

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	05/03/2019 20:01
Date Of Accident	05/03/2019 09:00
Exact Location Of Accident	SLIP ROAD TO ELIAS ROAD FROM TPE
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SFC399M
Insured/Policyholder	
Name Of Registered Owner	TAN WEIAN
NRIC No	S8200682F
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-97995725
Alternative Phone No	OTHERS-97812616

Vehicle Particulars

Manufacturer	TOYOTA
Model	WISH-1.8 (A)
Exact Purpose for which vehicle was being used at time of accident	PRIVATE USE
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	AVIVA LTD
Type Of Coverage	COMPREHENSIVE
Fleet Policy	NO
Policy Number	10723972
Cover Note Number	N.A

Driver

Name of Driver	MABEL LIAO MEI BAO
NRIC No	S8170926B
Date Of Birth	08/01/1981
Occupation	INDOOR
Date Of Driving Pass	24/11/2003
Driving Experience	15 YEARS AND 3 MONTHS
Gender	FEMALE
Mobile Number	(LOCAL) +65-97812616
Fax Number	
Contact Number	
EEmail Address	MABELLIAO0108@GMAIL.COM

Address	NA
Postcode	
Was driver an employee of the Insured's Company	NO
If No, Relationship of the Driver with the Insured	SPOUSE
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

I (SFC0399M) was stationary at the slip road, waiting to turn left to Elias road, giving way to oncoming traffic on the right, when a car (SJE4293A) suddenly hit me from the back. The front left side of the car make contact with the rear right side of my car. 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	SJE4293A
Vehicle Make/Model/Colour	TOYOTA / VIOS E AUTO / MAROON
Details Of Properties	N.A
Vehicle Category	PRIVATE CAR
Name of Driver	GOH CHOON YEN RYAN
NRIC/Passport Number	S9510531I
Contact Number	90280891
Address	
Postcode	
Insurance Company Name	
Nature Of Damage	
No. Of Passenger (Including Driver)	1

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.
(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/are 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.

