

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	15/11/2018 14:43
Date Of Accident	15/11/2018 12:10
Exact Location Of Accident	OPP TANGLIN COMMUNITY CLUB 245 WHITLEY ROAD
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SLH8328T
Insured/Policyholder	
Name Of Registered Owner	LOH HUI LING
NRIC No	S8068154B
Email Address	HLINGLOH@GMAIL.COM
Mobile Phone No	(LOCAL) +65-96478777
Alternative Phone No	OFFICE-96478777

Vehicle Particulars

Manufacturer	MERCEDES-BENZ
Model	C180 AVANTGARDE (R17 LED)
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	DMPPHQ18-007555
Cover Note Number	

Driver

Name of Driver	LOH HUI LING
NRIC No	S8068154B
Date Of Birth	03/06/1980
Occupation	INDOOR
Date Of Driving Pass	01/09/2011
Driving Experience	7 YEARS AND 2 MONTHS
Gender	FEMALE
Mobile Number	(LOCAL) +65-96478777
Fax Number	
Contact Number	OFFICE-96478777
Email Address	HLINGLOH@GMAIL.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	COLLISION - HEAD TO REAR
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)	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 SLH8328T was driving along Whitley rd at the 3rd lane with a slow speed due to the traffic. As I was driving I saw the 3rd party SHA7303E slow down his vehicle, so I slow down my vehicle, but due to the weather my vehicle couldn't stop on time and collided onto the other party rear vehicle. No injuries were involved.

Attachment(s)

Are accident photos available for attachment?	YES
Was there any video captured by Car Camera?	YES
Was there any audio recorded?	NO

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	SHA7303E
Vehicle Make/Model/Colour	HYUNDAI/I40 1.7L/BLUE
Details Of Properties	
Vehicle Category	TAXI
Name of Driver	LAW MEN THONG
NRIC/Passport Number	S2115430Z
Contact Number	96811131
Address	
Postcode	
Insurance Company Name	
Nature Of Damage	
No. Of Passenger (Including Driver)	1

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.

