SA0A212Q0005 / Ajax Mars Pte Ltd ENTRY DATE & TIME: 26/02/2021 20:44 (SGT) SUBMITTED BY: Susan VERSION: 1 (26/02/2021 20:44 (SGT))



SINGAPORE ACCIDENT STATEMENT

- Please report correctly the details of the accident to speed up the claims process.
- 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

26/02/2021 20:44 (SGT) 25/02/2021 14:00 (SGT) Singapore PAN ISLAND EXPRESSWAY Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number

SGQ196X

INSURED/POLICYHOLDER

Is company? Name Of Registered Owner NRIC No Email Address Mobile Phone No Alternative Phone No

LOW QUAN LEE JASPER SXXXX556A jasper-vb@hotmail.com (Phone) +65-98804476 +65-98804476

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

Mitsubishi LANCER 1.6 GLX SPORTS

Private use

No - Claiming third party

INSURANCE COMPANY

Name of Insurance Company Type of Coverage Fleet Policy Policy Number Cover Note Number

Aviva Comprehensive No

10997726

DRIVER

Name of Driver NRIC No Date Of Birth Occupation

LOW QUAN LEE JASPER SXXXX556A 07/02/1995 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

Chain Collision

06/11/2013

+65-98804476

16A Simon Place

Male

545957

Yes

No

7 YEARS AND 3 MONTHS

(Phone) +65-98804476

jasper-vb@hotmail.com

Clear Dry

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?

No 3

No

Yes

1

No

DETAILS OF POLICE ACTION

Was the accident reported to the police?

Police Station Name

Police Station Phone No

Alt. Police Station Phone No

Police Station Address
Was notice of intended Prosecution given?

If yes, against whom?

Yes

Jurong West Neighbourhood Police Centre

(Phone) +65-18002689999

(Fax) +65-62672438

700 Corporation Road Singapore 649818

No

CIRCUMSTANCES OF ACCIDENT

LEASE REFER TO POLICE REPORT T/20210225/2072 LODGED AT JURONG WEST N P C

Brief Details

On 25/02/2021 at about 1400hrs, I was driving my vehicle (SGQ196X) along PIE towards Tuas on the extreme right lane. As nearing Steven/Whitley Road exit. I noticed the front vehicle (SLR3298B) had stopped its vehicle. I then applied brake and managed to stopped on the rear of the front vehicle.

Moments later, I was hit from the rear. Due to the impact, my vehicle was pushed forward and hit onto the rear of the front vehicle. I then alighted from my vehicle and noticed a vehicle (SMK7082E) had collided onto the rear of my vehicle. I then made a check on the involved driver, I observed no one sustained any visible injuries and none complaints of any injuries or discomfort to me. After which, we exchanged particular. The front vehicle sustain damages on the rear portion of its vehicle. My vehicle sustains damaged on both front and rear of the vehicle. The last vehicle sustain damages on the front portion of the vehicle.

Traffic Police then arrived and was advised to lodge a Traffic Accident Report(NP168) at any police Station or online. EMAS crew was also there however none of the vehicle was tow. All driver then drove away their vehicle on their own.

ATTACHMENT(S)

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

Yes No No

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number

Vehicle Manufacturer

Vehicle Model

Vehicle Variant Vehicle Colour

Vehicle Category Name of Driver

NRIC No Contact Number

Address

Address complement Postcode

Insurance Company Name Nature Of Damage

Details of property damaged in accident No. Of Passenger (Including Driver)

SMK7082E Honda

SHUTTLE 1.5G CV

Private car LIM HOCK LIM SXXXX579B

(Phone) +65-90233474

DETAILS OF OTHER VEHICLE PROPERTY 2

Vehicle Registration Number

Vehicle Manufacturer

Vehicle Model

Vehicle Variant Vehicle Colour

Vehicle Category Name of Driver NRIC No

Contact Number

Address

Address complement

Postcode

Insurance Company Name Nature Of Damage

Details of property damaged in accident No. Of Passenger (Including Driver)

SLR3298B

Mazda

MAZDA3 SEDAN 1.

Private car LIN YASI SXXXX910D

(Phone) +65-97520329

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 for the Authorised Driver.
- 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.
- 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)
 - 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.

Policyholder's Signature

Date & Time:

Oriver's Signature (If driver is not the policyholder) Date & Time: VERIFY BY AJAX MARS (ARC) REPORTING OFFICER MOHAMED SHARIL BIN SATAR

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

			1	111	UI		
	1K7087E LR3198B	Steven FD TUAS Ple	1 1	C A S		- Contact	
REFER TO ATTACHED S		r '					
REFER TO ATTACHED	STATEMENT.						
ECLARATION We declare the foregoing	particulars are true in eve	ery respect.		R MOHA	EPORTING	(MARS (ARC) 5 OFFICER RIL BIN SATAR onnel's Signature	





Police Station Of Origin: Jurong West N.P.C 700 Corporation Road SINGAPORE 649818 Tel No: 1800-2689999

1 of 4 Report No. T/20210225/2072

REPORT OF A TRAFFIC ACCIDENT

	ne Report N 021 16:48	Made:	Vide Report No.:	Station Diary No.: 136
Informa	nt's Partic	ulars		
	f Informant: R LOW QUA		Address: 16A SIMON PLACE SINGAP	ORE 545957
	/ ID No.: O / S95045	56A	Contact No.: Home/Office:	Mobile: 98804476
National SINGAF	ity: ORE CITIZ	ΈΝ	Email:	
Sex: Male	Age: 26	Date of Birth: 07/02/1995	Type of Informant: Driver	
Race: Chinese	Race: Chinese		Language: English	Institution / School Name:
Occupation: CIVIL SERVANT			Driving Licence Information: Class: 3	Date of Expiry:

Type of Accident:	Non-Injury Attended by Police	Drink Drive: No	Date/Time of Accident: 25/02/2021 14:00	Type of Location Straight Road	
Location: PAN-ISLAND Weather: Clear	EXPRESSWAY	Road Surface:		Road Speed Limit:	
Traffic Flow:		Traffic Control:		Traffic Volume: Moderate	
Traffic Flow: One Way		Not Controlled		Moderate	

Vehicle No.	Type	Make	Model	Color	Condition	No of Passenge
SGQ196X	Car	MITSUBISHI	LANCER 1.6	White	Slightly Damaged	0
SLR3298B	Car	MAZDA	MAZDA3 SEDAN 1.5 AT EU6		Seriously Damaged	0
SMK7082E	Car	HONDA	SHUTTLE 1.5G CVT		Seriously Damaged	0

Details of V	ehicle Insurance			
Vehicle No.	Insurance Company	Insurance No	Effective	Expiry Date





Police Station Of Origin: Jurong West N.P.C 700 Corporation Road SINGAPORE 649818 Tel No: 1800-2689999

2 of 4 Report No. T/20210225/2072

CONTINUATION OF REPORT

Vehicle No.	Insurance Company	Insurance No	Effective	Expiry Date
SGQ196X	AVIVA LTD	10997726	14/07/2020	13/07/2021

Details of Perso	n Involved		Fernance in the Statistics			
Any Pedestrian I				4		
No. of Pedestriar	ns Injured: NIL		Use of Pedestrian Crossing: NA			
Driver						
Name	JASPER LOW QUAN	LEE		ID No		S9504556A
Related Vehicle	SGQ196X (Car)			Conta	ct No.	98804476
Hospital/Clinic	NIL		Class of Driving Licence & Expiry Date		Class: 3 Date of Expiry: NIL	
Date Treatment	NIL Date D			Discharge NIL		
	ted Medical Leave	Degree o		NIL		
Driver		NIL				
Name	LIN YASI			ID No.		S8615910D
Related Vehicle	SLR3298B (Car)			Contact No.		97520329
Hospital/Clinic	NIL			Class Drivin Licent Expin	g	Class: NIL Date of Expiry: NIL
Date Treatment	NIL		Date Disc	Discharge NIL		
	ted Medical Leave	NIL	Degree o		NIL	
Driver						
Name	LIM HOCK LIM			ID No.		S1255579B
Related Vehicle	SMK7082E (Car)			Contact No.		90233474
Hospital/Clinic	NIL			Class Driving Licent Expiry	g ce &	Class: NIL Date of Expiry: NIL
Date Treatment	NIL		Date Disc	1 1	NIL	
	ed Medical Leave	NIL	Degree of		NIL	





Police Station Of Origin: Jurong West N.P.C 700 Corporation Road SINGAPORE 649818 Tel No: 1800-2689999

Report No. T/20210225/2072

3 of 4

CONTINUATION OF REPORT

Brief Details.

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Police Station Of Origin: Jurong West N.P.C 700 Corporation Road SINGAPORE 649818

4 of 4 Report No. T/20210225/2072

Tel No: 1800-2689999

CONTINUATION OF REPORT

Sketch Plan

Informant is not able to provide sketch plan

IMPORTANT: Please attach a copy of your vehicle's Insurance Certificate to this report. If you don't have the certificate with you now, please fax a copy to 65474885 stating the **report number** as reference.

Signature Of Officer Recording The Report: J / Sgt 1 IBRAHIM BIN ROSLI	Signature Of Informant:
Signature Of Interpreter: Not applicable	Date/Time: 25/02/2021 16:48
Officer In Charge Of Case: TP / GIT /	Classification Of Case:
Staff Sgt ROIZMAN BIN MOHAMED POSARI Contact No.: 65476131	SN 126
Authentication Stamp	X

Singapore Police Carry