

## 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 liability.
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	08/11/2018 03:26
Date Of Accident	03/11/2018 21:00
Exact Location Of Accident	SENTOSA TANJONG BEACH CP
Country/State of Loss	SINGAPORE

### DETAILS OF OWN VEHICLE

Vehicle Registration Number	EP94K
<b>Insured/Policyholder</b>	
Name Of Registered Owner	YIP CHEE HOONG
NRIC No	S0206458H
Email Address	LEONYIP92@GMAIL.COM
Mobile Phone No	(LOCAL) +65-91277203
Alternative Phone No	OFFICE-91277203

### Vehicle Particulars

Manufacturer	BMW
Model	X3 SDRIVE20I
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?	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	DMPPHQ18-004121
Cover Note Number	N.A.

### Driver

Name of Driver	YIP KEMLEON
NRIC No	S9226546C
Date Of Birth	01/07/1992
Occupation	INDOOR
Date Of Driving Pass	03/09/2011
Driving Experience	7 YEARS AND 2 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-91277203
Fax Number	
Contact Number	OFFICE-91277203
Email Address	LEONYIP92@GMAIL.COM

Address	NIL
Postcode	
Was driver an employee of the Insured's Company	NO
If No, Relationship of the Driver with the Insured	CHILDREN
Vehicle Registration Number of Driver's Own Vehicle	-
	-
	-
Insurance Company of Driver's Own Vehicle	-
	-
	-

#### General Information of the Accident

Type Of Accident	COLLIDED INTO PARKED VEHICLE
Weather Conditions	RAINING
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)	2
Passenger 1	NAME: : LOUISA LEOW GENDER: : FEMALE

#### 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

Refer to statements After making a U turn in the car park, I collided into vehicle SJF7664M which was parked stationary. Driver of the parked vehicle was alerted of the collision. We exchanged particulars and parted ways after.

#### 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	SJF7664M
Vehicle Make/Model/Colour	MITSUBISHI/LANCER 2.0L/SIL
Details Of Properties	
Vehicle Category	PRIVATE CAR
Name of Driver	MALIK BIN RAMLI
NRIC/Passport Number	S7239176D
Contact Number	96606004
Address	
Postcode	
Insurance Company Name	
Nature Of Damage	
No. Of Passenger (Including Driver)	

# SKETCH PLAN

## IMPORTANT NOTICE

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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.

