

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	30/05/2019 11:30
Date Of Accident	30/05/2019 08:00
Exact Location Of Accident	CTE EXIT OUTRAM
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SLR2694Y
Insured/Policyholder	
Name Of Registered Owner	ANG SIEW GEOK
NRIC No	S1580078Z
Email Address	JUDYANG8@SINGNET.COM.SG
Mobile Phone No	(LOCAL) +65-96909617
Alternative Phone No	OTHERS-96909617

Vehicle Particulars

Manufacturer	TOYOTA
Model	COROLLA ALTIS ELEGANCE 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?	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	DMPG18002287
Cover Note Number	N.A

Driver

Name of Driver	ANG SIEW GEOK
NRIC No	S1580078Z
Date Of Birth	20/05/1963
Occupation	INDOOR
Date Of Driving Pass	31/05/1982
Driving Experience	36 YEARS AND 11 MONTHS
Gender	FEMALE
Mobile Number	(LOCAL) +65-96909617
Fax Number	
Contact Number	OTHERS-96909617
Email Address	JUDYANG8@SINGNET.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 - 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?	YES
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?	YES
If Yes, Please state which Police Station	
POLICE STATION NAME [OTHER]	SERANGOON NPC
Was notice of intended Prosecution given?	NO
If Yes, against whom?	

Circumstances of Accident

I SLR2694Y was exiting out from CTE towards Outram road, my vehicle was stationary while waiting for the traffic to clear, as the oncoming traffic was cleared then I started to move forward and I realised that the 3rd party FBL9895M had not move out, and my vehicle hit onto the 3rd party rear. I manage to take some photos and exchange contact details with the 3rd party, there was slight scratches at his leg but nothing major was involved at the scene and the 3rd party was able to continue riding his bike.

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	FBL9895M
Vehicle Make/Model/Colour	BAJAJ PULSAR 200 NS FI / BLACK
Details Of Properties	NIL
Vehicle Category	MOTORCYCLE
Name of Driver	ABDUL SYUKUR BIN AMIR HO
NRIC/Passport Number	T0102805C
Contact Number	82331211
Address	
Postcode	
Insurance Company Name	
Nature Of Damage	

No. Of Passenger (Including Driver)	1
DETAILS OF INJURED PERSON 1	
Name	ABDUL SYUKUR BIN AMIR HO
Approximate Age	
Injuries Sustain	
Injured person in which vehicle?	FBL9895M
Were seat belts worn?	
Was this injured conveyed to hospital by ambulance?	NO
Address	
Postcode	

Sketch Plan

SKETCH PLAN

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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
MUHAMMAD SUMARDI 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



Common Statement

ACCIDENT STATEMENT (2000 characters)

I SLR2694Y was exiting out from CTE towards Outram rd ,my vehicle was stationary while waiting for the traffic to clear, as the on coming traffic was cleared then I started to move forward and I realised that the 3rd party FBL9895M had not move out,and my vehicle hit onto the 3rd party rear.I manage to take some photos and exchange contact deals with the 3rd party, there was slight scratches at his leg but nothing major was involved at the scene and the 3rd party was able to continue riding his bike.

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 -
MUHAMMAD SUMARDI BIN MOHD AFFANDI

MARS Officer



Registered Owner or Driver's Signature

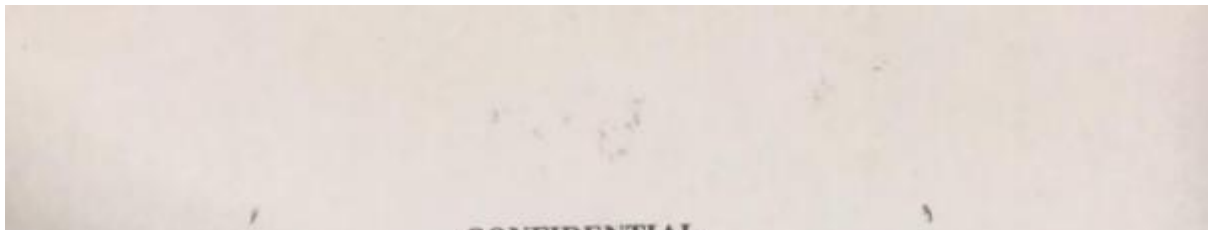
Job Complete Date/Time

30 May 2019 at 10:24 AM

Date/Time:

