

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 ability.
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	20/09/2018 15:58
Date Of Accident	19/09/2018 20:30
Exact Location Of Accident	BEACH RD JUNCTION OF OPHIR RD
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SKM39R
Insured/Policyholder	
Name Of Registered Owner	CHOW YOKE FUN
NRIC No	S1154721D
Email Address	FLORA@RIVERCRUISE.COM.SG
Mobile Phone No	(LOCAL) +65-96391233
Alternative Phone No	OFFICE-96391233

Vehicle Particulars

Manufacturer	TOYOTA
Model	LEXUS NX200T LUXURY S/R
Exact Purpose for which vehicle was being used at time of accident	PRAVITE
Are you claiming under your own insurance policy for repair to your vehicle?	YES
If No, Please state action to be taken	
Vehicle Category	PRIVATE CAR

Insurance Company

Name of Insurance Company	ERGO INSURANCE PTE. LTD.
Type Of Coverage	COMPREHENSIVE
Fleet Policy	NO
Policy Number	DMPG18003168
Cover Note Number	N.A

Driver

Name of Driver	CHOW YOKE FUN
NRIC No	S1154721D
Date Of Birth	11/11/1955
Occupation	INDOOR
Date Of Driving Pass	01/07/1987
Driving Experience	31 YEARS AND 2 MONTHS
Gender	FEMALE
Mobile Number	(LOCAL) +65-96391233
Fax Number	
Contact Number	OFFICE-96391233
Email Address	FLORA@RIVERCRUISE.COM.SG

Address	NIL
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 - CHANGE/CROSS LANE
Weather Conditions	RAINING
Road Surface	WET

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)	2
Passenger 1	NAME: : PASSENGER 1 GENDER: : FEMALE

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 TRAVELLING ALONG BEACH ROAD HEADING TOWARDS REPUBLIC AVE ON THE EXTREME RIGHT LANE. I WAS NOT AWARE THAT THE ROAD CLOSURES DUE TO THE FORMULA 1 EVENT HAD RESUMED NORMAL OPERATIONS AND HAD MISTAKEN THE LANE TO BE A STRAIGHT LANE. AFTER MOVING OFF, VEHICLE B INTENDED TO TURN RIGHT FROM THE LANE ON MY LEFT AND THE FRONT LEFT PORTION OF MY VEHICLE HAD COLLIDED ONTO THE RIGHT PORTION OF VEHICLE B. NO INJURIES WERE INVOLVED.

Attachment(s)

Are accident photos available for attachment?	YES
Was there any video captured by Car Camera?	YES
Remarks/ Reasons:	PENDING VIDEO FROM INSURED
Was there any audio recorded?	NO

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	SHB8990J
Vehicle Make/Model/Colour	KIA OPTIMA 1.7(A)
Details Of Properties	NIL
Vehicle Category	TAXI
Name of Driver	YAP KIAN FAI
NRIC/Passport Number	S7247839H
Contact Number	93853330
Address	
Postcode	

Insurance Company Name

Nature Of Damage

No. Of Passenger (Including Driver)

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.
(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.

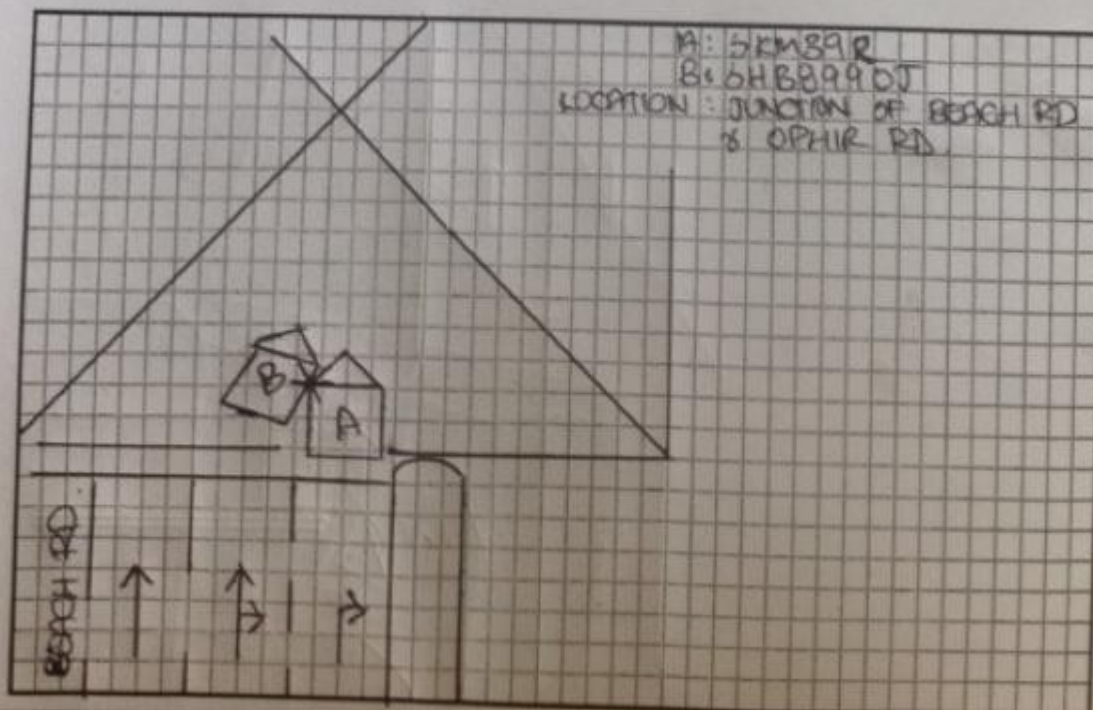
VERIFIED BY AJAX MARS
REPORTING OFFICER
Ammar Hamizan Bin
Khalrudin
Witnessed by Reporting Centre
Personnel

[Signature]

Policyholder's Signature / Date & Time

Driver's Signature (if driver is not the policyholder) / Date & Time

Sketch Plan



Sketch Plan #2

ACCIDENT STATEMENT (2000 characters)

I WAS TRAVELLING ALONG BEACH ROAD HEADING TOWARDS REPUBLIC AVE ON THE EXTREME RIGHT LANE. I WAS NOT AWARE THAT THE ROAD CLOSURES DUE TO THE FORMULA 1 EVENT HAD RESUMED NORMAL OPERATIONS AND HAD MISTAKEN THE LANE TO BE A STRAIGHT LANE. AFTER MOVING OFF, VEHICLE B INTENDED TO TURN RIGHT FROM THE LANE ON MY LEFT AND THE FRONT LEFT PORTION OF MY VEHICLE HAD COLLIDED ONTO THE RIGHT PORTION OF VEHICLE B. NO INJURIES WERE INVOLVED.

Taxi Voucher No.:

Are you claiming your own insurance policy for the repair of your vehicle?

No, Reporting only

DECLARATION

I/We declare that the above particulars & information provided above are true in every aspect

VERIFIED BY AJAX MARS REPORTING OFFICER -
AMMAR HAMIZAN

MARS Officer



Registered Owner or Driver's Signature

Job Complete Date/Time

Date/Time:

Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Driving License



Accident Photo



Driving License

2642739



NRIC No: S1154721D



Blood Group: O+ Date of issue: 09-06-1995

3 MARGATE ROAD
SINGAPORE 438043

NRIC No: S1154721D Date: 11/11/2010 No: 6460557

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

	PASS DATE
Class 3 Motor cars \leq 3000 kg with \leq 7 passengers, exclusive of the driver; and motor tractors / vehicles \leq 2500 kg	01 Jul 1987

NP 428A

Licence No: S1154721D



Driving License



Addendum Sheet

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 : MBHH18122194 Vehicle Registration No: SKM39R
Name(as shown in NRIC) : CHOW YOKE FUN NRIC/FIN/Passport No : S1154721D
(*Vehicle Driver / Vehicle Owner) (*) Please delete as appropriate
Address : _____ Singapore()
Contact (Tel) : _____ Mobile No. : 96391233
Email Address : FLORA@RIVERCRUISE.COM.SG
Date of Accident : 19/09/2018 Time of Accident : 20:30
Place of Accident : JUNCTION OF OPHIR ROAD & BEACH ROAD
Insurance Company: ERGO INSURANCE 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 from Reporting to Own damage claim

Policyholder / Driver's Signature
Date:



Reporting Centre Personnel's Signature
Name: Boey Loke
NRIC/FIN No.: _____
Date: 25 Sep 2018

Boey

From: Vivien Tan <vivientan.insurance@gmail.com>
Sent: Tuesday, 25 September, 2018 9:31 AM
To: group@ajaxmars.com
Subject: Re: GIA Report-Vehicle SKM0039R
Attachments: GIA REPORT-SKM0039R.pdf

Hi,

Reference to above, insured would now like to do a own damage claim. Previously it was indicated as reporting only in the attached.

Please advise.

Thanks & Rgds,
Vivien

----- Forwarded message -----

From: Flora Chow <flora@rivercruise.com.sg>
Date: Mon, 24 Sep 2018 at 2:31 PM
Subject: FW: GIA Report-SKM0039R
To: Vivien Tan <vivientan.insurance@gmail.com>

Hi Vivian

Here is the report

Best Regards

Flora Chow

From: Mayury [mailto:mayury@ajaxmars.com]
Sent: Thursday, 20 September 2018 4:58 PM
To: flora@rivercruise.com.sg
Subject: GIA Report-SKM0039R

Dear Madam,