

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	23/05/2019 18:28
Date Of Accident	23/05/2019 08:50
Exact Location Of Accident	ALONG HOLLAND ROAD
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SLV6206B
Insured/Policyholder	
Name Of Registered Owner	CHEW EE MING DARRYL
NRIC No	S7829892H
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-97129028
Alternative Phone No	OTHERS-97129028

Vehicle Particulars

Manufacturer	TOYOTA
Model	COROLLA ALTIS STANDARD AUTO
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	10890234
Cover Note Number	N.A

Driver

Name of Driver	SHARON CHEW TAN SHEIH CHING
NRIC No	S8038230H
Date Of Birth	15/11/1980
Occupation	INDOOR
Date Of Driving Pass	02/11/2011
Driving Experience	7 YEARS AND 6 MONTHS
Gender	FEMALE
Mobile Number	(LOCAL) +65-97129028
Fax Number	
Contact Number	
EEmail Address	MMMHHMM@YAHOO.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	SIDE SWIPE
Weather Conditions	CLEAR
Road Surface	WET

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?	
Was any other material or property damaged?	YES
I have been approached by unknown person(s) soliciting/offering accident claims assistance.	YES
Number of Passengers (Including Driver)	5
Passenger 1	NAME: : ELEANOR GENDER: : FEMALE
Passenger 2	NAME: : ISAIAH GENDER: : MALE
Passenger 3	NAME: : JANIE GENDER: : FEMALE
Passenger 4	NAME: : PRAVINA 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 remember seeing the amber light and slowing down my car. I've checked with my front-seat passenger and she remembers that my car was almost stationary , coming to a stop when the lorry hit us.

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	GY4961K
Vehicle Make/Model/Colour	TOYOTA / DYNA 150 D / YELLOW
Details Of Properties	N.A

Vehicle Category	COMMERCIAL VEHICLE
Name of Driver	DURAIRAJ ELAIYARAJA
NRIC/Passport Number	G7806506R
Contact Number	90511336
Address	
Postcode	
Insurance Company Name	
Nature Of Damage	
No. Of Passenger (Including Driver)	1

Sketch Plan

SKETCH PLAN

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7. By the lodgment 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)
 - (a) I understand, acknowledge, agree and consent that 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 the 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 or 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.

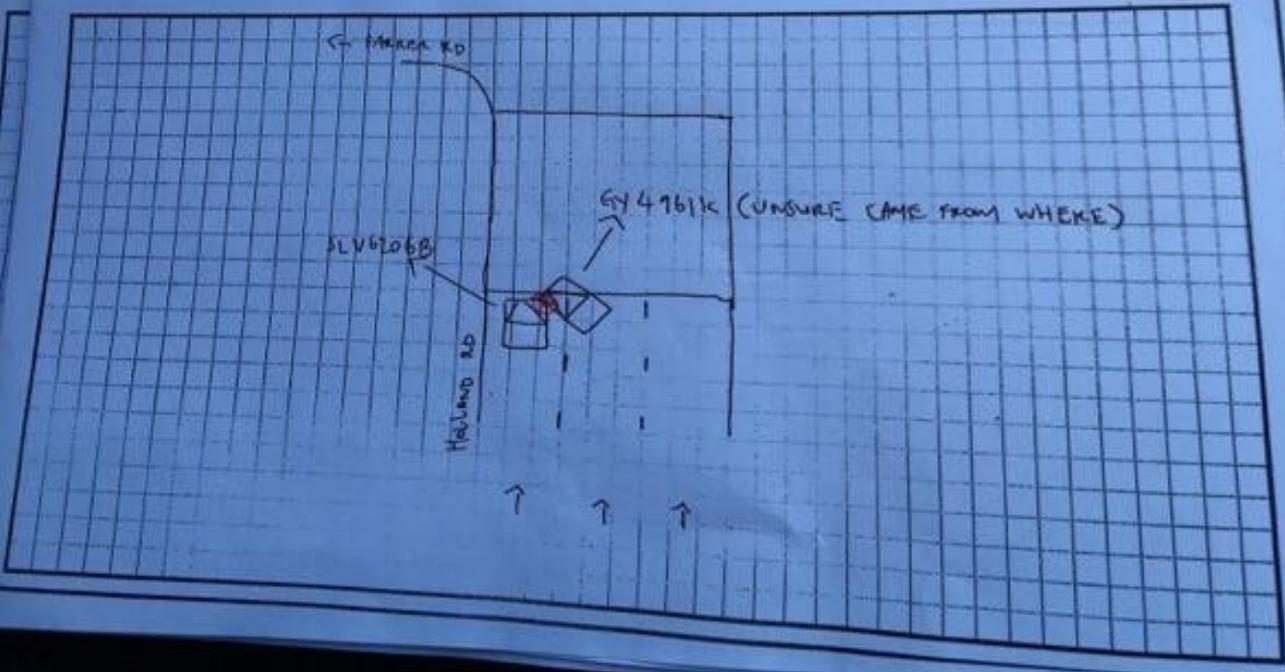
VERIFIED BY AJAX MARS
 REPORTING OFFICER
 MOHAMMAD SULHANDI BIN
 MOHD AFFANDI

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 (SLV6206B) was stationary along Holland road on the most left lane, as the traffic light was red at that point of time, when suddenly a lorry (GY4961K) on my right, swerved into my lane and hit onto me. The front left side of the lorry make contact with the front 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

23 May 2019 at 6:04 PM

Date/Time:

23 May 2019 at 6:04 PM

Sabitra

From: Darryl Chew <the.darryl.chew@gmail.com>
Sent: Saturday, 25 May, 2019 8:03 AM
To: group@ajaxmars.com
Subject: Fwd: Fw: GIA Report - SLV6206B
Attachments: AVIV-MARS00030738-SLV6206B-AWR.pdf; AVIV-MARS00030738-SLV6206B-GIA.pdf

1. I remember now that I saw the time on my car dashboard and it was 8:49am. (1st picture was taken at 8:50)
2. The road surface was probably wet as there was a heavy downpour at Mt Sinai area at around 8:15.
3. Someone (82820101) called me at 9:15am but I was driving. My hp registered that he called again at 9:17 & 9:21. At 9:29am I returned the call and he said his client was involved in the accident and he asked if I wanted to go to their workshop.
I'm not sure if that constitutes being "approached by unknown person(s) soliciting/offering accident claims assistance."
4. I remember seeing the amber light and slowing down my car.
I've checked with my front-seat passenger and she remembers that my car was almost stationary, coming to a stop when the lorry hit us.
So "I was stationary" and "traffic light was red" should be removed.
5. The other vehicle's driver's number is 90511336, not 326.

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

From: sharon <mmmhmmhmm@yahoo.com>
Date: Sat, 25 May 2019, 7:13 am
Subject: Fw: GIA Report - SLV6206B
To: Darryl Chew <the.darryl.chew@gmail.com>

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

From: "Victor" <victor@ajaxmars.com>
To: "MMMHHMMHMM@YAHOO.COM" <MMMHHMMHMM@YAHOO.COM>
Sent: Thu, 23 May 2019 at 18:32
Subject: GIA Report - SLV6206B

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.

Accident Photo



Accident Photo



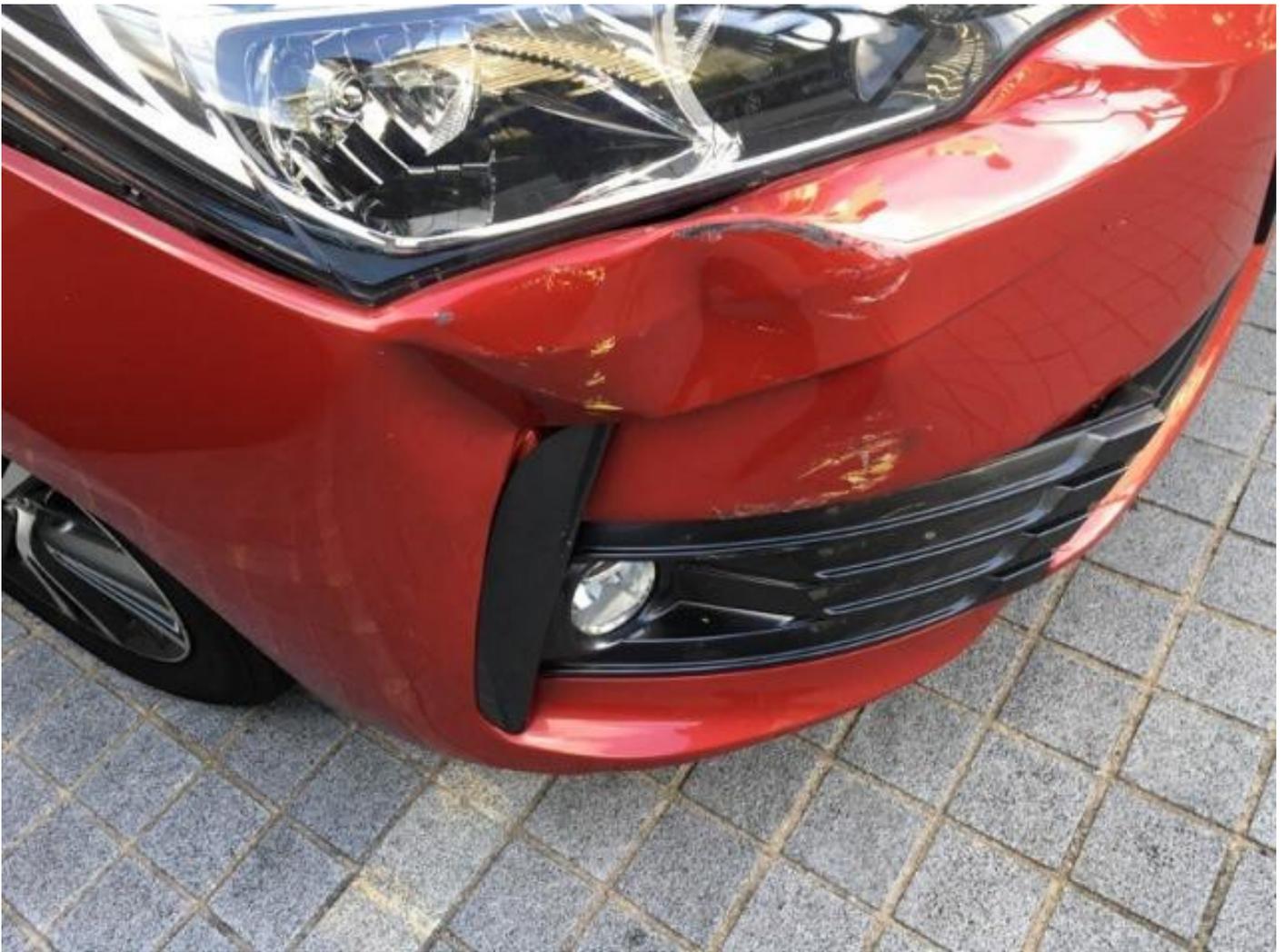
Accident Photo



Accident Photo



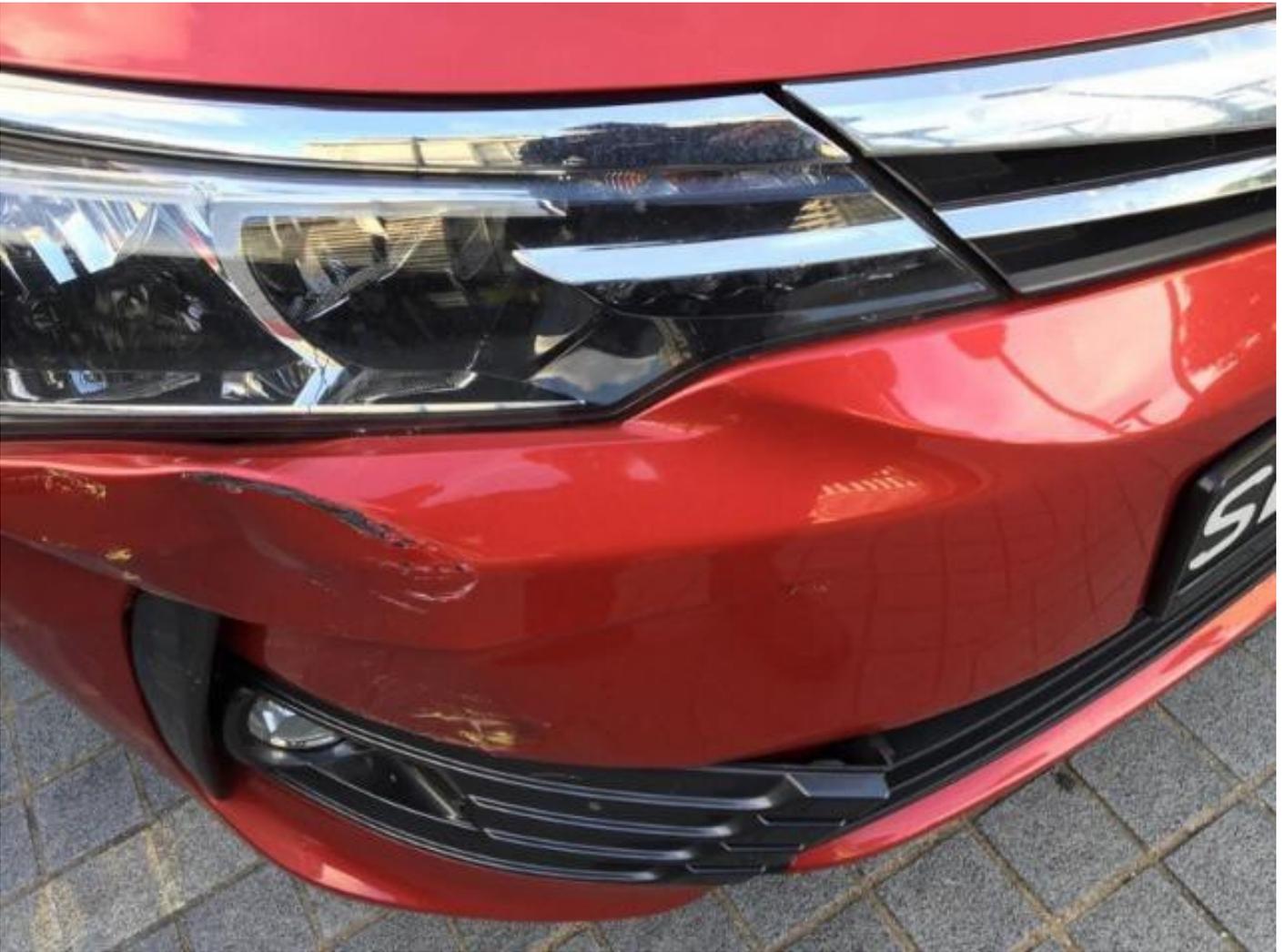
Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Identification Card

REPUBLIC OF SINGAPORE DRIVING LICENCE

Licence Number **S8038230H**

Name
SHARON CHEW, TAN SHEIH CHING

Birth Date **15 Nov 1980**
Issue Date **02 Nov 2011**



002014417B



REPUBLIC OF SINGAPORE

IDENTITY CARD NO. **S8038230H**



Name
SHARON CHEW, TAN SHEIH CHING

Race
CHINESE

Date of birth **15-11-1980**

Country of birth
SINGAPORE

Sex
F



S8038230H

WARNING

PREVENTION ALL ACCESSORIES AND
SECURELY AND RECHECKED FREQUENTLY
ON OF ACCESSORIES AND LUGGAGE CAN F
PERFORMANCE AND SAFE OPERATING SPEED OF
RIDE A MOTORCYCLE WITH THE TOP
LOCKED.
AD THE OWNERS MANUAL THE EVENTUAL
MOTORBIKE AND FITTING INSTRUCTIONS CAREF
THE CLEANING OF THE TOP BOX WE ADVIS
OWNER.
NOT PUT FLAMMABLE OR EXPLOSIVE
INDERS INTO THE CASES ESPECIALLY IN TI
REFULLY VERIFY THAT THE BOLTS THAT FIX
WILY TIGHTENED DURING REGULAR SERV
ASE PAY-ATTENTION IF THE WIND IS STR
JR MOTORBIKE TO LATERAL WIND INCREA
IES.
BOX MAY DETACH IF NOT LOCKED TO C
ORE USE, CHECK CAREFULLY THAT THE
T AND SECURE.

MAXIMUM LOADING CAPACITY PER CASE

20 Km/h MAXIMUM SPEED AT FU

DO CAREFULLY THE ENCLOSED MOUNTING AND USER'S INSTRU

Driving License

YOU ARE LICENSED TO DRIVE VEHICLES IN THE FOLLOWING CLASS(ES)
EFFECTIVE DATE
Class 3 Motor Cars <= 3000kg with <= 7 passengers, exclusive of the driver, and other motor vehicles <= 2500kg 02 Nov 2011

Licence No: S8038230H

4719793
NRIC No: S8038230H
Date of issue: 12-05-2011
8 RIDGEWOOD CLOSE #21-09
SINGAPORE 276698
NRIC No: S8038230H Date: 20/02/2015

OWNERS'
GB
ACCIDENT PREVENTION
FITTED SECURELY
ADDITION OF ACCESSORIES
PERFORMANCE IMPROVEMENTS
NEVER RIDE A MOTORBIKE WITH UNLOCKED WHEELS
READ THE OWNER'S MANUAL
FOR THE CLEAN AND PROPER CARE OF YOUR MOTORBIKE
DO NOT PULL THE CYLINDERS IN
CAREFULLY VENTILATE THE ENGINE
FIRMLY TIGHTEN ALL BOLTS AND NUTS
PLEASE PAY ATTENTION TO YOUR MOTORBIKE
CASES
TOP-BOX MOUNTED BAGS
BEFORE USE
RECT AND

3 Kg MAXI
MAX 120 Km
PLEASE READ CARE

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: 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 : MBHH19066968 Vehicle Registration No: SLV6206B
Name(as shown in NRIC) : SHARON CHEW TAN SHEIH CHING NRIC/FIN/Passport No : S8038230H
(*Vehicle Driver / Vehicle Owner) (*) Please delete as appropriate
Address : _____ Singapore()
Contact (Tel) : _____ Mobile No. : 97129028
Email Address : mmmhmhmm@yahoo.com
Date of Accident : 23/05/2019 Time of Accident : 08:50
Place of Accident : Along Holland road
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:

AMEND:-

1. ACCIDENT TIME : 08:50

2. Weather Conditions : CLEAR & WET

3. I have been approached by unknown person(s) soliciting/offering accident claims assistance: YES

4. STATEMENT

5. THIRD PARTY CONTACT NUMBER : 90511336

Policyholder / Driver's Signature
Date:

Reporting Centre Personnel's Signature
Name: SABITRA
NRIC/FIN No.: G2616300K
Date: 25/05/2019