SA0A22220008 / Ajax Mars Pte Ltd ENTRY DATE & TIME: 04/02/2022 01:03 (SGT) SUBMITTED BY: Sharil VERSION: 1 (04/02/2022 01:03 (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.

 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	04/02/2022 01:03 (SGT)
Date of Accident	30/01/2022 11:00 (SGT)
Exact Location of Accident	Holland V, Singapore
Additional Location Information	Holland road
Country/State of Loss	Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SMY582B	

INSURED/POLICYHOLDER

Is company?	Yes
Name Of Registered Owner	TRANS LEASING PTE LTD
Company Reg No	2XXXXXX75K
Email Address	Claims@transcab.com.sg
Mobile Phone No	(Phone) +65-65552222
Alternative Phone No	(Office) +65-65552222

VEHICLE PARTICULARS

Manufacturer

Manuacturer	Toyota
Model	Prius
Variant	5DR HATCHBACK (AUTO)
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	Private hire
Transmission	Auto
CC	1767
	1707

INSURANCE COMPANY

Name of Insurance Company	AXA Insurance Pte Ltd
Type of Coverage	ThirdParty
Fleet Policy	Yes
Policy Number	VFX/P2440417
Cover Note Number	NA

DRIVER

Name of Driver	WONG HON FUNG
NRIC No	SXXXX058H

Date Of Birth 23/05/1958 Occupation Outdoor Date Of Driving Pass 20/11/1978 Driving experience 43 YEARS AND 2 MONTHS Gender Mobile Number (Phone) +65-90036692 Alt. Phone Number Email Address wonghugh@gmail.com Address 687C Choa Chu Kang Drive Address complement #03-362 Postcode 683687 Is the driver the policyholder? Nο If No. Relationship of the Driver with the Insured Hirer Does Driver Own Other Vehicles? Nο 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 Collision - Head to Rear 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? Was any injured conveyed to hospital by ambulance? Was any other vehicle or property damaged? Yes Number of Passengers (Including Driver) Has the driver been approached by unknown person(s) soliciting/offering accident claims assistance? No PASSENGER 1 Name P1 Gender Male DETAILS OF POLICE ACTION Was the accident reported to the police? Police Station Name Toa Payoh Neighbourhood Police Centre Police Station Phone No (Phone) +65-18002519999 (Fax) +65-63548749 Alt. Police Station Phone No Police Station Address 93 Toa Payoh Central Toa Payoh Community Building #01-02 Singapore 319194 Was notice of intended Prosecution given? No If yes, against whom? CIRCUMSTANCES OF ACCIDENT Refer as police reports (T/20220130/2045) 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 SLC1494T

Vehicle Manufacturer	BMW
Vehicle Model	X1
Vehicle Variant	-
Vehicle Colour	White
Vehicle Category	Private car
Name of Driver	JAMES
Contact Number	(Phone) +65-91871917
Address	-
Address complement	-
Postcode	-
Insurance Company Name	-
Nature Of Damage	-
Details of property damaged in accident	-
No. Of Passenger (Including Driver)	2

SKETCH PLAN

IMPORTANT NOTICE

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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 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:
 - (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:

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

Date & Time:

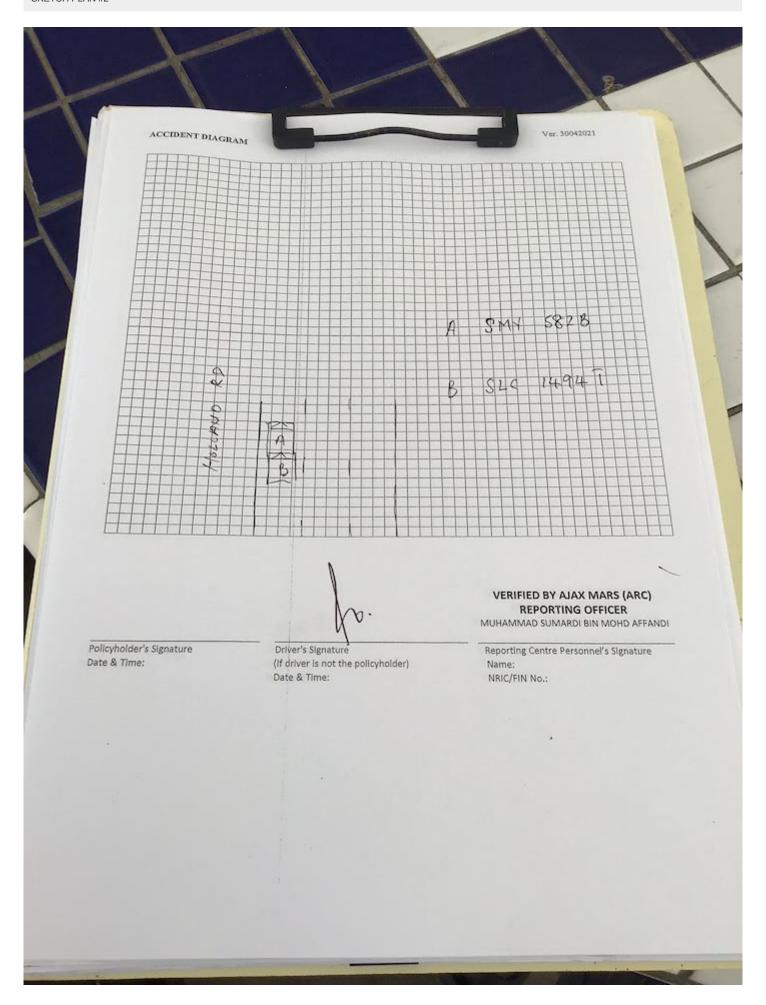
VERIFY BY AJAX MARS (ARC) REPORTING OFFICER

MUHAMMAD SUMARDI BIN MOHD AFFANDI

Reporting Centre Personnel's Signature Name:

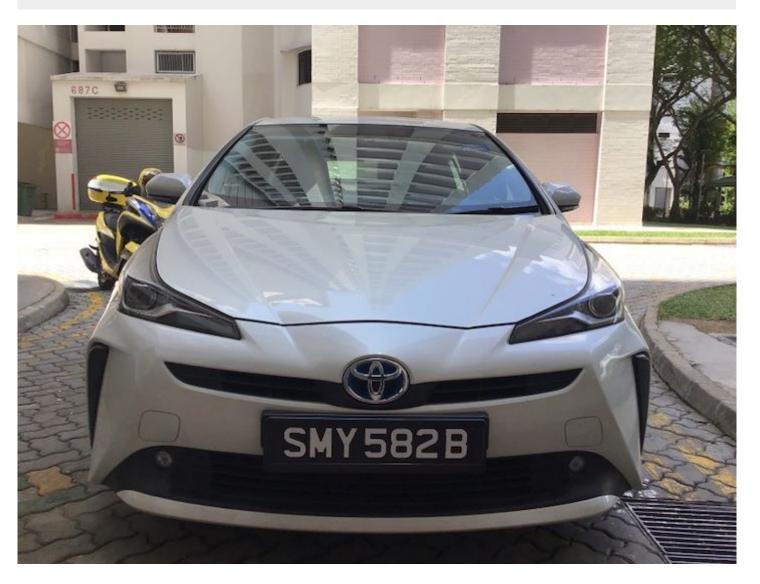
NRIC/FIN No.:

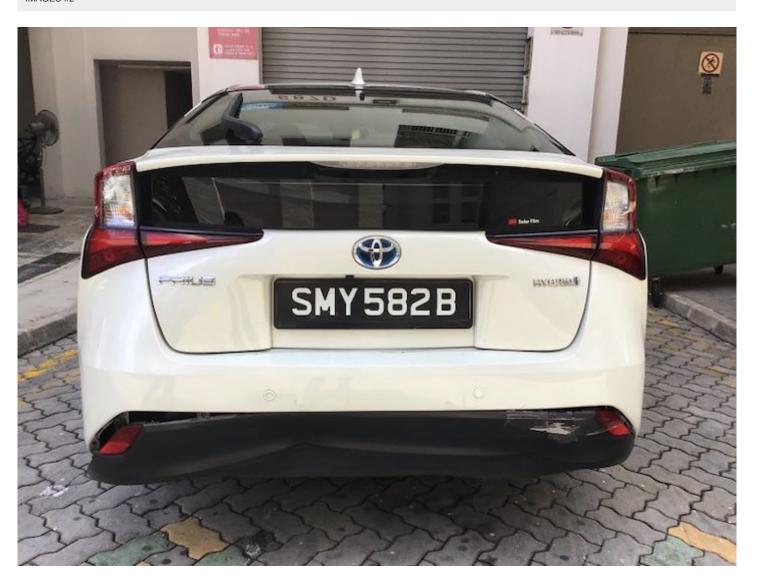
GIABMC SketchPlanForm V3



SKETCH PLAN		
REFER TO ATTA	CHED ACCIDENT DIAGRAM	
DESCRIBE CIRCUMSTANC	ES OF THE ACCIDENT	
DECLARATION I/We declare the foregoing pa	rticulars are true in every respect.	VERIFY BY AJAX MARS (ARC) REPORTING OFFICER
Policyholder's Signature Date & Time:	Driver's Signature (If driver is not the policyholder) Date & Time:	MUHAMMAD SUMARDI BIN MOHD AFFAND Reporting Centre Personnel's Signature Name: NRIC/FIN No.:

