

## 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	20/02/2019 19:06
Date Of Accident	19/02/2019 19:00
Exact Location Of Accident	COMMONWEALTH RD TOWARD QUEENSWAY (FARRER)
Country/State of Loss	SINGAPORE

### DETAILS OF OWN VEHICLE

Vehicle Registration Number	SKU103X
<b>Insured/Policyholder</b>	
Name Of Registered Owner	CHUA KAY LIANG
NRIC No	S6943165H
Email Address	KAYLIANG@HOTMAIL.COM
Mobile Phone No	(LOCAL) +65-97575590
Alternative Phone No	OTHERS-97575590

### Vehicle Particulars

Manufacturer	MERCEDES-BENZ
Model	C180
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	SOMPO INSURANCE SINGAPORE PTE. LTD.
Type Of Coverage	COMPREHENSIVE
Fleet Policy	NO
Policy Number	D18MTPV01009985
Cover Note Number	

### Driver

Name of Driver	CHUA KAY LIANG
NRIC No	S6943165H
Date Of Birth	11/12/1969
Occupation	INDOOR
Date Of Driving Pass	07/09/1989
Driving Experience	29 YEARS AND 5 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-97575590
Fax Number	
Contact Number	OTHERS-97575590
EEmail Address	KAYLIANG@HOTMAIL.COM

Address	NA
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	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	2
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 SKU103X was stationary along the slip Road (single lane) of Commonwealth Ave toward Queensway (Farrer RD) while waiting for the on coming traffic to clear. As the on coming was clear and safe for me to make a turn, I started to accelerate my vehicle suddenly I felt an hard impact coming from behind. Due to the impact my vehicle move forward. I immediately get down from my vehicle and discover that the 3rd party YM7640S had collided into my rear vehicle. I managed to take some photos and exchange particulars with the 3rd party, no injuries was involved at the scene.

#### 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	YM7640S
Vehicle Make/Model/Colour	ISUZU / NHR85EU3ES
Details Of Properties	NA
Vehicle Category	COMMERCIAL VEHICLE
Name of Driver	KUMARASAMY VEEDOSS
NRIC/Passport Number	
Contact Number	86263970
Address	
Postcode	
Insurance Company Name	
Nature Of Damage	
No. Of Passenger (Including Driver)	

# Sketch Plan

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5. Any false reporting may be referred to the Police for investigation.
6. The 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 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.
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.
  - (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.

