SA0A20CL000H / Ajax Mars Pte Ltd ENTRY DATE & TIME: 22/12/2020 04:44 (SGT) SUBMITTED BY: Saiful VERSION: 1 (22/12/2020 04:44 (SGT))

# **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 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.

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   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 Submission 22/12/2020 04:44 (SGT) Date of Accident 19/12/2020 11:00 (SGT) Exact Location of Accident Tampines, Singapore Additional Location Information BIK 7 TAMPINES AVENUE 8 MSCP LEVEL 4 Country/State of Loss Singapore

# **DETAILS OF OWN VEHICLE**

Vehicle Registration Number SJV9493S

#### INSURED/POLICYHOLDER

Is company? No Name Of Registered Owner LEE KAY PENG NRIC No.

SXXXX909C Email Address lee.kaypeng@gmail.com Mobile Phone No (Phone) +65-83661816 Alternative Phone No +65-83661816

VEHICLE PARTICULARS

Manufacturer **BMW** Model 520i Variant

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 - Reporting only Vehicle Category Private car

INSURANCE COMPANY

Name of Insurance Company Aviva Type of Coverage Comprehensive Fleet Policy Policy Number 10816455 Cover Note Number

DRIVER

Name of Driver LEE KAY PENG NRIC No SXXXX909C Date Of Birth 21/12/1990 Occupation Indoor

Date Of Driving Pass 10/04/2006 Driving experience 14 YEARS AND 8 MONTHS Gender Mobile Number (Phone) +65-83661816 Alt. Phone Number +65-83661816 Email Address lee.kaypeng@gmail.com Address Address complement Postcode Is the driver the policyholder? Yes If No, Relationship of the Driver with the Insured Does Driver Own Other Vehicles? No Vehicle Registration Number of Other Vehicle Owned by Driver Insurance Company of Other Vehicle Owned by Driver GENERAL INFORMATION OF THE ACCIDENT Type of Accident Collided into Parked Vehicle Weather Conditions Clear Road Surface Dry OTHER INFORMATION Was any foreign vehicle involved in the accident? No Number of vehicles involved in the accident Was anybody injured in the Accident? No Was any injured conveyed to hospital by ambulance? Was any other material or property damaged? Yes Number of Passengers (Including Driver) Has the driver been approached by unknown person(s) soliciting/offering accident claims assistance? No **DETAILS OF POLICE ACTION** Was the accident reported to the police? No Was notice of intended Prosecution given? No If yes, against whom? CIRCUMSTANCES OF ACCIDENT My vehicle was stationary parked at my residence MSCP level 4 when I returned to my vehicle I saw a note on my windscreen Which mention that third party driver hit my vehicle and when I surveyed my vehicle there were scratches and damages on my front right bumper area. No injuries involved. ATTACHMENT(S) Are accident photos available for attachment? Yes Was there any video captured by Car Camera? Yes Was there any audio recorded? No

# **DETAILS OF OTHER VEHICLE PROPERTY 1**

Vehicle Registration Number Vehicle Manufacturer Vehicle Model	SJH6608Y Nissan
	Qashqai
Vehicle Variant	-
Vehicle Colour	-
Vehicle Category	Private car
Name of Driver	-
Contact Number	(Phone) +65-93861539
Address	-
Address complement	-



Postcode	-
Insurance Company Name	-
Nature Of Damage	_
Details of property damaged in accident	_
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### **SKETCH PLAN**

#### **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.
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- 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. 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.
- 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)

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.
- (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:
  - (i) 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.

M

Policyholder's Signature

21 Dec 2020

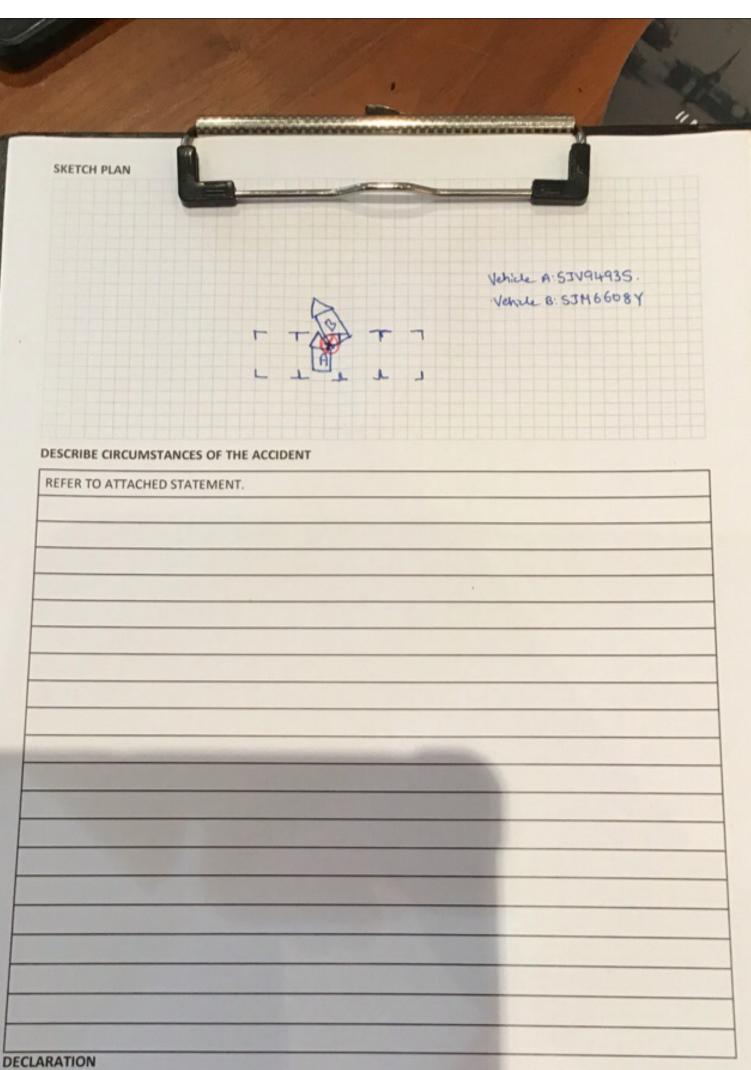
Driver's Signature (If driver is not the policyholder) Date & Time: VERIFY BY AJAX MARS (ARC)
REPORTING OFFICER

MOHAMED SAIFULLAH S/O SYED MASOOD

Reporting Centre Personnel's Signature Name: NRIC/FIN No.:

GIARMC SketchPlanForm\_V

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# **ACCIDENT STATEMENT (2000 characters)**

My vehicle was stationary parked at my residence MSCP level 4 when I returned to my vehicle I saw a note on my windscreen Which mention that third party driver hit my vehicle and when I surveyed my vehicle there were scratches and damages on my front right bumper area. 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 -MOHAMED SAIFULLAH S/O SYED MASOOD



MARS Officer

Registered Owner or Driver's Signature

Job Complete Date/Time

21 December 2020 at 4:09 PM

Date/Time:

21 December 2020 at 4:09 PM























