiming under your own insurance policy for repair to your vehicle?	YES
If No, Please state action to be taken	
Vehicle Category	COMMERCIAL VEHICLE

Insurance Company

Name of Insurance Company	EQ INSURANCE COMPANY LTD
Type Of Coverage	COMPREHENSIVE
Fleet Policy	NO
Policy Number	DMCPHQ18-004394
Cover Note Number	

Driver

Name of Driver	RAJENDRAN SATHEESHKUMAR
NRIC No	G6638135N
Date Of Birth	27/03/1991
Occupation	OUTDOOR
Date Of Driving Pass	22/07/2013
Driving Experience	5 YEARS AND 0 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-68622105
Fax Number	
Contact Number	
EEmail Address	JANICE@LBE.COM.SG

Address	NIL
Postcode	
Was driver an employee of the Insured's Company	YES
If No, Relationship of the Driver with the Insured	
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	DRIZZLING
Road Surface	WET

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 GBH5500A was driving along havelock rd towards AYE Tuas ,as I wanted to turn into the slip road suddenly the other party SHC5769Y make a sudden stop.I couldn't react on time and collided onto the other party rear bumper.We manage to took some pictures and exchange our contact number.No injuries was 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	SHC5769Y
Vehicle Make/Model/Colour	RENAULT / LATITUDE 2.0L / RED
Details Of Properties	
Vehicle Category	TAXI
Name of Driver	MR LIM
NRIC/Passport Number	
Contact Number	97955498
Address	
Postcode	
Insurance Company Name	
Nature Of Damage	
No. Of Passenger (Including Driver)	1

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 my 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 any 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.
 - (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/are 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.



Amal
17/08/2019

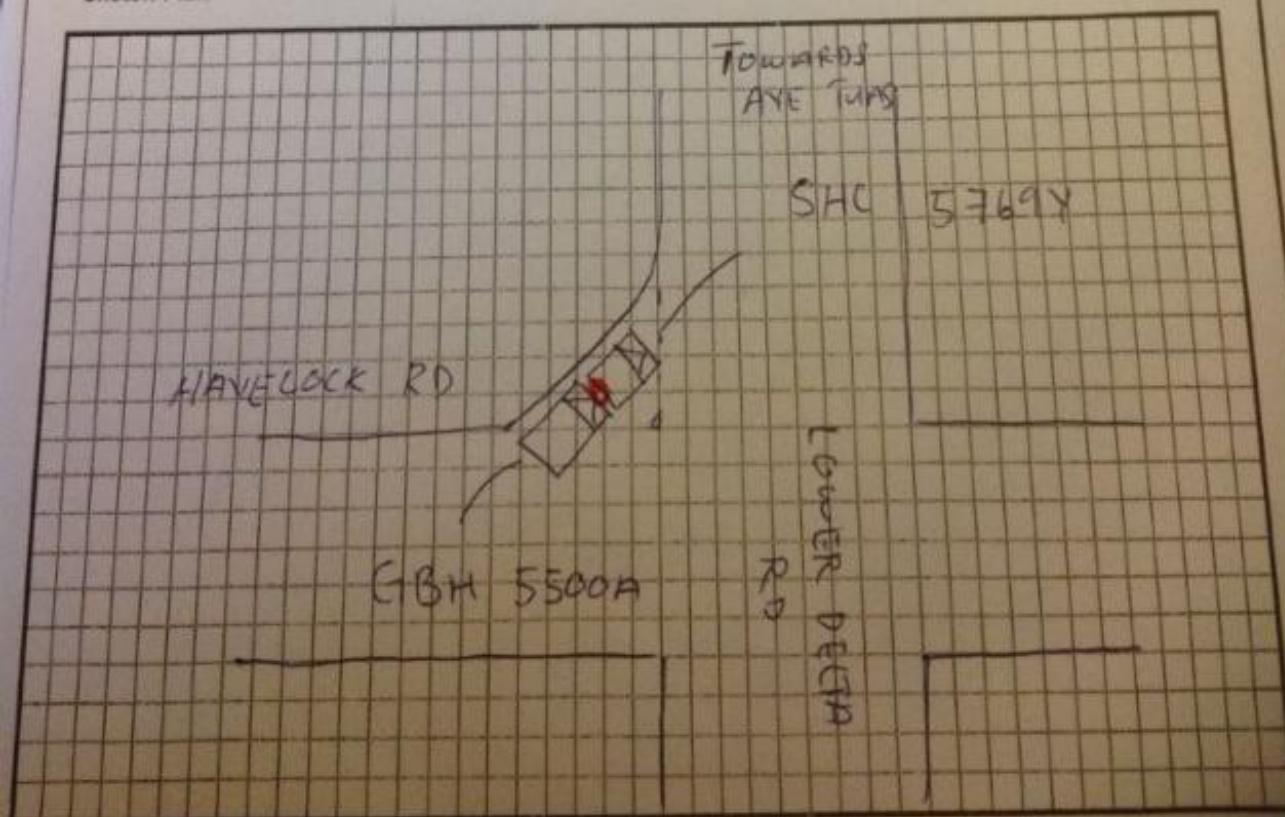
VERIFIED BY AJAX MARS
REPORTING OFFICER
MUHAMMAD SUMARDI BIN
MOHD AFFANDI

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)

I GBH5500A was driving along havelock rd towards AYE Tuas ,as I wanted to turn into the slip road suddenly the other party SHC5769Y make a sudden stop.I couldn't react on time and collided onto the other party rear bumper.We manage to took some pictures and exchange our contact number.No injuries was involved.

