

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	23/04/2019 19:57
Date Of Accident	22/04/2019 18:45
Exact Location Of Accident	ALONG HENDERSON ROAD
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SKT3413L
Insured/Policyholder	
Name Of Registered Owner	CHOY KUM YUEN
NRIC No	S1251130B
Email Address	JESNIGEL@GMAIL.COM
Mobile Phone No	(LOCAL) +65-96322432
Alternative Phone No	OFFICE-96322432

Vehicle Particulars

Manufacturer	VOLKSWAGEN
Model	JETTA GP 1.4 TSI 90
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?	YES
If No, Please state action to be taken	
Vehicle Category	PRIVATE CAR

Insurance Company

Name of Insurance Company	UNITED OVERSEAS INSURANCE LTD
Type Of Coverage	COMPREHENSIVE
Fleet Policy	NO
Policy Number	DHOM120034671800
Cover Note Number	NA

Driver

Name of Driver	CHOY KUM YUEN
NRIC No	S1251130B
Date Of Birth	06/05/1957
Occupation	INDOOR
Date Of Driving Pass	16/10/1978
Driving Experience	40 YEARS AND 6 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-96322432
Fax Number	
Contact Number	OFFICE-96322432
Email Address	JESNIGEL@GMAIL.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

I was travelling along HENDERSON ROAD TOWARDS KEPPEL ROAD IT WAS A 2 LANE TRAFFIC AND MY VEHICLE SKT3413L WAS POSITIONED IN THE LEFT SIDE OF THE LANE SUDDENLY VEHICLE SLN6342H COLLIDED ONTO MY VEHICLE SKT3413L REAR. 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	SLN6342H
Vehicle Make/Model/Colour	VOLVO/V40 T2(A)
Details Of Properties	NA
Vehicle Category	PRIVATE CAR
Name of Driver	WEE JIN WEI, CHRISTOPHER
NRIC/Passport Number	S7501292F
Contact Number	96906562
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 be 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 purposes 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 be 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 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

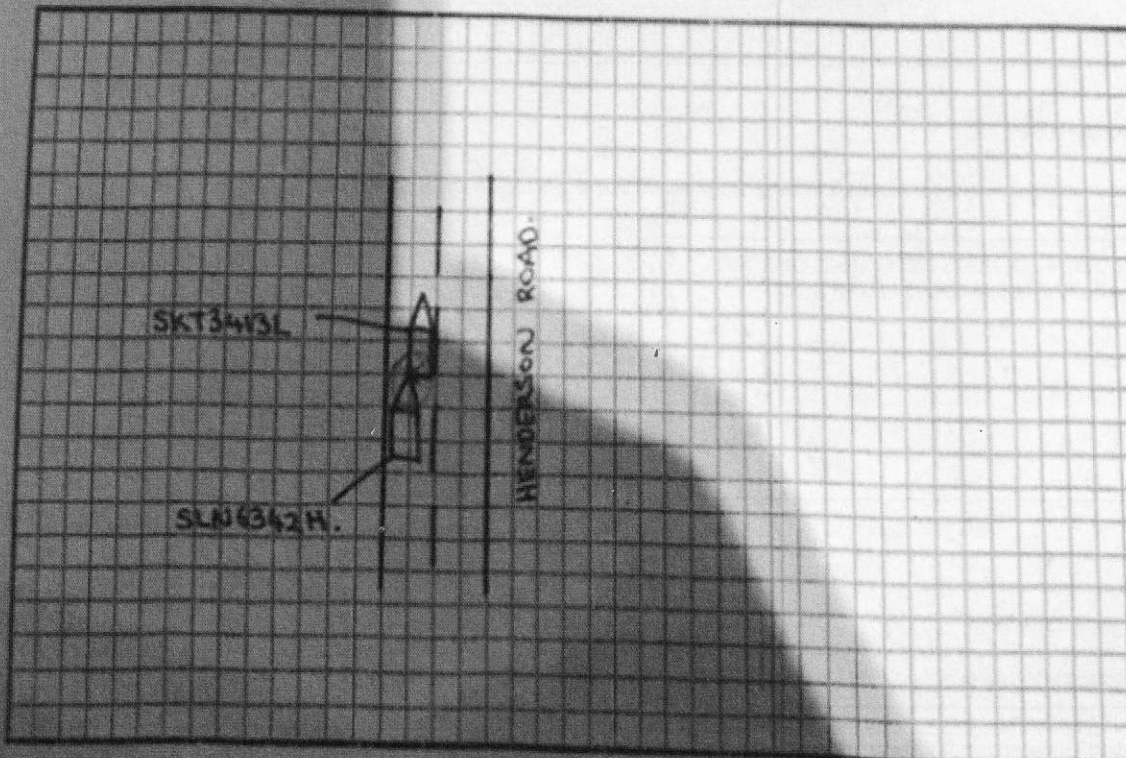
Mohamed Saifullah S/O Syed
Masood

Witnessed by Reporting Centre
Personnel

Policyholder's Signature / Date & Time

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

Sketch Plan



Common Statement Pg. 1

ACCIDENT STATEMENT (2000 characters)

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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 -
MOHAMED SAIFULLAH S/O SYED MASOOD

MARS Officer



Registered Owner or Driver's Signature

Job Complete Date/Time

23 April 2019 at 2:59 PM

Date/Time:

23 April 2019 at 2:59 PM

EMAIL

Sabitra

From: Kum Yuen Choy <jesnigel@gmail.com>
Sent: Wednesday, 24 April, 2019 9:26 PM
To: Sabitra
Cc: group@ajaxmars.com; edmund.goh@vw.com.sg
Subject: Re: GIA Report - SKT3413L

Hi. Under the action to be taken, i had given instruction to vw the repairer that i will be claiming my own insurance instead of third party. I had also spoke to uoi jenny regarding this.
Choy

On Wed, 24 Apr 2019, 05:03 Sabitra, <sabitra@ajaxmars.com> wrote:

Dear Sir/Madam,

Please find attached file, the GIA Accident Report for your perusal.

Kindly ignore, If you find the statement, 'Your NCD will be affected due to late reporting' found on the right top corner of the report.

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.

Mobile Accident Response Service (MARS)
Tel: 6333 2222