

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	23/10/2018 18:33
Date Of Accident	22/10/2018 13:35
Exact Location Of Accident	ALONG WATTEN DR
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SJY5054L
Insured/Policyholder	
Name Of Registered Owner	CHOW CHOEN SERN
NRIC No	S7003528F
Email Address	COOLSTEAM@GMAIL.COM
Mobile Phone No	(LOCAL) +65-90092372
Alternative Phone No	OFFICE-90092372

Vehicle Particulars

Manufacturer	VOLKSWAGEN
Model	JETTA
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?	NO
If No, Please state action to be taken	THIRD PARTY
Vehicle Category	PRIVATE CAR

Insurance Company

Name of Insurance Company	FWD SINGAPORE PTE. LTD.
Type Of Coverage	COMPREHENSIVE
Fleet Policy	NO
Policy Number	PNPV2018-00011260
Cover Note Number	

Driver

Name of Driver	CHOW CHOEN SERN
NRIC No	S7003528F
Date Of Birth	08/02/1970
Occupation	INDOOR
Date Of Driving Pass	16/12/1991
Driving Experience	26 YEARS AND 10 MONTHS
Gender	MALE
Mobile Number	+65-90092372
Fax Number	
Contact Number	OFFICE-90092372
EEmail Address	COOLSTEAM@GMAIL.COM

Address	HDB PANGSHAN VALLEY, 518 JELAPANG ROAD #15-263
Postcode	670518
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	HIT AND RUN / VANDALISM / DAMAGED WHILST PARKED
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

My vehicle SJY5054L was park along Watten dr. When I was walking back to collect my vehicle, I witness the other party SLT1300E reversing and collided onto the front of my vehicle. We manage to exchange our particular and took some pictures, 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	SLT1300E
Vehicle Make/Model/Colour	KIA / NIRO G979 / WHITE
Details Of Properties	
Vehicle Category	PRIVATE CAR
Name of Driver	RAHAYU BINTI BUANG
NRIC/Passport Number	
Contact Number	91012791
Address	
Postcode	
Insurance Company Name	
Nature Of Damage	
No. Of Passenger (Including Driver)	1

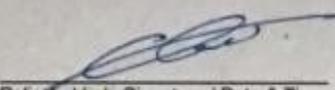
Sketch Plan

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.