30 May 2019 at 10:24 AM

NOTICE OF COMPLIANCE



NOTICE OF COMPLIANCE

This is to confirm that Ang Siew Geok Hp: 96909617 b/422 Serangoon Centre
NRIC/FIN S15800782 has reported to the Police a non-injury traffic accident
which occurred at CTE exit into Outram road.
on 30 May 2019 @ 0805am involving the following vehicles:

SLR 2694Y

FBL 9895M.

- 2 If this accident was reported to the Police within 24 hours of its occurrence,
Then he/she has complied with Sec 84(2) of the Road Traffic Act, Cap 276.

Rank/Name of Issuing Officer: W/sgt Tan RuiyunDate: 30 May 2019Time: 0818pmS/D Ref: 98

Serangoon NPC
No: 50 Serangoon Ave 2
#01-02 Singapore 556129
Tel: 1800 438 0999

Original - to be issued to informant
Duplicate - to be submitted to Traffic Police

CONFIDENTIAL

Version as of 15 Jan 2002

Accident Photo



Accident Photo



Accident Photo



Accident Photo



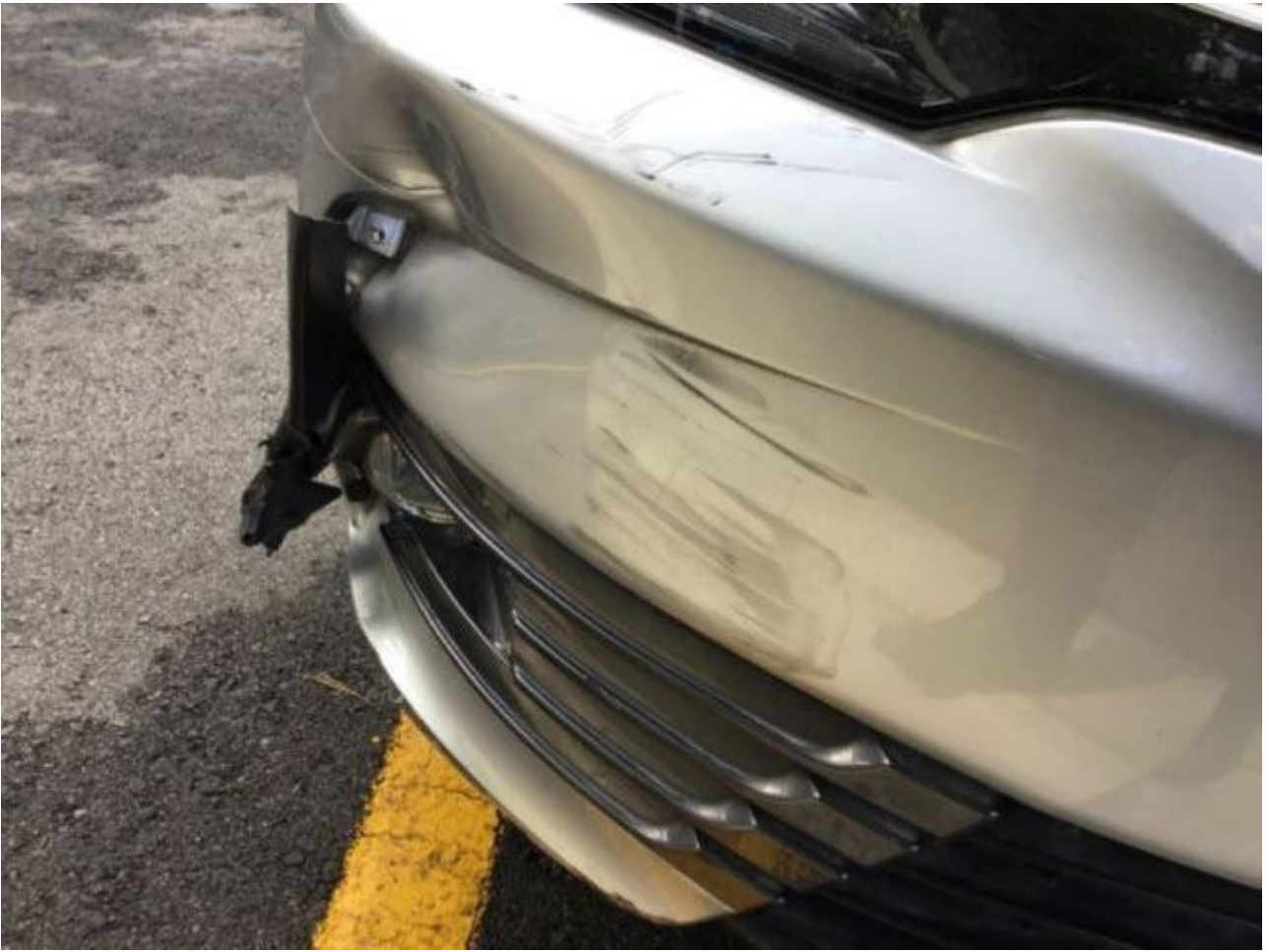
Accident Photo



Accident Photo



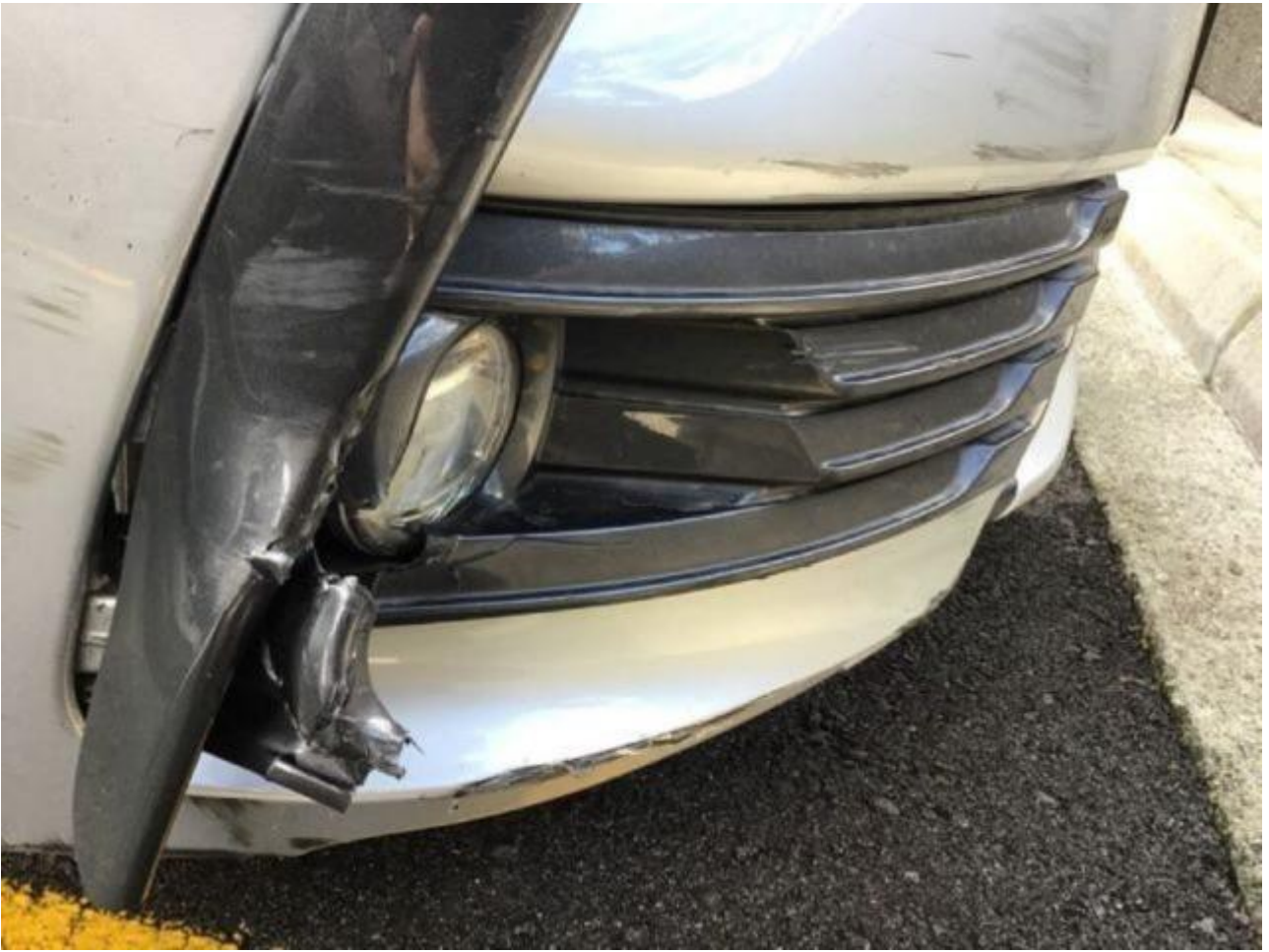
Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



