MBHH19004142 / Ajax Mars Pte Ltd - Bukit Merah ENTRY DATE & TIME: 09/01/2019 20:16 SUBMITTED BY: Joanne, Tham Pei Yan

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 <u>truthful and accurate</u> as possible. Any wilful misrepresentation or witholding 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

aforesaid.		
	ACCIDENT STATEMENT	
Date Of Report	09/01/2019 20:16	
Date Of Accident	09/01/2019 09:15	
Exact Location Of Accident	ALONG PAYA LEBAR RD SLIP RD TOWARDS AIRPORT RD	
Country/State of Loss	SINGAPORE	
DETAILS OF OWN VEHICLE		
Vehicle Registration Number	YN9879C	
Insured/Policyholder		
Name Of Registered Owner	NG KIM CHUAN	
NRIC No	S7315276C	
Email Address	CNL_DISTRIBUTION@YAHOO.COM	
Mobile Phone No	(LOCAL) +65-90476259	
Alternative Phone No	OFFICE-90476259	
Vehicle Particulars		
Manufacturer	MITSUBISHI	
Model	FUSO FK62FMZ1RDEB	
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?	YES	
If No, Please state action to be taken		
Vehicle Category	COMMERCIAL VEHICLE	
Insurance Company		

Insurance Company

Name of Insurance Company ERGO INSURANCE PTE. LTD.

Type Of Coverage COMPREHENSIVE

Fleet Policy NO

Policy Number DMCG18004782

Cover Note Number

Driver

Name of Driver IESMADI BIN RABU

NRIC No S7918738J
Date Of Birth 26/06/1979
Occupation OUTDOOR
Date Of Driving Pass 13/07/2006

Driving Experience 12 YEARS AND 5 MONTHS

Gender MALE

Mobile Number (LOCAL) +65-90710024

Fax Number

Contact Number

EMail Address NOEMAIL

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 Registration Number of Driver's Own

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 (including own vehicle)

involved in the accident

Was any body injured in the Accident? NO

Was any injured conveyed to hospital by

ambulance?

NO

NO

2

NO

NO

2

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)
Passenger 1

NAME: : NG KIM SIAH

GENDER: : MALE

Details of Police Action

Was the accident reported to the police?

If Yes, Please state which Police Station

Was notice of intended Prosecution given?

If Yes, against whom?

Circumstances of Accident

was driving my lorry along Paya Lebar slip road towards Airport road. Suddenly vehicle SJX8810G jam brake and I cannot stop on time and hit into his car.and collided his car rear side position. Damages of my car front left side position. No injuries were 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 SJX8810G

Vehicle Make/Model/Colour MERCEDES BENZ / C180

Details Of Properties

Vehicle Category PRIVATE CAR

Name of Driver TAY WEI HAN, NICHOLAS

NRIC/Passport Number S8911055F Contact Number 92954906

Address Postcode

Insurance Company Name

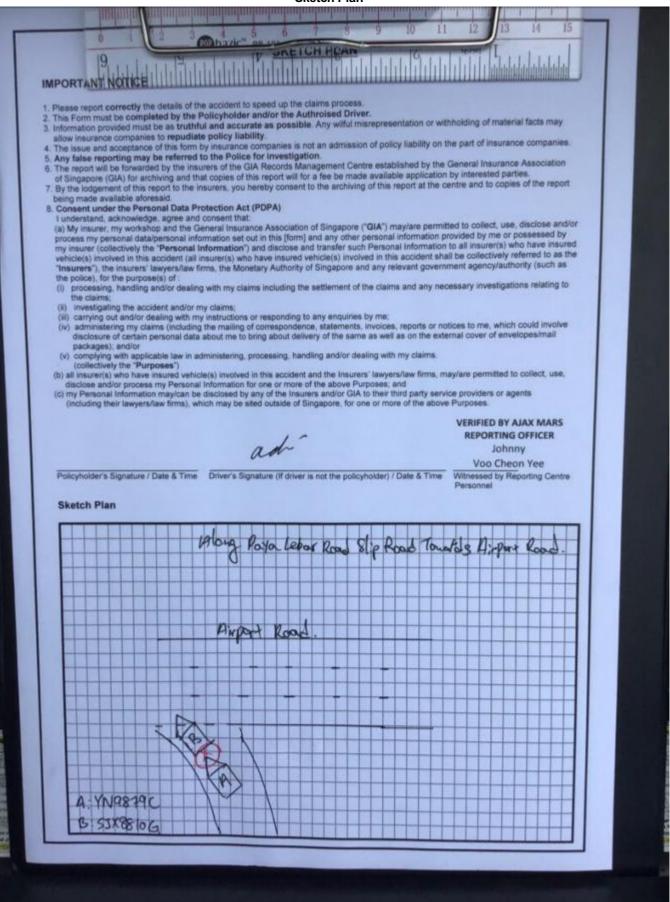
Nature Of Damage

No. Of Passenger (Including Driver)