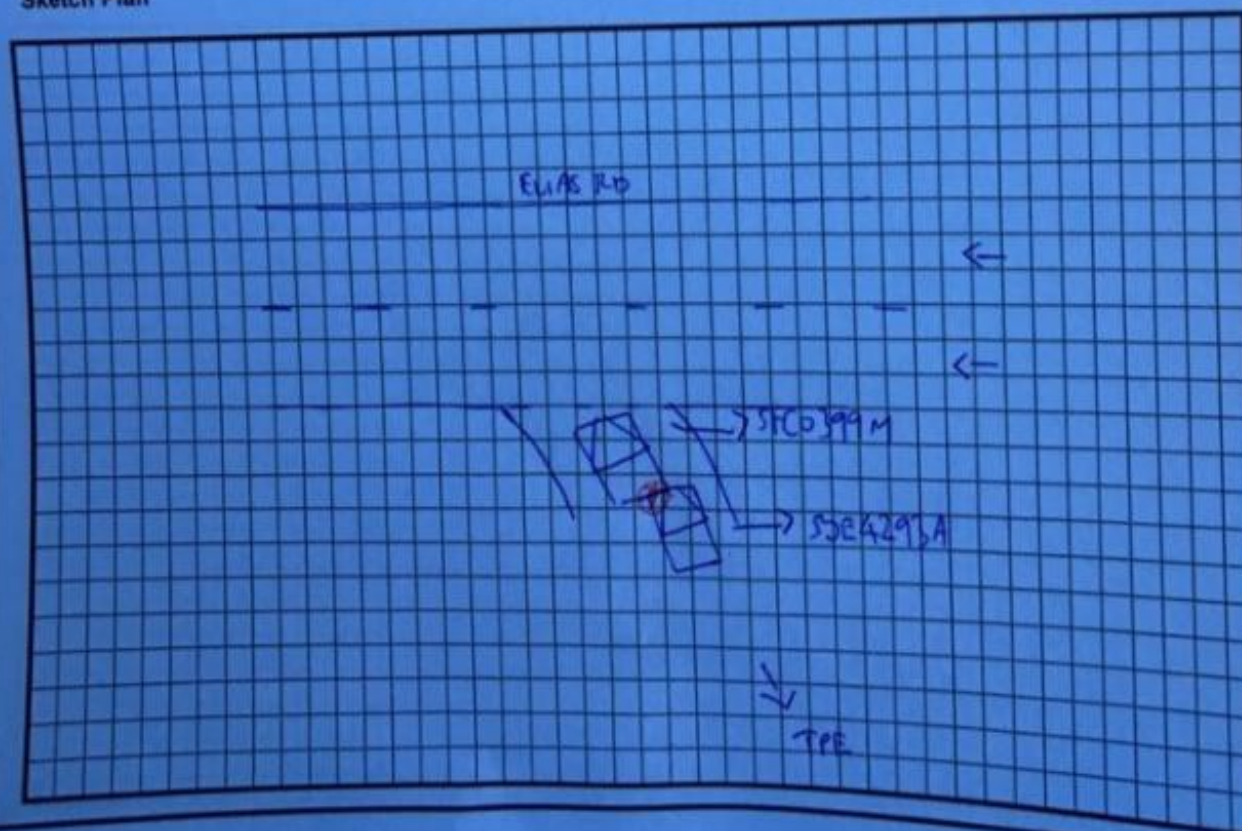
VERIFIED BY AJAX MARS
REPORTING OFFICER
MOHAMMAD SULHANDI BIN
MOHD AFFANDI

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 (SFC0399M) was stationary at the slip road, waiting to turn left to Elias road, giving way to oncoming traffic on the right, when a car (SJE4293A) suddenly hit me from the back. The front left side of the car make contact with the rear right side of my car. No injuries 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 -
MOHAMMAD SULHANDI BIN MOH AFFANDI

MARS Officer



Registered Owner or Driver's Signature

Job Complete Date/Time

5 March 2019 at 6:45 PM

Date/Time:

5 March 2019 at 6:45 PM

Elizabeth Lee

From: Mabel Liao <mabelliao0108@gmail.com>
Sent: Thursday, 7 March 2019 8:48 AM
To: Sabitra
Cc: group@ajaxmars.com
Subject: Re: AMENDED GIA REPORT-SFC399M

Hi,
Pls change the status from "reporting" to "claiming 3rd party insurance". Thanks!

Regards,
Mabel

On Wed, 6 Mar 2019 at 7:39 AM, Sabitra <sabitra@ajaxmars.com> wrote:

Dear Sir/ Madam,

We acknowledge the receipt of your email.

Please find the attached amended GIA report for your perusal.

Thank you.

Best Regards,

Sabitra

email: sabitra@ajaxmars.com

AJAX MARS Pte Ltd

[120 Lower Delta Road](#)

[#08-08](#) Cendex Centre

Singapore 169208

Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



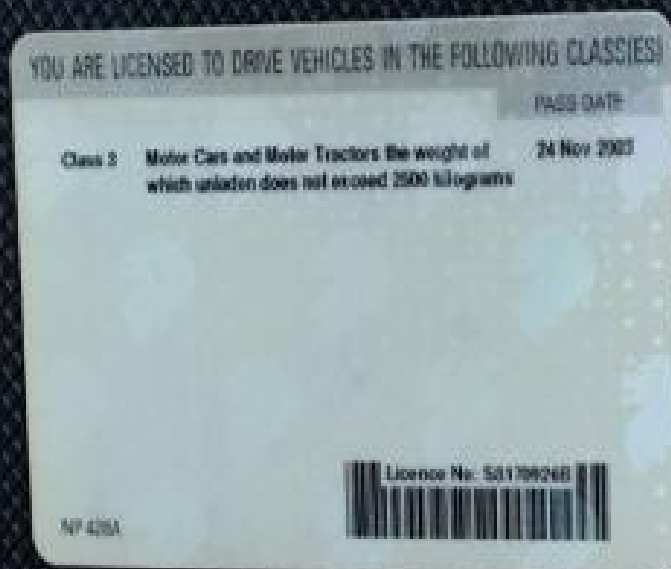
Accident Photo



Driving License



Driving License



Addendum Sheet Pg. 1



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: S66S0020G / 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 : MBHH19030216 Vehicle Registration No: SFC399M
Name(as shown in NRIC) : MABEL LIAO MEI BAO NRIC/FIN/Passport No : S8170926B
(*Vehicle Driver / Vehicle Owner) (*) Please delete as appropriate
Address : _____ Singapore()
Contact (Tel) : _____ Mobile No. : 97812616
Email Address : mabelliao0108@gmail.com
Date of Accident : 05/03/2019 Time of Accident : 09:00 HRS
Place of Accident : Slip road to Elias road, from TPE
Insurance Company: AVIVA 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:

AMENDED REPORT TO THIRD PARTY CLAIM.

Policyholder / Driver's Signature
Date:

Reporting Centre Personnel's Signature
Name: Elizabeth
NRIC/FIN No.:
Date: 07/03/2019