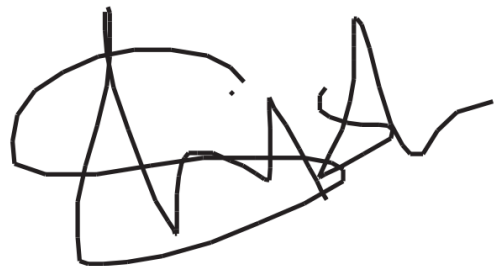
Taxi Voucher No.:

DECLARATION

I/We declare that the above particulars & information provided above are true in every aspect

VERIFIED BY AJAX MARS REPORTING OFFICER -
MUHAMMAD SUMARDI BIN MOHD AFFANDI

MARS Officer



Registered Owner or Driver's Signature

Job Complete Date/Time

17 August 2018 4:12 pm

Date/Time:

17 August 2018 4:12 pm

Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo

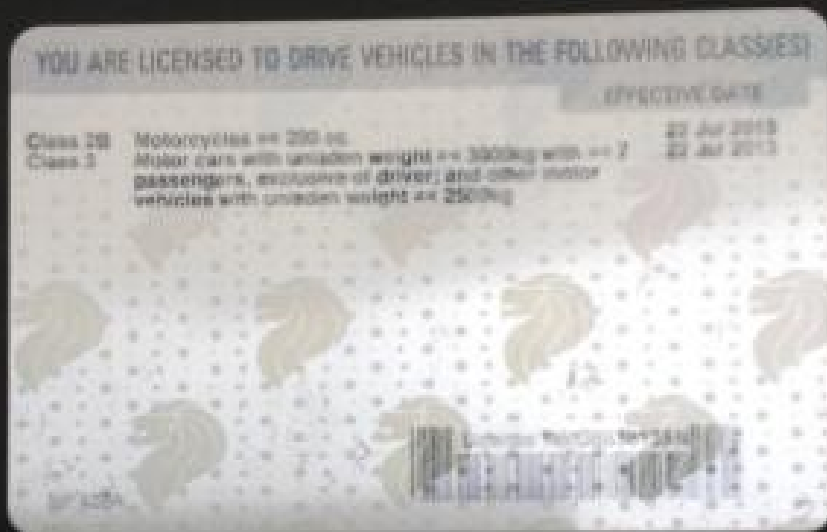


Accident Photo



The image displays two Singaporean work permits. The top permit is a 'REPUBLIC OF SINGAPORE' permit for Rajesh Kumar Satheshrumar, valid from 20-11-2014 to 23-11-2016. The bottom permit is a 'WORK PERMIT' for the same individual, issued by L&E CONSTRUCTION PTE LTD, with the same validity dates. Both permits include a photo of the holder and a barcode.

Driving License



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 : EQIC-MARS00002632 Vehicle Registration No: GBH5500A

Name (as shown in NRIC) : RAJENDRAN SATHEESHKUMAR NRIC/FIN/Passport No : G6638135N

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

Address : _____ Singapore ()

Contact (Tel) : _____ Mobile No. : 68622105

Email Address : JANICE@LBE.COM.SG

Date of Accident : 17/08/2018 Time of Accident : 11:50

Place of Accident : JUNCTION OFF HAVELOCK RD AND LOWER DELTA RD

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 Reporting only to own damage claim

Policyholder / Driver's Signature
Date:



Reporting Centre Personnel's Signature
Name: Boey Loke
NRIC/FIN No.:
Date: 20 Aug 2018

Boey

From: Janice <janice@lbe.com.sg>
Sent: Monday, 20 August, 2018 11:36 AM
To: group@ajaxmars.com
Cc: 'Chong'
Subject: [Spam] RE: GIA REPORT-GBH5500A

Dear Sir/Madam

Sorry to informed that, we need to amend the accident report on the details of vehicle particulars.

We need to claim under our own insurance policy for repair the vehicle.

Thank You.

Best Regards,
Janice
LBE Electrical Engineering Pte Ltd
Tel: 6862 2103

From: Boey [mailto:boey@ajaxmars.com]
Sent: Friday, 17 August, 2018 8:54 PM
To: janice@lbe.com.sg
Subject: GIA REPORT-GBH5500A

Dear Sir/Madam,

Please find attached files for your perusal.

Best Regards,

Joanne Tham
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

In association with Actura Risk Management Pte Ltd and Hayden Lloyd & Associates Ltd - Papua New Guinea . South Pacific

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