MBHH19171881 / Ajax Mars Pte Ltd - Bukit Merah ENTRY DATE & TIME: 31/12/2019 14:51 SUBMITTED BY: Victor Ang

SINGAPORE ACCIDENT STATEMENT

IMPORTANT NOTICE

Gender

Mobile Number Fax Number

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.

	ACCIDENT STATEMENT
Date Of Report	31/12/2019 14:51
Date Of Accident	30/12/2019 15:15
Exact Location Of Accident	ALONG NORTH BRIDGE ROAD
Country/State of Loss	SINGAPORE
	DETAILS OF OWN VEHICLE
Vehicle Registration Number	SKN7335J
Insured/Policyholder	
Name Of Registered Owner	NG SIK SUAN
NRIC No	S1484542I
Email Address	NGSIKSUAN@GMAIL.COM
Mobile Phone No	(LOCAL) +65-90018361
Alternative Phone No	OTHERS-90018361
Vehicle Particulars	
Manufacturer	CITROEN
Model	C4 PICASSO 1.6I EHDI ETG6 5 SEATER
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	REPORTING ONLY
Vehicle Category	PRIVATE CAR
Insurance Company	
Name of Insurance Company	FWD SINGAPORE PTE. LTD.
Type Of Coverage	COMPREHENSIVE
Fleet Policy	NO
Policy Number	PNPV2019-00011857
Cover Note Number	N.A
Driver	
Name of Driver	NG SIK SUAN
NRIC No	S1484542I
Date Of Birth	28/08/1961
Occupation	INDOOR
Date Of Driving Pass	14/08/1979
	40 YEARS AND 4 MONTHS

MALE

(LOCAL) +65-90018361

NGSIKSUAN@GMAIL.COM

OTHERS-90018361

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 NO COLLISION

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

NO

NO Was any body injured in the Accident?

Was any injured conveyed to hospital by

ambulance?

YES Was any other material or property damaged?

I have been approached by unknown person(s)

soliciting/offering accident claims assistance.

Number of Passengers (Including Driver)

Passenger 1

NAME: : FIONA ONG

GENDER: : FEMALE

Passenger 2 NAME: : VALERIE NG

> GENDER: : FEMALE

Passenger 3 NAME: : NEO

> GENDER: : MALE

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 on North Bridge Road on the left lane. My car was stopped stationary as traffic light was red. When traffic light turned green, i started to moved off but i noticed that car SJS2082G in front me had stopped so i braked my car to a stopped immediately. There were ample distance between my car and car SJS2082G in front of me. After stopping, driver of car SJS2082G which was stopped in front of my car alighted and approach me, telling me that he had heard an impact on his car. Neither did i hit onto car SJS2082G nor felt nor heard any impact. Upon alighting to check, i checked that there were no damages to both of our cars at all.

Attachment(s)

Are accident photos available for attachment? YES Was there any video captured by Car Camera? NO Was there any audio recorded?

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number SJS2082G

Vehicle Make/Model/Colour TOYOTA / COROLLA ALTIS 1.6 AUTO

Details Of Properties N.A Vehicle Category

Name of Driver

NRIC/Passport Number

Contact Number

Address

Postcode

Insurance Company Name

Nature Of Damage

No. Of Passenger (Including Driver)

PRIVATE CAR

2

Sketch Plan

SKETCH PLAN

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- 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.
- 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 upon application by interested parties.
- 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)

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 insurers) 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:
 - 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.
- (d) my Personal Information will also be collected and used to compile claims history for the purpose of fraud detection, investigation and management in present and all future claims.
- (e) the information so collected under (d) above may be shared / disclosed:
 - to all insurers and/or any other third parties that assist in evaluating, investigating, controlling or managing fraud, regulators, law enforcement and government agencies as reasonably required for the purposes stated, or
 - (ii) for complying with requirements under any regulations, laws or court orders.

Policyholder's Signature Date & Time:

31/12/2019

Driver's Signature (If driver is not the policyholder) Date & Time: Reporting Centre Personnel's Signature Name: NRIC/FIN No.:

VERIFY BY AJAX MARS (ARC)
REPORTING OFFICER
MUHAMMAD FAIZAL BIN PABILA

GIARMC SketchFlanForm_VI

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		ROAD
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8: 535 208	326 1 1 1 1 1	
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CLARATION Ve declare the foregoing party of the control of the con		REPORTING OFFICER MUHAMMAD FAIZAL BIN PABILA
ECLARATION Ve declare the foregoing participation of the control	Driver's Signature	REPORTING OFFICER MUHAMMAD FAIZAL BIN PABILA Reporting Centre Personnel's Signature
ECLARATION		REPORTING OFFICER MUHAMMAD FAIZAL BIN PABILA

ACCIDENT STATEMENT (2000 characters)

light was red. When traffic light turned of car SJS2082G in front me had stopped. There were ample distance between mestopping, driver of car SJS2082G which approach me, telling me that he had he	lane. My car was stopped stationary as traffic green, i started to moved off but i noticed that it so i braked my car to a stopped immediately. By car and car SJS2082G in front of me. After the was stopped in front of my car alighted and leard an impact on his car. Neither did i hit onto mpact. Upon alighting to check, i checked that cars at all.
Taxi Voucher No.:	
DECLARATION I/We declare that the above particulars & information prov VERIFIED BY AJAX MARS REPORTING OFFICER - MUHAMMAD FAIZAL BIN PABILA	vided above are true in every aspect
MARS Officer	5.45
	Registered Owner or Driver's Signature
Job Complete Date/Time	Date/Time:
31 December 2019 at 11:17 AM	31 December 2019 at 11:17 AM













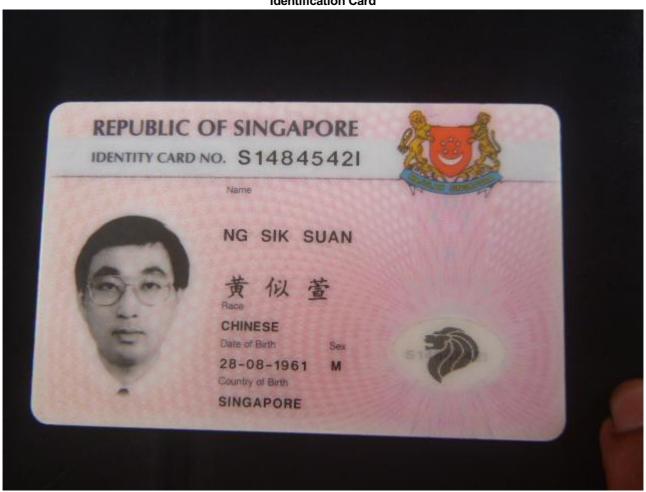








Identification Card



Identification Card



Driving License



Driving License