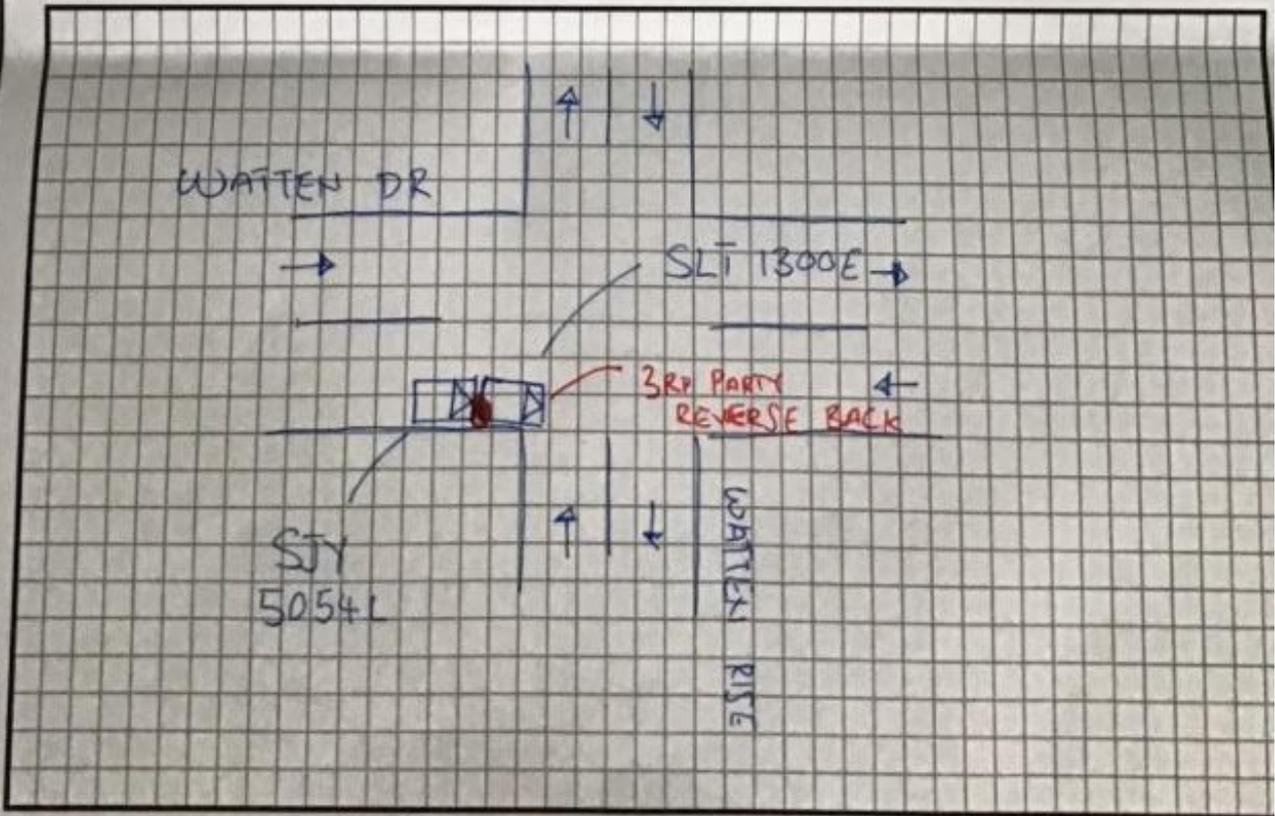
VERIFIED BY AJAX MARS
REPORTING OFFICER
MUHAMMAD SUMARDI BIN
MOHD AFFANDI


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)

My vehicle SJY5054L was park along Watten dr. When I was walking back to collect my vehicle, I witness the other party SLT1300E reversing and collided onto the front of my vehicle. We manage to exchange our particulars and took some pictures, 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

23 October 2018 at 3:39 PM

Date/Time:

23 October 2018 at 3:39 PM

EMAIL ATTACHED

Susan

From: cool steam <coolsteam@gmail.com>
Sent: Wednesday, 24 October 2018 7:56 AM
To: Susan
Cc: group@ajaxmars.com
Subject: Re: SJY 5054 L

Dear Susan,
Thank you for your response.
Kindly compile my report and together with my pictures taken; and forward me a complete copy please. Thank you
Regards
C S Chow

On Wed, 24 Oct 2018, 02:39 Susan, <susan@ajaxmars.com> wrote:

Dear Sir/Madam,

We acknowledged receipt of your email. We will forward the pictures to the insurance company for their 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>

Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



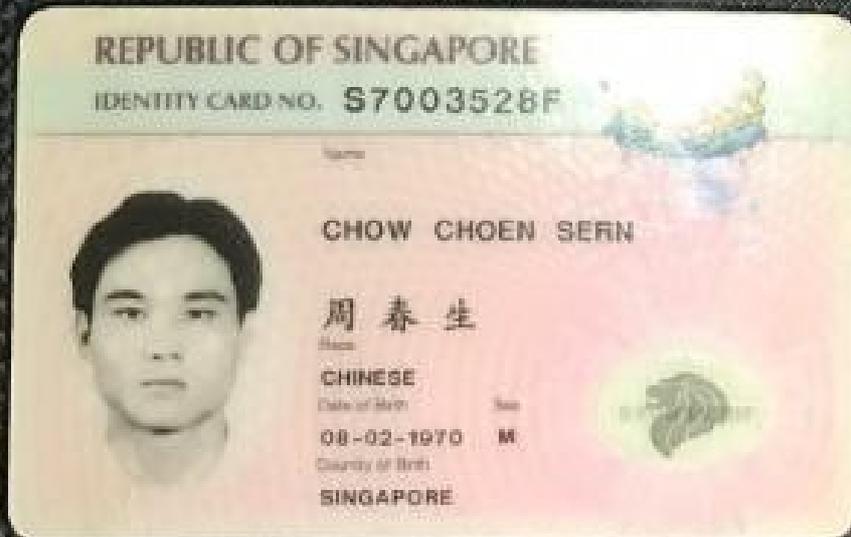
Accident Photo



Accident Photo



Driving License



Driving License

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

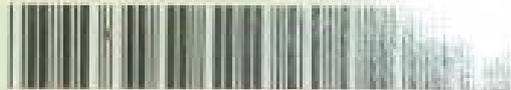
Class	Description	PASS DATE
Class 3	Motor Cars and Motor Tractors the weight of which unladen does not exceed 3500 kilograms	18 Dec 1991