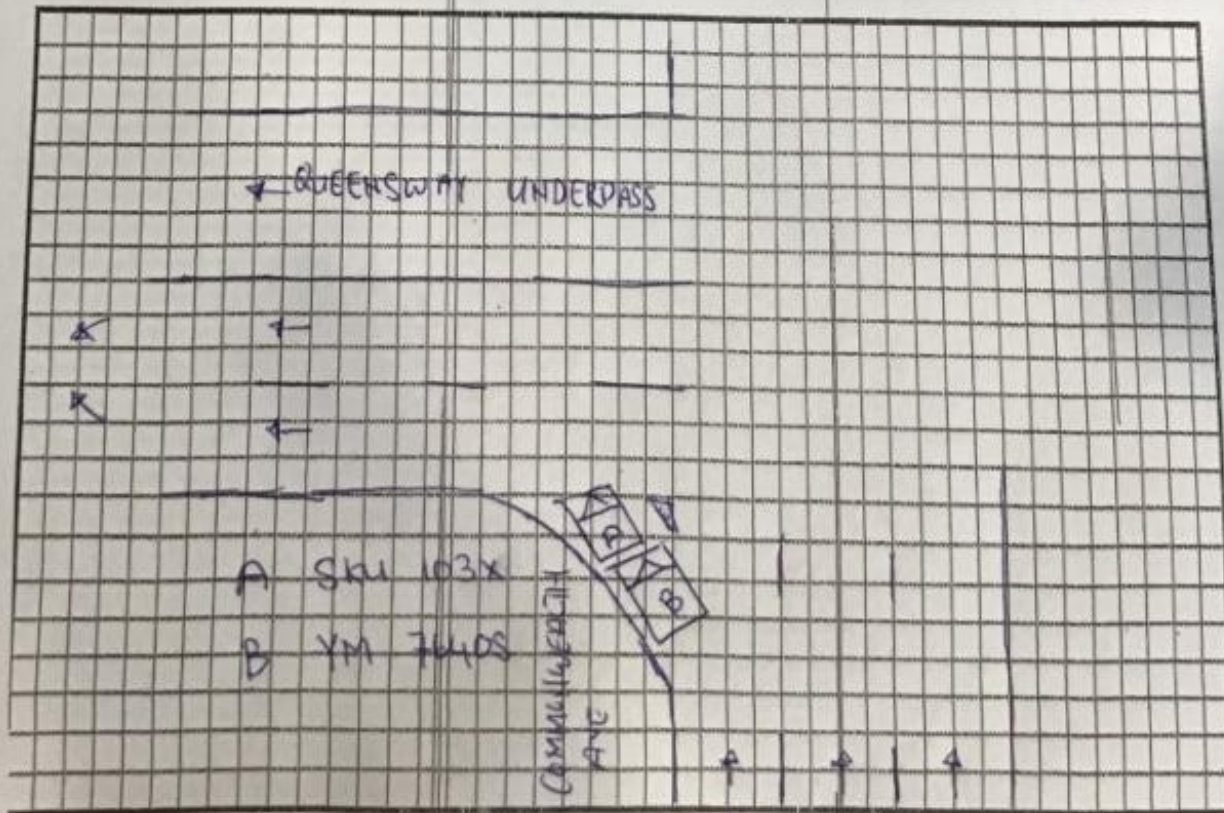
VERIFIED BY AJAX MARS  
REPORTING OFFICER  
MUHAMMAD SUMARDI BIN  
MOHD AFFANDI

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 SKU103X was stationary along the slip Road (single lane) of Commonwealth Ave toward Queensway (Farrer RD) while waiting for the on coming traffic to clear. As the on coming was clear and safe for me to make a turn, I started to accelerate my vehicle suddenly I felt an hard impact coming from behind. Due to the impact my vehicle move forward. I immediately get down from my vehicle and discover that the 3rd party YM7640S had collided into my rear vehicle. I managed to take some photos and exchange particulars with the 3rd party, no injuries was involved at the scene.

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

20 February 2019 at 3:28 PM

Date/Time:

20 February 2019 at 3:28 PM

## EMAIL ATTACHMENT

**Sabitra**

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**From:** Kay Chua <kayliang@hotmail.com>  
**Sent:** Wednesday, 20 February, 2019 9:48 PM  
**To:** Susan  
**Cc:** group@ajaxmars.com  
**Subject:** \*\*\*SPAM\*\*\* Re: GIA REPORT-SKU103X

hi there,  
i have informed Mamat that the video has not been captured. and i called Sampo to report at 1250 and Mamat assessed the car at 245pm today. why the report stated 709pm?

Sent from my iPhone

On 20 Feb 2019, at 9:38 PM, Susan <[susan@ajaxmars.com](mailto:susan@ajaxmars.com)> wrote:

Dear Sir/Madam,

Please find attached a copy of GIA Report for your perusal.

The date and time of your call to Mobile Accident Response Service (MARS) will be taken as the time you reported your accident to the insurer which is within 24 hours from the time of accident as required under the Motor Claims Framework (MCF).

If you require any further clarification on the matter, please do not hesitate to contact us at 6333 2222.

Thank you.  
Best regards,

Shirley Loo  
Email: [susan@ajaxmars.com](mailto: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.

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Thank you.



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Accident Photo



Accident Photo



Accident Photo





Accident Photo



Accident Photo



Accident Photo





Accident Photo





Accident Photo



Accident Photo



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Accident Photo



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Accident Photo





Accident Photo





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: S66SS0020G / 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 : MBHH19024001 Vehicle Registration No: SKU103X  
Name(as shown in NRIC) : CHUA KAY LIANG NRIC/FIN/Passport No : S6943165H  
(\*Vehicle Driver / Vehicle Owner) (\*) Please delete as appropriate  
Address : \_\_\_\_\_ Singapore( )  
Contact (Tel) : \_\_\_\_\_ Mobile No. : 97575590  
Email Address : kayliang@hotmail.com  
Date of Accident : 19/02/2019 Time of Accident : 19:00  
Place of Accident : COMMONWEALTH RD toward Queensway (Farrer)  
Insurance Company: SOMPO INSURANCE 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:

AMEND: No video captured  
\_\_\_\_\_  
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\_\_\_\_\_  
\_\_\_\_\_

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

\_\_\_\_\_  
Reporting Centre Personnel's Signature  
Name: SABITRA  
NRIC/FIN No.: G261300K  
Date: 21/02/2019