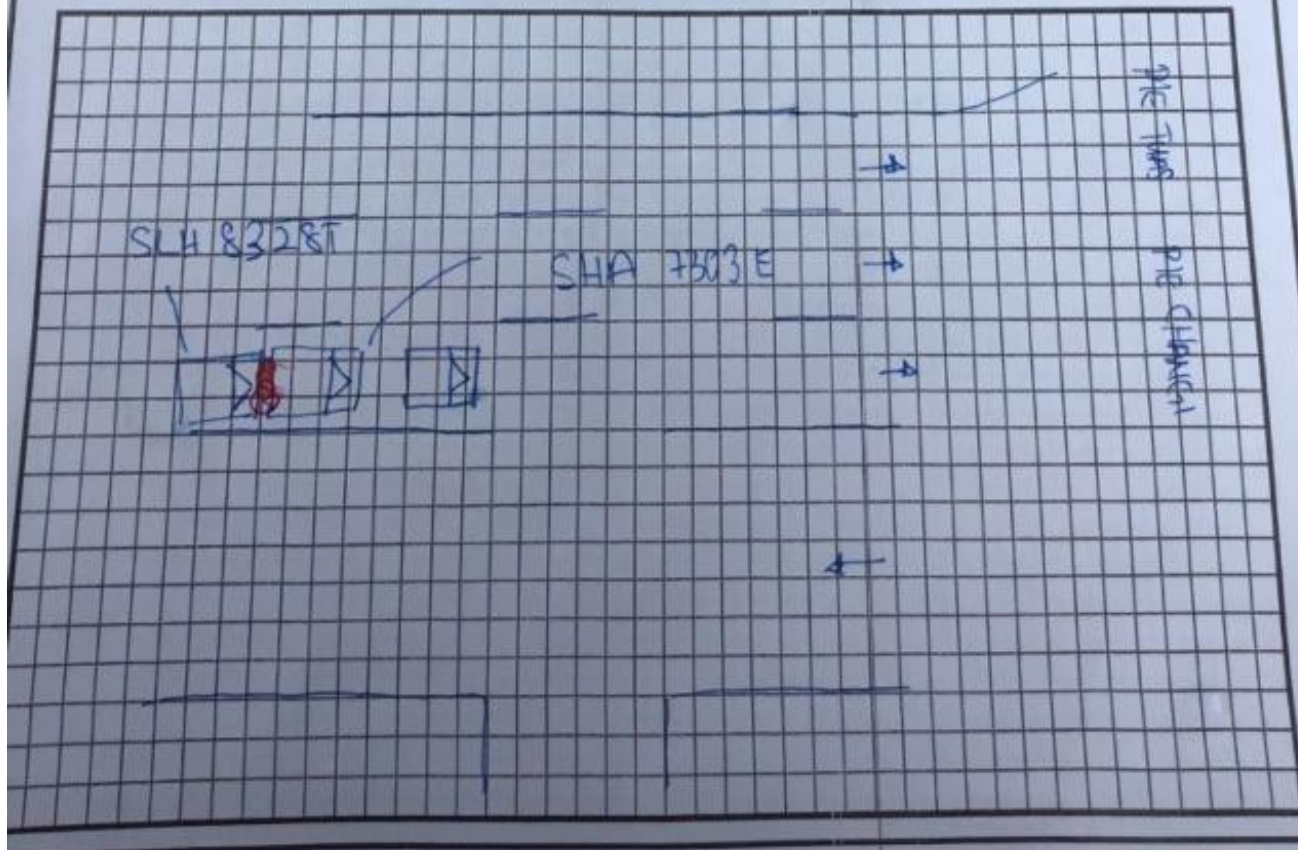
VERIFIED BY AJAX MARS
REPORTING OFFICER
MUHAMMAD SUMARDI BIN
MOHD AFFANDI

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 SLH8328T was driving along Whitley rd at the 3rd lane with a slow speed due to the traffic. As I was driving I saw the 3rd party SHA7303E slow down his vehicle, so I slow down my vehicle, but due to the weather my vehicle couldn't stop on time and collided onto the other party rear vehicle. No injuries were 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

15 November 2018 at 1:09 PM

Date/Time:

15 November 2018 at 1:09 PM

EMAIL ATTACHED

Susan

From: Hui Ling Loh <hlingloh@gmail.com>
Sent: Friday, 16 November 2018 6:23 PM
To: group@ajaxmars.com
Subject: Fwd: GIA Report - SLH8328T

Dear Sir/Madam,

Please also amend the report to state claiming own damage? Thank you and appreciate your help.

Regards,
Hui Ling

On 16 Nov 2018, at 1:35 AM, Susan <susan@ajaxmars.com> wrote:

Dear Sir/Madam,

We acknowledged receipt of your email. We will forward your video footage to the insurance company for their perusal.
Please find attached file a copy of amended GIA report (video footage attached) for your perusal.

Thank you.
Best regards,

Susan
Email: 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>

*CONFIDENTIAL NOTE: The information contained in this email is intended only for the use of the individual or entity named above and may contain information that is privileged, confidential and exempt from disclosure under applicable law.
If the reader of this message is not the intended recipient, you are hereby notified that any dissemination, distribution or copying of this communication is strictly prohibited.
If you have received this message in error, please immediately notify the sender and delete the mail.
Thank you.

From: Hui Ling Loh <hlingloh@gmail.com>
Sent: Thursday, 15 November 2018 9:56 PM

Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Identification Card



Identification Card



Addendum Sheet



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: S660580306 / GST Reg. No.: M480017795

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 : MBHH18148034-01 Vehicle Registration No : SLH8328T
Name (as shown in NRIC) : LOH HUI LING NRIC/FIN/Passport No : S8068154B
(~~Vehicle Owner~~ / Vehicle Owner) (*) Please delete as appropriate
Address : _____ Singapore ()
Contact (Tel) : _____ Mobile No. : 98478777
Email Address : hlingloh@gmail.com
Date of Accident : 15/11/2018 Time of Accident : 12:10
Place of Accident : OPP TANGLIN COMMUNITY CLUB 245 WHITLEY 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 REPORTING ONLY TO OWN DAMAGE CLAIM

Policyholder / Driver's Signature
Date:

SUSAN

Reporting Centre Personnel's Signature
Name: F S NEO
NRIC/FIN No.: