SA0A212B000K / Ajax Mars Pte Ltd ENTRY DATE & TIME: 12/02/2021 04:20 (SGT) SUBMITTED BY: Saiful VERSION: 1 (12/02/2021 04:20 (SGT))



SINGAPORE ACCIDENT STATEMENT

IMPORTANT NOTICE

- 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
- 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 Submission

Date of Accident

Exact Location of Accident

Additional Location Information

Country/State of Loss

12/02/2021 04:20 (SGT) 11/02/2021 17:08 (SGT)

Singapore

JUNCTION OF JLN PARI DEDAP AND JLN PARI UNAK

Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number

SLZ736G

INSURED/POLICYHOLDER

Is company?

Name Of Registered Owner

NRIC No.

Email Address

Mobile Phone No

Alternative Phone No

No

FUZITIAN

SXXXX043A

fzt17ster@yahoo.com.sg

(Phone) +65-98474469

+65-98474469

VEHICLE PARTICULARS

Manufacturer

Model

Variant

Exact purpose for which vehicle was being used at time of

accident

Are you claiming under your own insurance policy for repair to

your vehicle?

Vehicle Category

Hyundai

130

Private use

No - Claiming third party

Private car

INSURANCE COMPANY

Name of Insurance Company

Type of Coverage

Policy Number

Fleet Policy Cover Note Number **FWD**

Comprehensive

No

PNPV2019-00005772-01

DRIVER

Name of Driver

NRIC No

Date Of Birth Occupation

FU ZITIAN SXXXX043A 08/08/1983 Indoor

Date Of Driving Pass Driving experience

Gender Mobile Number

Alt. Phone Number **Email Address**

Address

Address complement

Postcode

Is the driver the policyholder?

If No, Relationship of the Driver with the Insured

Does Driver Own Other Vehicles?

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 Weather Conditions

Road Surface

Side Swipe

25/06/2003

+65-98474469

Male

NA

Yes

No

17 YEARS AND 8 MONTHS

(Phone) +65-98474469

fzt17ster@yahoo.com.sg

Clear

Dry

No

No

Yes

2

No

2

OTHER INFORMATION

Was any foreign vehicle involved in the accident?

Number of vehicles involved in the accident

Was anybody injured in the Accident?

Was any injured conveyed to hospital by ambulance?

Was any other material or property damaged?

Number of Passengers (Including Driver)

Has the driver been approached by unknown person(s) soliciting/offering accident claims assistance?

PASSENGER 1

Name

Gender

DETAILS OF POLICE ACTION

Was the accident reported to the police? Was notice of intended Prosecution given?

If yes, against whom?

Female

WANG SHUXIAN - CHINESE

No No

CIRCUMSTANCES OF ACCIDENT

I WAS DRIVING ALONG JLN PARI DEDAP TOWARDS JLN PARI BURONG . VEHICLE B WAS TURNING OUT FROM MY RIGHT SIDE (JLN PARI UNAK) WITHOUT CHECKING AND COLLIDED ONTO RIGHT SIDE OF MY VEHICLE . NO INJURIES INVOLVED .

ATTACHMENT(S)

Are accident photos available for attachment? Was there any video captured by Car Camera?

Was there any audio recorded?

Yes

Yes No

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number

Vehicle Manufacturer

Vehicle Model

Vehicle Variant

Vehicle Colour

Vehicle Category

Name of Driver

SKW8900Z

Toyota

Harrier

Private car

| Contact Number | (Phone) +65-96397721 |
|---|--------------------------|
| Address | - |
| Address complement | |
| Postcode | |
| Insurance Company Name | and the first section of |
| Nature Of Damage | e alle es à E |
| Details of property damaged in accident | |
| No. Of Passenger (Including Driver) | |

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.
- Information provided must be as <u>truthful and accurate as possible</u>. Any wilful misrepresentation or withholding of material facts may allow insurance companies to <u>repudiate policy liability</u>.
- 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 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:
 - 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.

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Policyholder's Signature Date & Time:

11/2/2021

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

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

CONTRACTOR STATE

| SKETCH PLAN | The Real Property lies | - Control of the local division in which the local division in which the local division in the local division | | |
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| DESCRIBE CIRCUMSTA | NCES OF THE ACCIDENT | | | |
| REFER TO ATTACHED | STATEMENT. | | | |
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| DECLARATION | | | | |
| DECLARATION I/We declare the foregoing par | rticulars are true in every | respect. | VERIFY BY AJAX N | |
| I/We declare the foregoing par | rticulars are true in every | respect. | REPORTING O | FFICER |
| I/We declare the foregoing par | | | REPORTING O WONG JUN | FFICER KEAT |
| I/We declare the foregoing par /// Policyholder's Signature | Driver's Signatu | re | REPORTING O WONG JUN Reporting Centre Person | FFICER KEAT |
| I/We declare the foregoing par | Driver's Signatu | | REPORTING O WONG JUN | FFICER KEAT |

ACCIDENT STATEMENT (2000 characters)

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| | DAP TOWARDS JLN PARI BURONG . M MY RIGHT SIDE (JLN PARI UNAK) D ONTO RIGHT SIDE OF MY VEHICLE . NO |
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| Taxi Voucher No.: | |
| DECLARATION I/We declare that the above particulars & information provi | ided above are true in every aspect |
| VERIFIED BY AJAX MARS REPORTING OFFICER - WONG JUN KEAT | Marie |
| | 11. |
| | // 0 |
| | |
| | |
| | |
| MARS Officer | |
| | Registered Owner or Driver's Signature |
| Job Complete Date/Time | Date/Time: |
| | 11 February 2021 at 7:56 PM |
| 11 February 2021 at 7:56 PM | 11 reducing 2021 at 7.50 FM |