MBHH19050197 / Ajax Mars Pte Ltd - Bukit Merah ENTRY DATE & TIME: 17/04/2019 15:41 SUBMITTED BY: Boey Loke

### SINGAPORE ACCIDENT STATEMENT

#### IMPORTANT NOTICE

Contact Number EMail Address

- 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

	ACCIDENT STATEMENT
Date Of Report	17/04/2019 15:41
Date Of Accident	13/04/2019 10:30
Exact Location Of Accident	DUNEARN ROAD NEAR ADAM ROAD FILTER
Country/State of Loss	SINGAPORE
	DETAILS OF OWN VEHICLE
Vehicle Registration Number	SLX1624A
Insured/Policyholder	
Name Of Registered Owner	COMFORTDELGRO RENT-A-CAR PTE. LTD.
Co Reg No	198105775H
Email Address	SAFFRI@CDGRENTACAR.COM.SG
Mobile Phone No	
Alternative Phone No	OFFICE-68820882
Vehicle Particulars	
Manufacturer	MAZDA
Model	MAZDA5 WAGON 2.0 AT EU6
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
f No, Please state action to be taken	REPORTING ONLY
Vehicle Category	PRIVATE CAR
Insurance Company	
Name of Insurance Company	INDIA INTERNATIONAL INSURANCE PTE LTD
Type Of Coverage	COMPREHENSIVE
Fleet Policy	YES
Policy Number	M460802
Cover Note Number	N.A
Driver	
Name of Driver	GUEPY EP MARCEROU STEPHANIE REGINA GHISLAINE ROLAN
Passport No/FIN	G3403894K
Date Of Birth	08/05/1974
Occupation	INDOOR
Date Of Driving Pass	23/11/2004
Driving Experience	14 YEARS AND 4 MONTHS
Gender	FEMALE
Mobile Number	(LOCAL) +65-81248236
Fax Number	

**NOEMAIL** 

Address

Postcode

Was driver an employee of the Insured's Company NO

If No, Relationship of the Driver with the Insured OTHER - HIRER

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

volved in the accident

Was any body injured in the Accident?
Was any injured conveyed to hospital by

Number of Passengers (Including Driver)

ambulance?

NO

NO

NO

2

Was any other material or property damaged? YES

I have been approached by unknown person(s)

soliciting/offering accident claims assistance.

Passenger 1

NAME: : MOLLY

GENDER: : FEMALE

Passenger 2

NAME: : HANNA GENDER: : FEMALE

### **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?

NO

NO

# **Circumstances of Accident**

I was waiting in queue behind a vehicle as the traffic light was on red. Upon the traffic light turning green, the vehicle ahead of me starred to move forward. I follow suit and moved forward slowly. Suddenly the vehicle ahead of me stop immediately. I did tried to brake but the front of my vehicle had gently bump onto the rear of the vehicle that was in front of me. We exchange particulars. No injury 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 SJH8925T

Vehicle Make/Model/Colour MAZDA3SP LUX / DARK BLUE

Details Of Properties NIL

Vehicle Category PRIVATE CAR
Name of Driver M VIKNESWARAN

NRIC/Passport Number S9419620E Contact Number 81130424 Address Postcode

Insurance Company Name

Nature Of Damage

No. Of Passenger (Including Driver)

WITE TOTT PLEASE

#### 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.
- The issue and acceptance of this form by insurance companies is not an admission of policy liability on the part of insurance companies.
   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 (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 Mohammad Azaly Bin Abdullah

