

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	03/12/2018 21:45
Date Of Accident	03/12/2018 11:15
Exact Location Of Accident	JUNCTION OF SELETAR WEST LINK
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	GBE280H
Insured/Policyholder	
Name Of Registered Owner	OUTSOURCE VANTAGE PTE LTD
Co Reg No	200107151E
Email Address	NOEMAIL
Mobile Phone No	
Alternative Phone No	OFFICE-91788898

Vehicle Particulars

Manufacturer	RENAULT
Model	KANGOO
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?	NO
If No, Please state action to be taken	REPORTING ONLY
Vehicle Category	COMMERCIAL VEHICLE

Insurance Company

Name of Insurance Company	EQ INSURANCE COMPANY LTD
Type Of Coverage	COMPREHENSIVE
Fleet Policy	NO
Policy Number	DMCPHQ18-004829
Cover Note Number	

Driver

Name of Driver	MOHAMAD FAZELEE BIN MOHAMAD SHARIFF
NRIC No	S8731876A
Date Of Birth	11/10/1987
Occupation	OUTDOOR
Date Of Driving Pass	12/12/2017
Driving Experience	0 YEAR AND 11 MONTH
Gender	MALE
Mobile Number	(LOCAL) +65-91447472
Fax Number	
Contact Number	
EEmail Address	TAMAO_SERIZAWA87@LIVE.COM

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	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

I WAS DRIVING ALONG SELETAR WEST LINK TOWARDS TPE. VEHICLE B WAS IN FRONT OF ME AND SUDDENLY MAKE A JAM BRAKE . I CAN'T STOP IN TIME AND ACCIDENTALLY TOUCH ONTO REAR OF VEHICLE B . SMALL SCRATCHES ON FRONT OF MY VEHICLE . AFTER THIS , THE DRIVER OF VEHICLE B (MALAY) SAID THAT HE WAS OWNER , BUT AT AFTERNOON HAVE A CHINESE GUY CALL ME THAT ALSO SAID HE IS OWNER. 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	SLD4945J
Vehicle Make/Model/Colour	HONDA / VEZEL
Details Of Properties	
Vehicle Category	PRIVATE CAR
Name of Driver	UNKNOWN DRIVER
NRIC/Passport Number	
Contact Number	98345747
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 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.

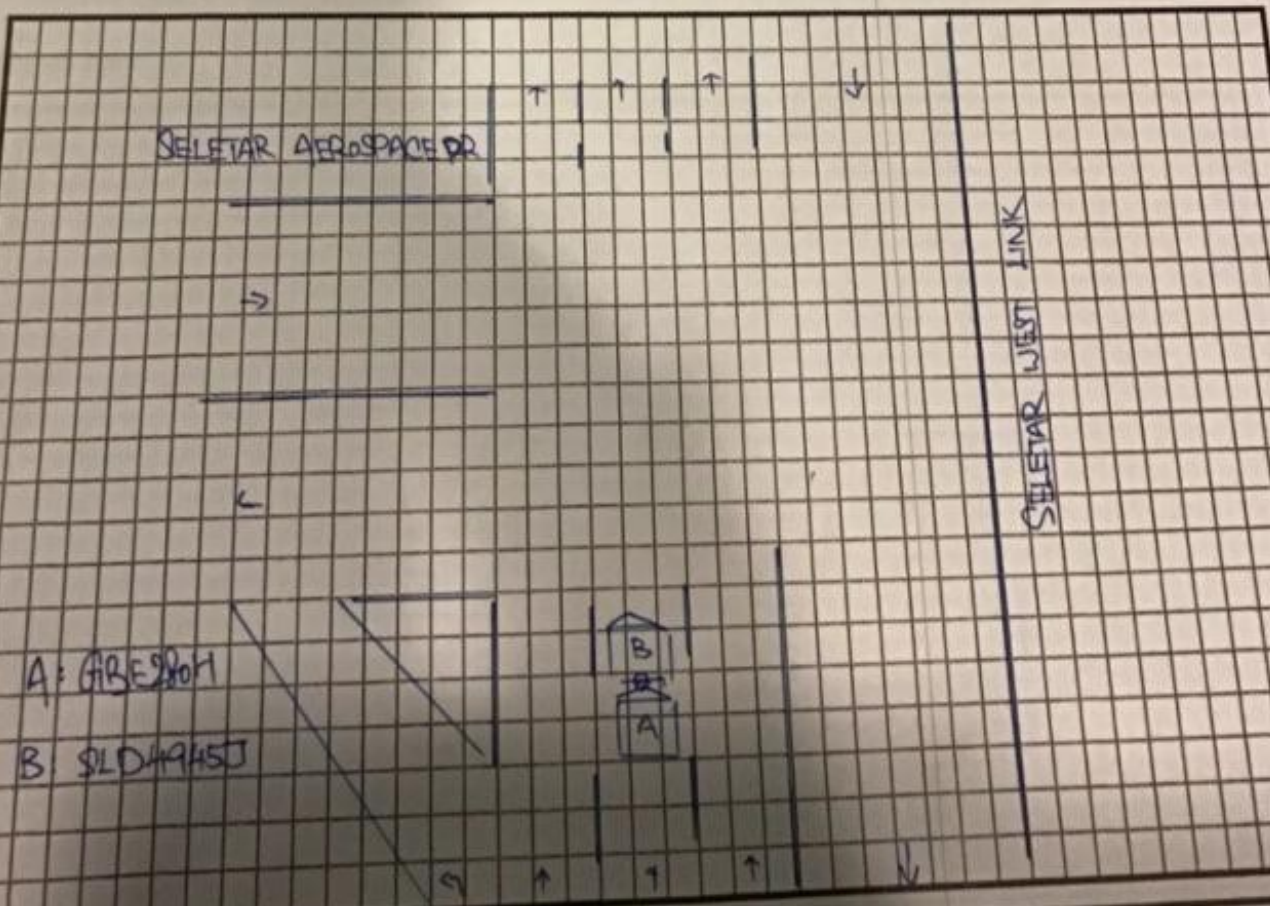
VERIFIED BY AJAX MARS
REPORTING OFFICER
JUN KEAT

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)

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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 -
WONG JUN KEAT

MARS Officer



Registered Owner or Driver's Signature

Job Complete Date/Time

3 December 2018 at 8:24 PM

Date/Time:

3 December 2018 at 8:24 PM

Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo





Accident Photo



Driving License

REPUBLIC OF SINGAPORE
IDENTITY CARD NO. S8731876A



Name
MOHAMAD FAZELEE BIN MOHAMAD SHARIFF

Race
MALAY

Date of birth
11-10-1987

Sex
M

Country/Place of birth
SINGAPORE

S8731876A

REPUBLIC OF SINGAPORE **DRIVING LICENCE**



Licence Number **S8731876A**

Name
MOHAMAD FAZELEE BIN MOHAMAD SHARIFF

Birth Date **11 Oct 1987**

Issue Date **13 Feb 2015**

002396356J



Driving License

58731876A



NRIC No. S8731876A



Date of issue
12-10-2017

Address
APT BLK 201 BEDOK NORTH STREET 1
#06-523
SINGAPORE 460201

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

	EFFECTIVE DATE
Class 2B	16 Dec 2010
Class 1A	25 Mar 2016
Class 1	12 Dec 2017

Class 2B Motorcycles \leq 200 CC
Class 1A Motorcycles between 201 CC and 400 CC
Class 1 Motor cars \leq 3500 kg with \leq 7 passengers, exclusive of the driver, and motor tractors/vehicles \leq 2500 kg

S / No. 9000276374

S8731876A

NP 428A

Licence No: S8731876A