VERIFIED BY AJAX MARS  
REPORTING OFFICER

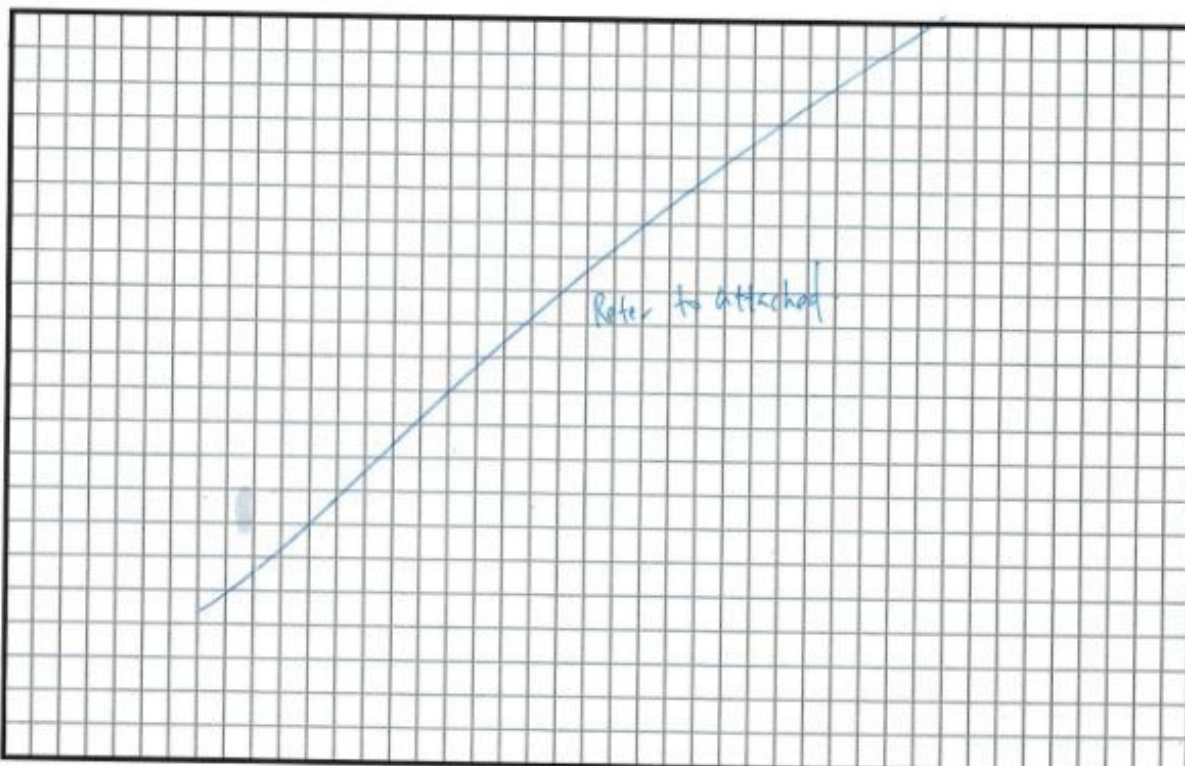
AIZAM BIN ATAN

Policyholder's Signature / Date & Time

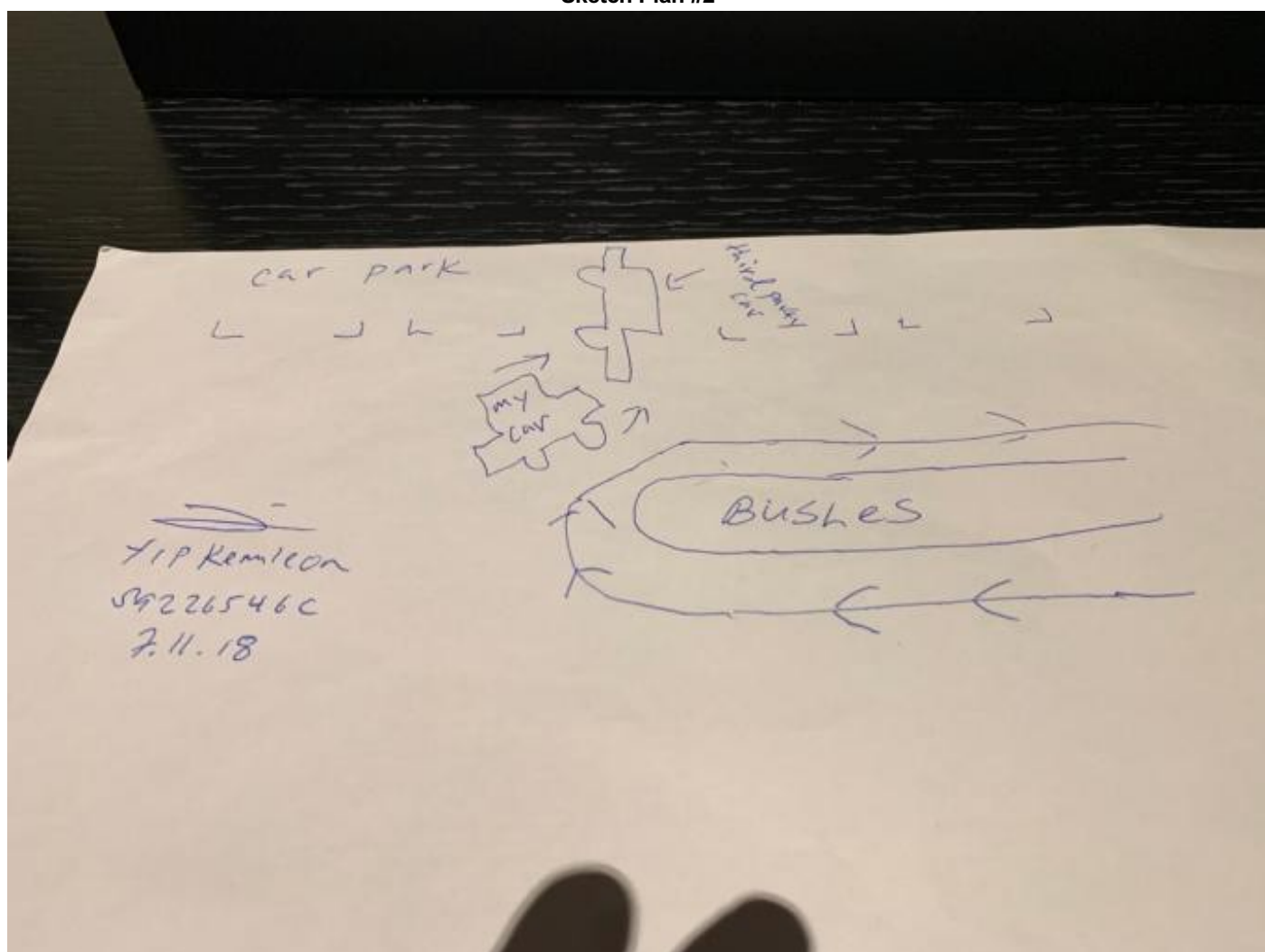
Driver's Signature (If driver is not the policyholder) / Date & Time