NP 428A

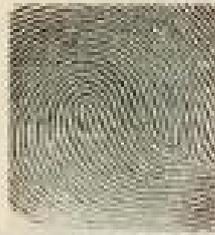
Licence No: S7003528F



871823



MRIC No: S7003528F



Blood Group: O+ Date of issue: 13-04-1995

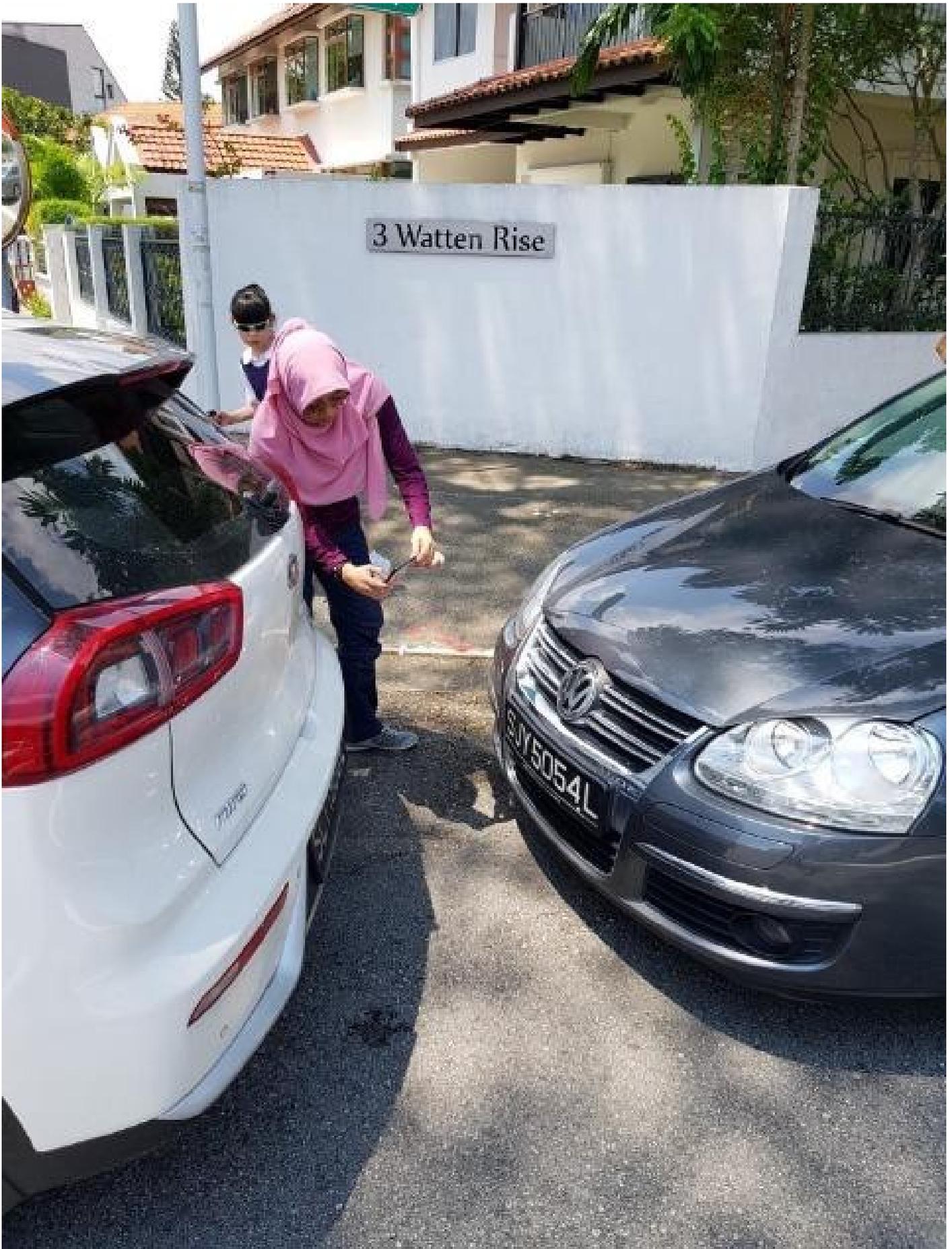
APT BLK 518 JELAPANG ROAD #15-263
SINGAPORE 870518