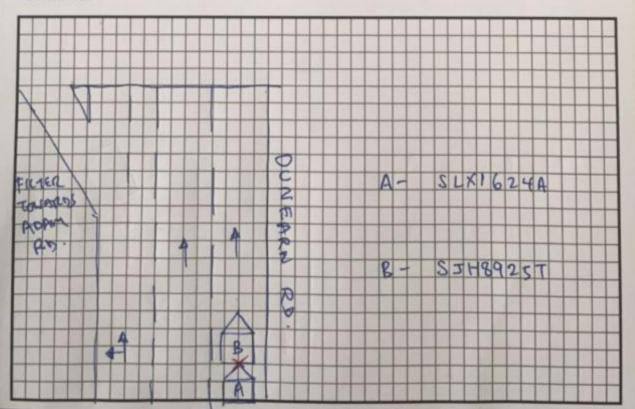
Witnessed by Reporting Centre

Personnel

Policyholder's Signature / Date & Time

171042019 enature (If driver is not the policyholder) / Date & Time

#### Sketch Plan

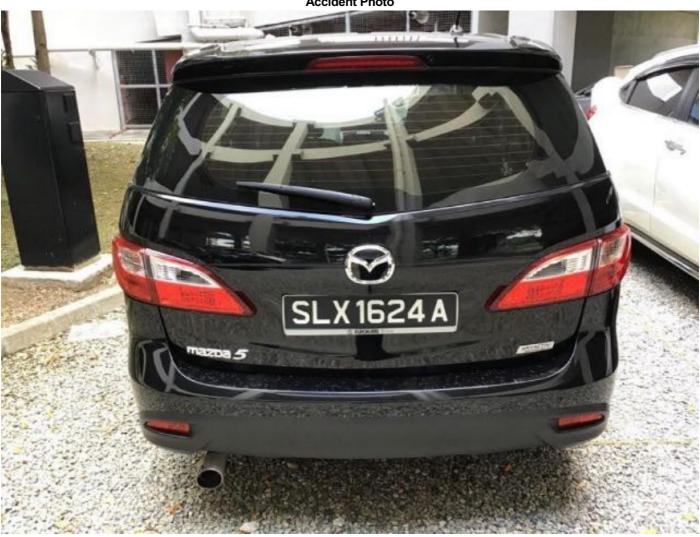


# Common Statement Pg. 1

# **ACCIDENT STATEMENT (2000 characters)**

follow suit and moved forward slowly. S	vehicle ahead of me starred to move forward. I Suddenly the vehicle ahead of me stop front of my vehicle had gently bump onto the
We exchange particulars,	
No injury involved.	
Taxi Voucher No.:	
DECLARATION	
I/We declare that the above particulars & information prov	rided above are true in every aspect
VERIFIED BY AJAX MARS REPORTING OFFICER - MOHAMMAD AZALY BIN ABDULLAH	Spals
MARS Officer	
Job Complete Date/Time	Registered Owner or Driver's Signature  Date/Time:
17 April 2019 at 12:50 PM	17 April 2019 at 12:50 PM















**Accident Photo** 













**Driving License** REPUBLIC OF BINDAPORE PH G3403894K CLEPT EP MACEROU ESEMANE NEGNA CHELAINE POLANCE 01EF 80669 CON META-7877-4732 ESCOTO/2004 ETATS UNIS DI AMERICAE ILLEWIS AMELICATION NATS-5. DI ESCOTO AL ESCOTO/2007 REPUBLIQUE FRANÇAISE 4EA 111 Al . 27/11/1984 CHARLEST AND PERSONS NAMED IN THE PERSONS PERMIS DE CONDUIRE COMMUNICATES CUROPESSINES

**Driving License** PEPUBLIC OF SMOAPORE PH G3403894K SHEET EP HANCEROU ETERHANIE REGNA GHISLANE ROLANCE CATCHERT HE OF SCHOOLS FROM + IGD1 THATE MAKERIN WEST AND THE PROCESS OF ASSESSED THREE STUMMAC ORIGINAL SCHOOL STATE SCHOOL A1 (5:55) STREET, STREET, DESCRIPTION OF THE PARTY NAMED IN ONG. SHALL BE RECEE STREET, SQUARE, 346 MARK SAINT JESS 71/31/7034 BI THE PERSON (31) TO COLSE 23/11/2024 78 W.A. 20,774/2007 -8025/1/301/301 SECRETARIA. REPRESENTE: \*\*\*\*\*\*\*\*\* STREET, SQUARE, FERENCOOK! Taran .