Passenger 1 NAME: : P1

GENDER: : FEMALE

2

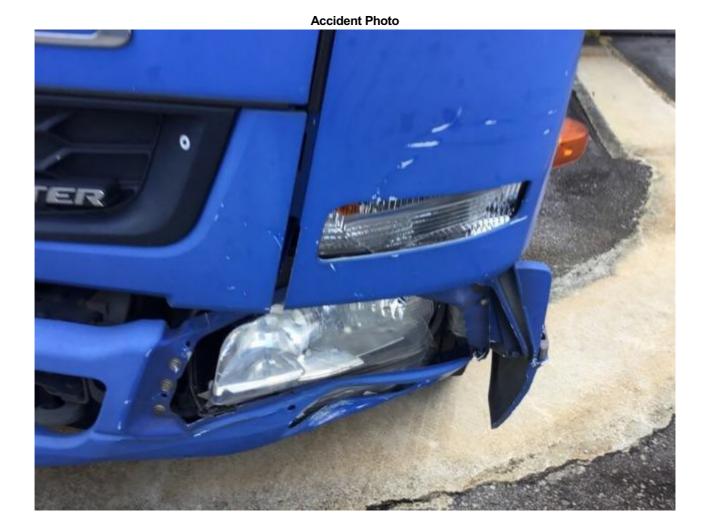


ACCIDENT STATEMENT (2000 characters)

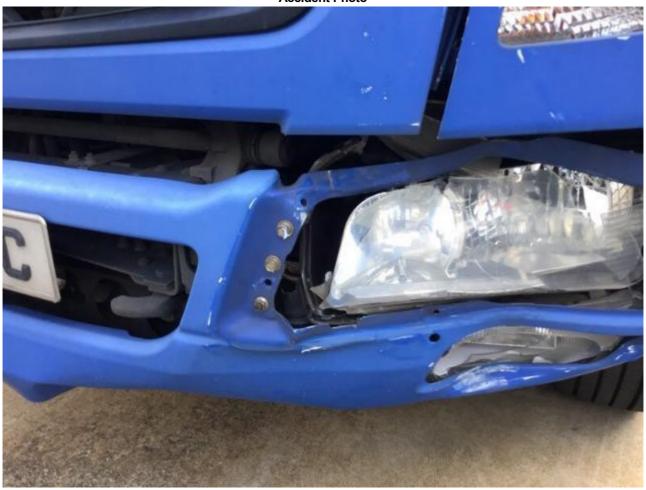
	slip road towards Airport road. Suddenly of stop on time and hit into his car.and collided y car front left side position. No injuries were
Taxi Voucher No.:	
DECLARATION I/We declare that the above particulars & information provided above are true in every aspect VERIFIED BY AJAX MARS REPORTING OFFICER - JOHNNY VOO CHEON YEE A A A A A A A A A A A A	
MARS Officer	Registered Owner or Driver's Signature
Job Complete Date/Time	Date/Time:
9 January 2019 at 4:28 PM	9 January 2019 at 4:28 PM

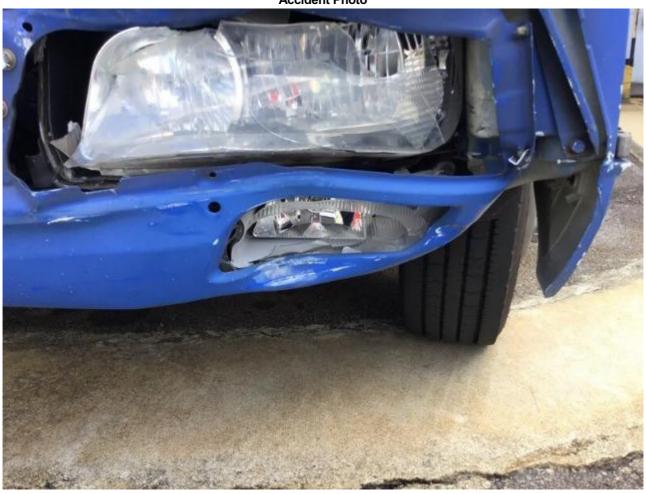






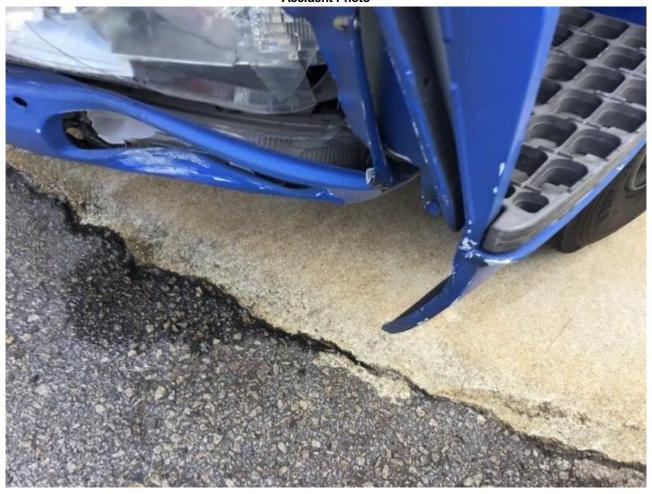












Accident Photo











Driving License



Driving License

