

SA0A214D0004 / Ajax Mars Pte Ltd
ENTRY DATE & TIME : 13/04/2021 16:00 (SGT)
SUBMITTED BY : Sharil
VERSION : 1 (13/04/2021 16:00 (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 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 Submission	13/04/2021 16:00 (SGT)
Date of Accident	12/04/2021 12:30 (SGT)
Exact Location of Accident	Robinson Rd, Singapore
Additional Location Information	ALONG ROBINSON ROAD TOWARDS FINLAYSON GREEN
Country/State of Loss	Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number	GRD6996S
INSURED/POLICYHOLDER	
Is company?	Yes
Name Of Registered Owner	GOI DBI 1111 ASING PTE LTD
Company Reg No	1XXXXXX96N
Email Address	IsaacNgCl@goldbellcorp.com
Mobile Phone No	(Phone) +65-64942888
Alternative Phone No	(Office) +65-64942888

VEHICLE PARTICULARS

Manufacturer	Toyota
Model	Hiace
Variant	-
Exact purpose for which vehicle was being used at time of accident	Private hire
Are you claiming under your own insurance policy for repair to your vehicle?	No - Claiming third party
Vehicle Category	Commercial vehicle
Transmission	Manual
C/C	2982

INSURANCE COMPANY

Name of Insurance Company	MS First Capital Insurance Ltd
Type of Coverage	Third Party
Fleet Policy	Yes
Policy Number	D-20095634
Cover Note Number	NA

DRIVER

Name of Driver	RUWANPATIHIRANA SAMIN SURANDA
NRIC No	SXXXX169H

Date Of Birth	10/10/1988
Occupation	Outdoor
Date Of Driving Pass	25/03/2019
Driving experience	2 YI AIRS AND 1 MONTH
Gender	Male
Mobile Number	(Phone) +65-81218466
Alt. Phone Number	-
Email Address	samin.sr@gmail.com
Address	HDB Marsiling Greenview, 182B Woodlands Street 13 732182
Address complement	#08-745
Postcode	732182
Is the driver the policyholder?	No
If No, Relationship of the Driver with the Insured	Hirer
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	Side Swipe
Weather Conditions	Clear
Road Surface	Dry

OTHER INFORMATION

Was any foreign vehicle involved in the accident?	No
Number of vehicles involved in the accident	2
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)	1
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

I was travelling along Robinson road towards finlayson green it was a 4 lane traffic and my vehicle was positioned in the 2nd lane suddenly third party vehicle on my right collided onto my vehicle rear right near rear right tyre area. No injuries involved.

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	SI 763P
Vehicle Manufacturer	Mini
Vehicle Model	Cooper
Vehicle Variant	-
Vehicle Colour	-
Vehicle Category	Private car
Name of Driver	-
Contact Number	(Phone) +65-90222152

Address -
Address complement -
Postcode -
Insurance Company Name -
Nature Of Damage -
Details of property damaged in accident -
No. Of Passenger (Including Driver) -



SKETCH PLAN

IMPORTANT NOTICE

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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 to the G.A. Records Management Centre established by the General Insurance Association of Singapore (GIAS) for archiving and that copies of this report will thereafter be made available to any person with a legitimate interest.
7. By the completion of this report to the insurers, you hereby consent to the archiving of this report, as the author and to copies of the report being made available as stated.
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 (GIAS) may be permitted to collect, use, store and disseminate information that is my Personal Information submitted on this form and by other persons. Information provided by me or other persons through this form is my **Personal Information** and I understand and transfer my Personal Information to the insurers, who have agreed to use the information in this report for the purposes which are stated in this consent form and to be used and disclosed to the **Insurers**, their claims lawyers, law firms, the Monetary Authority of Singapore and other relevant government agencies, authorities, such as the police, for the purpose of:
 - (i) processing, including understanding with my claim, a claim to the satisfaction of the claim and my other relevant matters relating to the claim;
 - (ii) investigating the accident and my claims;
 - (iii) carrying out and/or dealing with my instructions or responding to my enquiries by me;
- (b) I understand my claim to use the my and other persons' statements, opinions, reports or notices to me which could include my personal data about the liability and individuals of the same as well as other information, such as photographs, recordings, and so on;
- (c) I comply with applicable law, other policy requirements and conditions relating with my claim, pursuant to the **Purposes**;
 - (i) of motor vehicle accidents which occurred in Singapore and the insurers' policy cover may be restricted to assist in the investigation and/or any relevant information for the purpose of and;
 - (ii) my Personal Information may be provided to any of the insurers and/or GIAS to their third party service providers or agents to be used by their lawyers, law firms, who may be located outside of Singapore for any or more of the above purposes;
 - (iii) my insurer, its agents, workshop, or other relevant persons to complete claims for the purpose of fraud detection, investigation or for other purposes in relation to future claims;
 - (iv) my insurer, its agents, workshop, or other relevant persons to be involved in:
 - (i) any investigation, including any investigation that will be conducted by regulatory bodies that are carrying out a regulatory investigation and/or enforcement of any law or regulation, including in the investigation of the motor vehicle accident;
 - (ii) compliance with the relevant applicable laws and regulations.

Insured Person's Name: [Signature]

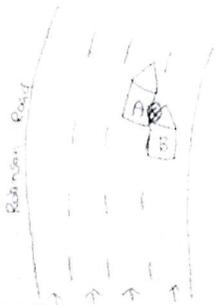
Insured Person's Name: [Signature]

**VERIFY BY AJAX MARS (ARC)
REPORTING OFFICER**
MOHAMMED SAIFULLAH S OUSSEID MAMOOD
Name: [Signature]
WFL/01/2021

13 Apr 2021

SKETCH PLAN #2

SKETCH PLAN



Vehicle No. 08081965
Vehicle No. 54263F

DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

REFER TO ATTACHED STATEMENT

DECLARATION
I/We declare the foregoing particulars are true in every respect.

Policyholder's Signature
Date & Time

Driver's Signature
(If driver is not the policyholder)
Date & Time

**VERIFY BY AJAX MARS (ARC)
REPORTING OFFICER**
MOHAMED SAIFULLAH S/O S/RI D MASOOD

Reporting Centre Personnel's Signature
Name
NIC/IN No.

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SKETCH PLAN #3

ACCIDENT STATEMENT (2000 characters)

I was travelling along Robinson road towards Inlayson green it was a 4 lane traffic and my vehicle was positioned in the 2nd lane suddenly third party vehicle on my right collided onto my vehicle rear right near rear right tyre area. No injuries involved.

Taxi Voucher No

DECLARATION

I/We declare that the above particulars & information provided above are true to my best knowledge.

VERIFIED BY AJAX MARS REPORTING OFFICER -
MOHAMED SAIFULLAH S O SYED MASOOD



MARS Officer

Vehicle Owner or Driver's Signature

App Complete Date-Time

Date-Time

13 April 2021 at 3:20 PM

13 April 2021 at 3:20 PM