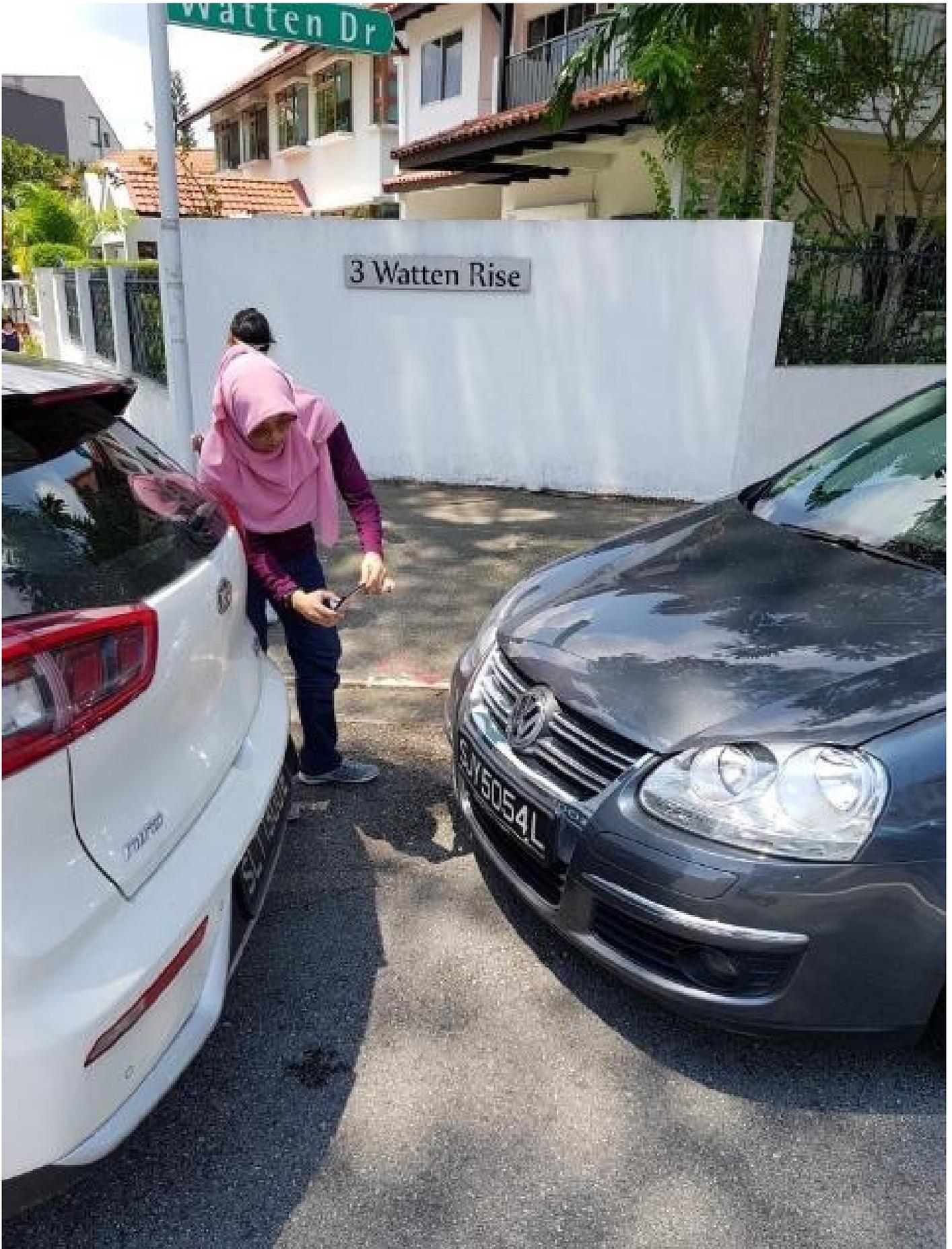
MRIC No: S7003528F Date: 20/09/2016

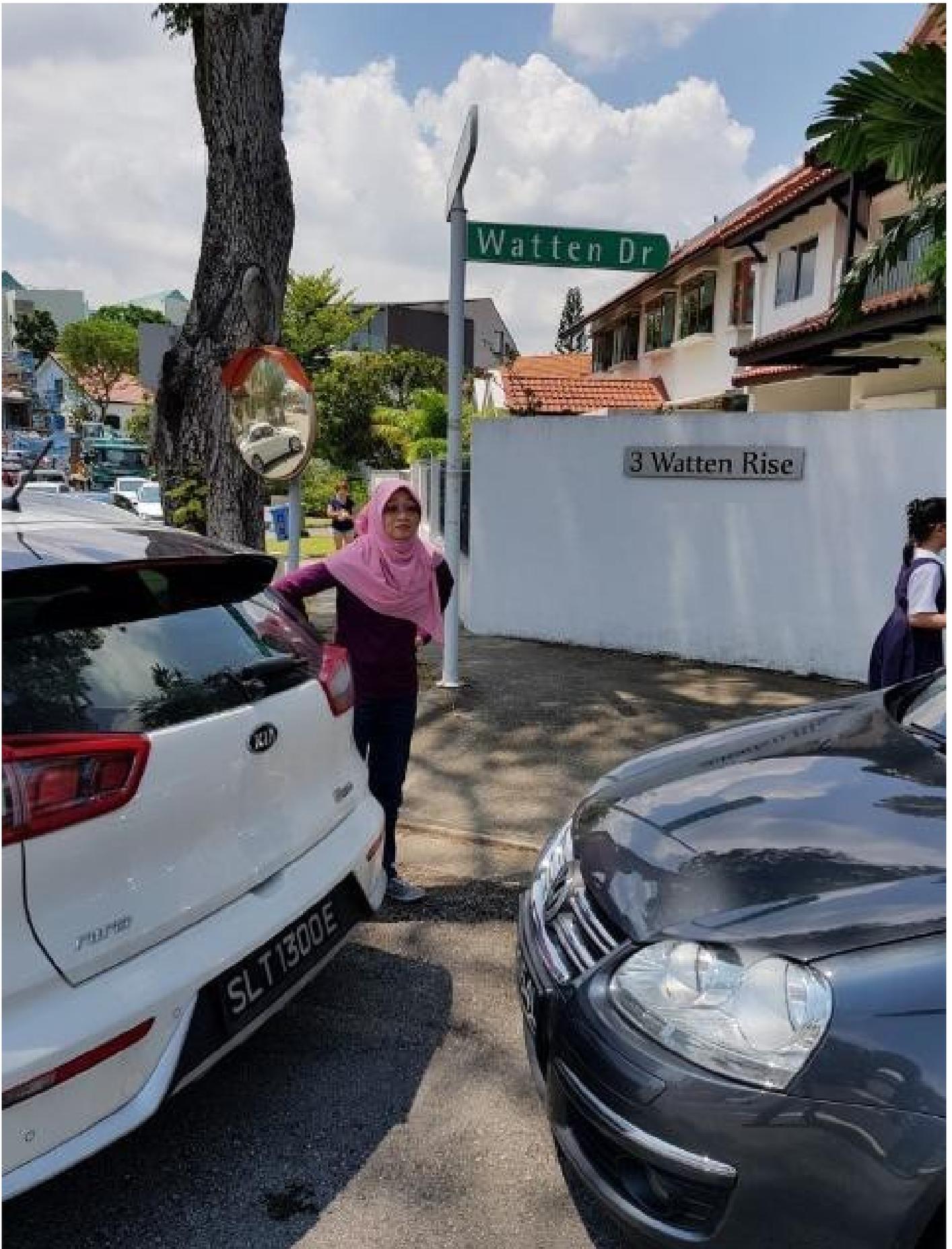


PICS BY INSURED











PICS BY INSURED





PICS BY INSURED



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: S665500206 / 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 : MBHH18137865 Vehicle Registration No: SJY5054L
Name(as shown in NRIC) : CHOW CHOEN SERN NRIC/FIN/Passport No : S7003528F
(*Vehicle Driver / Vehicle Owner) (*) Please delete as appropriate
Address : _____ Singapore()
Contact (Tel) : _____ Mobile No. : 90092372
Email Address : coolsteam@gmail.com
Date of Accident : 22/10/2018 Time of Accident : 13:35
Place of Accident : ALONG WATTEN DR
Insurance Company : FWD SINGAPORE PTE. 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:

ATTACHED PICS BY INSURED

EMAIL ATTACHED

Policyholder / Driver's Signature
Date:

SUSAN

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