Witnessed by Reporting Centre  
Personnel

## Sketch Plan



Sketch Plan #2



## Common Statement

### ACCIDENT STATEMENT (2000 characters)

Refer to statements

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 -  
AIZAM BIN ATAN

MARS Officer

Registered Owner or Driver's Signature

Job Complete Date/Time

Date/Time:

7 November 2018 at 4:30 PM

7 November 2018 at 4:30 PM

Common Statement

SKETCH PLAN

DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

After making a u-turn in the carpark, Z collided into vehicle SJF7664M which was parked stationary. Driver of parked vehicle was alerted of collision, we exchanged particulars and parted ways after.

DECLARATION

I/We declare the foregoing particulars are true in every respect.

Policyholder's Signature

Date & Time: 7/1/18

Driver's Signature  
(If driver is not the policyholder)

Date & Time: 1426 5/10/2018

verified by ADAX MARS  
Reporting officer  
Aizam Bin Atan

Reporting Centre Personnel's Signature

Name:  
NRIC/ID No.:



**Elizabeth Lee**

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**From:** leon yip <leonyip92@gmail.com>  
**Sent:** Thursday, 15 November 2018 11:44 AM  
**To:** Elizabeth Lee  
**Cc:** group@ajaxmars.com  
**Subject:** Re: EP94K-PENDING FOR THE ACCIDENT SKETCH PLAN

Hi,

For the section under vehicle particulars:

“Are you claiming under own insurance policy for repair to your vehicle”

Could you amend this to a “yes” as I would like to claim repairs under my own policy with EQ insurance policy number: DMPPHQ18-004121.

And then send me back an attached revised copy here.

Thank you.

On Sat, 10 Nov 2018 at 12:38 PM, Elizabeth Lee <[elizabeth@ajaxmars.com](mailto:elizabeth@ajaxmars.com)> wrote:

Dear Leon,

Well received.

Please find attached for the GIA report.

Thank you.

Best regards,

Elizabeth

Email: [elizabeth@ajaxmars.com](mailto:elizabeth@ajaxmars.com)

**AJAX MARS Pte Ltd**

120 Lower Delta Road

Accident Photo





Accident Photo



Accident Photo



Accident Photo



**Accident Photo**





**Accident Photo**



**Accident Photo**





Accident Photo



**Accident Photo**



Accident Photo



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Accident Photo



## Driving License



### YOU ARE LICENSED TO DRIVE VEHICLES IN THE FOLLOWING CLASSES:

#### EFFECTIVE DATE

Class (A) Motor cars without partial gears (A1-A3) with a laden weight of 3000kg with up to 9 passengers, exclusive of driver, and other motor vehicles without side by side seats with a laden weight of 2500kg

YP 4336



ER  
GO



**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 : MBHH18144257 Vehicle Registration No: EP94K  
Name(as shown in NRIC) : YIP KEMLEON NRIC/FIN/Passport No : S9226546C  
(\*Vehicle Driver / Vehicle Owner) (\*) Please delete as appropriate  
Address : \_\_\_\_\_ Singapore( )  
Contact (Tel) : \_\_\_\_\_ Mobile No. : 91277203  
Email Address : leonyip92@gmail.com  
Date of Accident : 03/11/2018 Time of Accident : 21:00 HRS  
Place of Accident : SENTOSA TANJONG BEACH CP  
Insurance Company: EQ INSURANCE COMPANY LIMITED

**(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:

AMENDED REPORT TO OD CLAIM.

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

  
\_\_\_\_\_  
Reporting Centre Personnel's Signature  
Name: Elizabeth  
NRIC/FIN No.:  
Date: 15/11/2018