MBHH18103593 / Ajax Mars Pte Ltd - Bukit Merah ENTRY DATE & TIME: 11/08/2018 11:02 SUBMITTED BY: Chai MiLin

SINGAPORE ACCIDENT STATEMENT

IMPORTANT NOTICE

Occupation

Gender

Date Of Driving Pass

Driving Experience

Mobile Number

Fax Number
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.

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	ACCIDENT STATEMENT
Date Of Report	11/08/2018 11:02
Date Of Accident	07/08/2018 08:30
Exact Location Of Accident	HDB 782A WOODLANDS CRESCENT 731782
Country/State of Loss	SINGAPORE
D	DETAILS OF OWN VEHICLE
Vehicle Registration Number	PC8889U
Insured/Policyholder	
Name Of Registered Owner	MOKHTAR KAMARUDIN BIN HUSSIN
NRIC No	S1487079B
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-97473218
Alternative Phone No	OFFICE-97473218
Vehicle Particulars	
Manufacturer	MITSUBISHI
Model	BE639GRMHDEA
Exact Purpose for which vehicle was being used at time of accident	BUS
Are you claiming under your own insurance policy for repair to your vehicle?	NO
If No, Please state action to be taken	REPORTING ONLY
Vehicle Category	BUS
Insurance Company	
Name of Insurance Company	EQ INSURANCE COMPANY LTD
Type Of Coverage	THIRD PARTY FIRE AND/OR THEFT
Fleet Policy	NO
Policy Number	DMBPHQ17-000077
Cover Note Number	
Driver	
Name of Driver	MOKHTAR KAMARUDIN BIN HUSSIN
NRIC No	S1487079B
Date Of Birth	22/08/1961

OUTDOOR

06/07/1994

MALE

NOEMAIL

24 YEARS AND 1 MONTH

(LOCAL) +65-97473218

OFFICE-97473218

APT BLK 543 WOODLANDS DRIVE 16 #08-01 SINGAPORE 730543

Address

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

-

NO

NO

General Information of the Accident

Type Of Accident COLLIDED INTO PARKED VEHICLE

Weather Conditions CLEAR
Road Surface DRY

Other Information

Was any foreign vehicle involved in this accident? NO Number of vehicles involved in the accident 2

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) 11

Details of Police Action

Was the accident reported to the police?

If Yes, Please state which Police Station

Was notice of intended Prosecution given? NO

If Yes, against whom?

Circumstances of Accident

I (PC8889U) was reversing in the carpark of 782A Woodlands crescent when the rear left side of my van make slight contact with the right front side of a car (SLA8283A) who was behind me that point of time. 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 SLA8283A

Vehicle Make/Model/Colour NISSAN/SYLPHY 1.6 CVT ABS D/AIRBAG 2WD 4DR/BLACK

Details Of Properties

Vehicle Category PRIVATE CAR

Name of Driver HO

NRIC/Passport Number

Contact Number 91877759

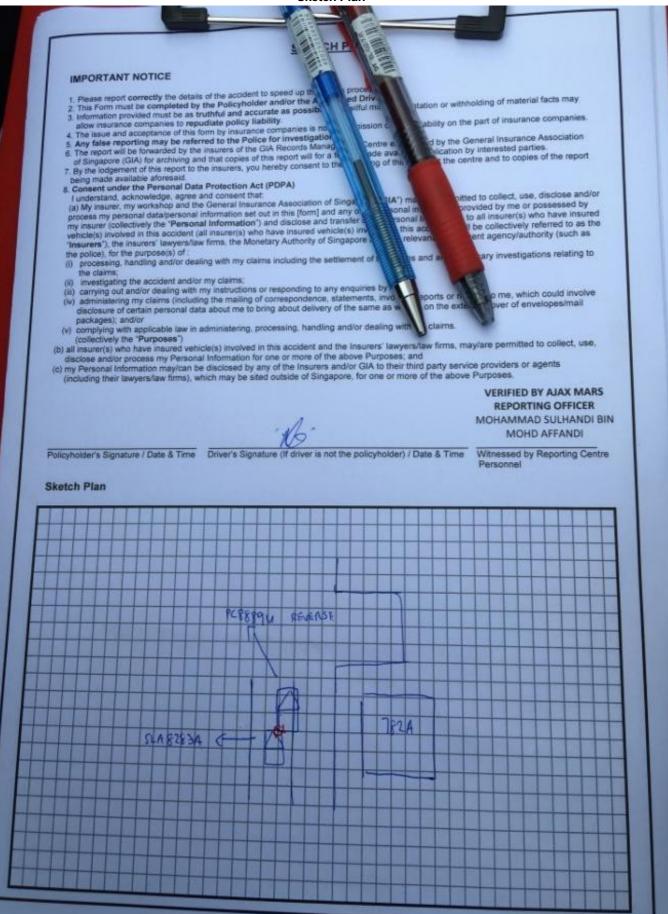
Address Postcode

Insurance Company Name

Nature Of Damage

No. Of Passenger (Including Driver)

Sketch Plan



Common Statement Pg. 1

ACCIDENT STATEMENT	(2000 characters)
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Taxi Voucher No.:		
DECLARATION		
I/We declare that the above particulars & information provide	ed 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	Date/Time:	
11 August 2018 at 10:12 AM	11 August 2018 at 10:12 AM	





















Identification Card



Identification Card