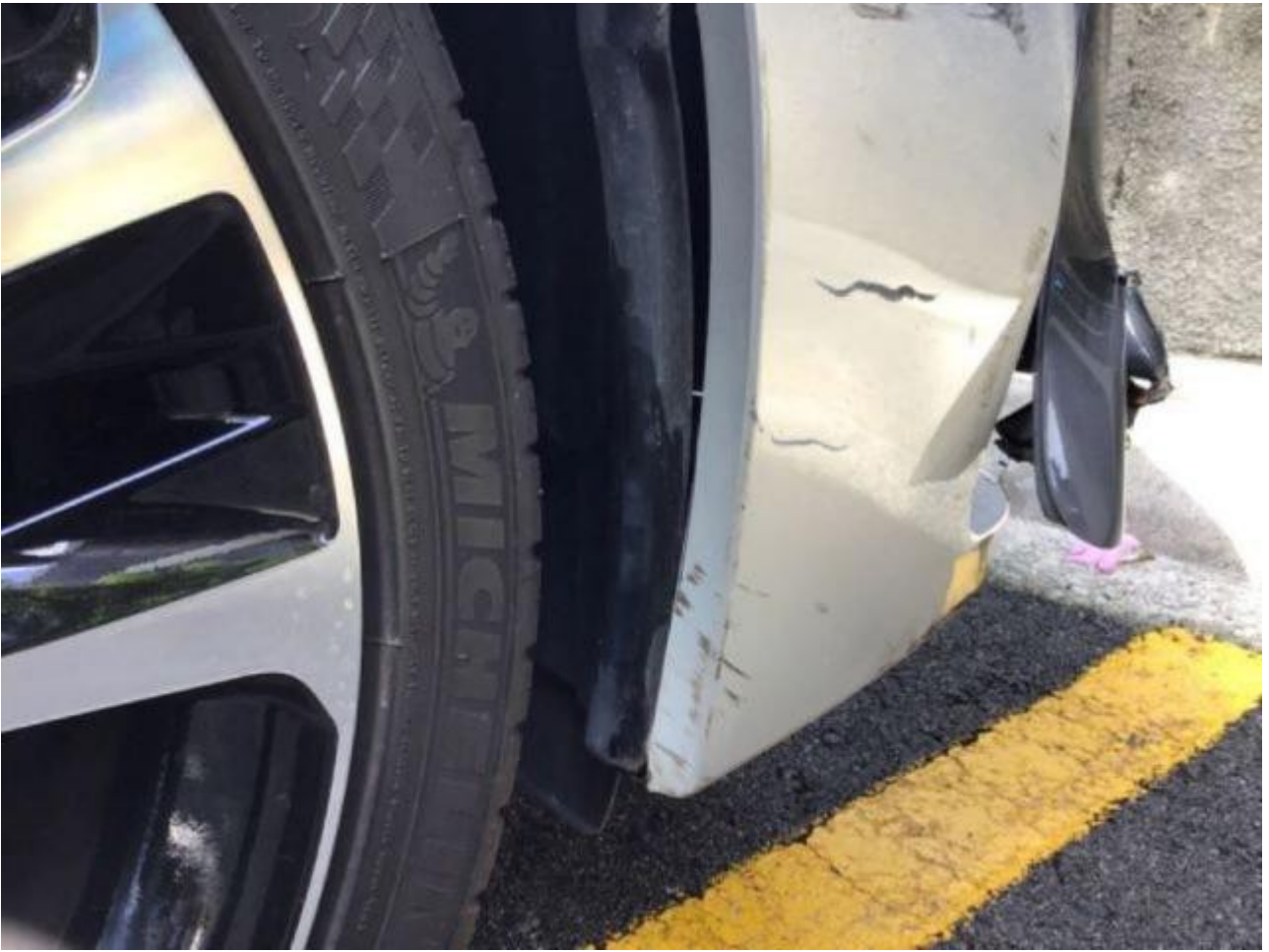
Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo




Driving License

REPUBLIC OF SINGAPORE DRIVING LICENCE

Licence Number: **S1580078Z**
Name: **ANG SIEW GEOK**

Birth Date: **20 May 1963**
Issue Date: **18 Feb 2003**



 000210269F

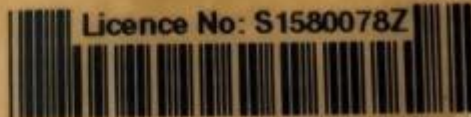
Driving License

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

PASS DATE

Class 3 Motor Cars and Motor Tractors the weight of
which unladen does not exceed 2500 kilograms

31 May 1982



Licence No: S1580078Z

NP 428A

Identification Card

REPUBLIC OF SINGAPORE
IDENTITY CARD NO. S1580078Z




Name
ANG SIEW GEOK
翁 秀 玉


Race
CHINESE

Date of birth
20-05-1963

Sex
F

Country/Place of birth
SINGAPORE


S1580078Z

Identification Card



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 : MBHH19070360-02 Vehicle Registration No: SLR2694Y
Name (as shown in NRIC) : ANG SIEW GEOK NRIC/FIN/Passport No : S1580078Z
(*Vehicle Driver / Vehicle Owner) (*) Please delete as appropriate
Address : _____ Singapore()
Contact (Tel) : _____ Mobile No. : 96909617
Email Address : _____
Date of Accident : 30/05/2019 Time of Accident : 08:00
Place of Accident : CTE EXIT OUTRAM
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:

TO AMEND REPORT TO OWN DAMAGE CLAIM

Policyholder / Driver's Signature
Date:

SHIRLEY LOO

Reporting Centre Personnel's Signature
Name: **SHIRLEY LOO**
NRIC/FIN No.:
Date: **31 MAY 2019**

shirleyloo@ajaxmars.com

From: Judy Ang <judyang8@singnet.com.sg>
Sent: Friday, 31 May 2019 12:19 PM
To: shirleyloo@ajaxmars.com
Cc: group@ajaxmars.com
Subject: ***SPAM*** Re: SLR2694Y-30052019-GIA REPORT (AMENDED)

Dear Shirley

As spoken to Elizabeth earlier, please amend the report as I will be claiming my own insurance. The report Should be amend to yes instead of No.

Please amend the report and resend to me.

Thank you.

Best regards
Judy Ang

Sent from my iPhone, please excuse typos and short responses

On 30 May 2019, at 10:07 PM, <shirleyloo@ajaxmars.com> <shirleyloo@ajaxmars.com> wrote:

Dear Sir/Madam,

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

Should you wish to reply to this email, kindly click "Reply All"

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



Virus-free. www.avast.com

<SLR2694Y-30052019-GIA REPORT (AMENDED).pdf>