2















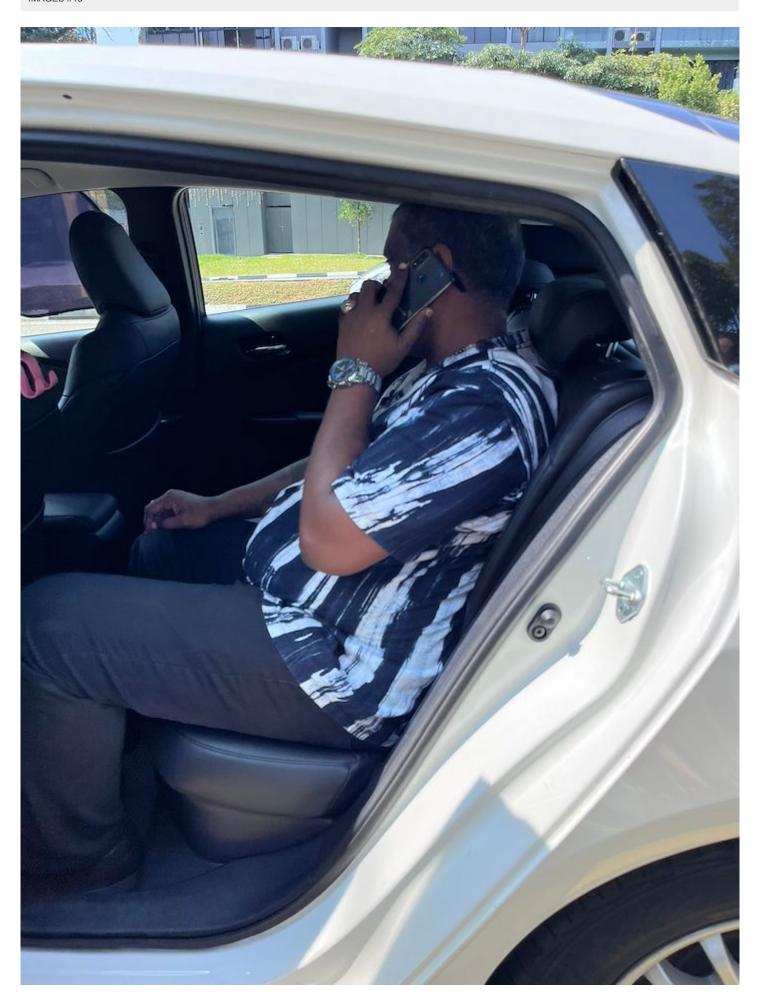


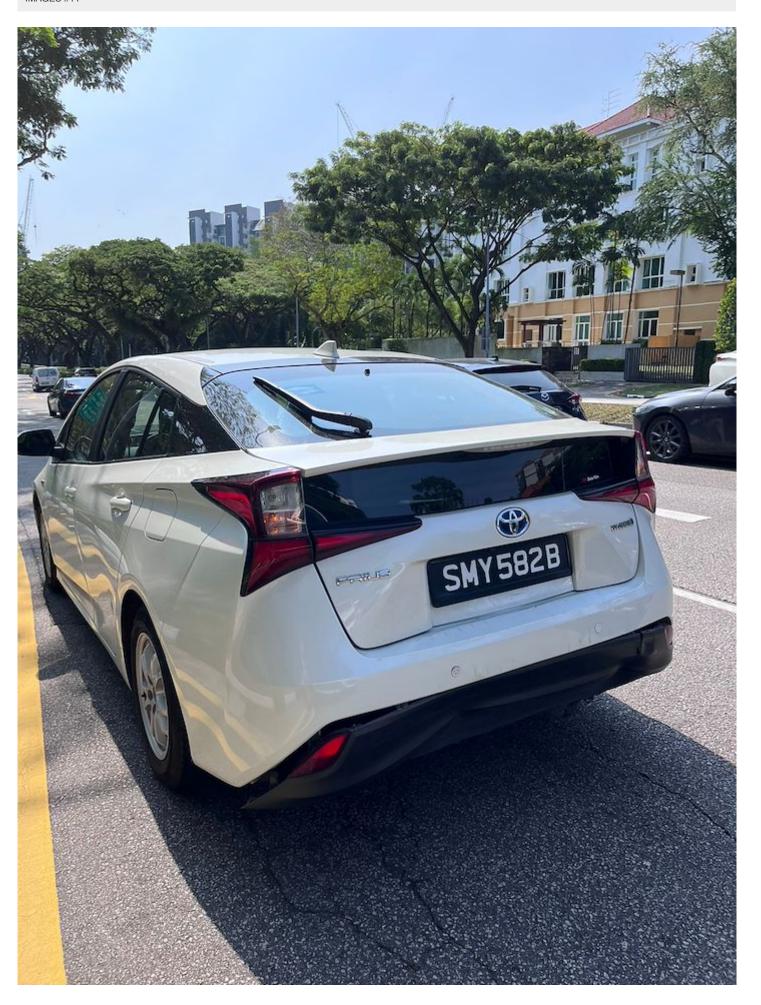














SINGAPORE POLICE FORCE

T/20220130/2045

2022010012040

Report No. T/20220130/2045

Police Station Of Origin: Toa Payoh N.P.C 93 Toa Payoh Central #01-02 Toa Payoh Community Building SINGAPORE 319194 Tel No: 1800-2519999

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: Vide Report No.: Station Diary No.: 83

30/01/2022	2 10,15			The last of the la
Informant	s Partic	ulars		THE SHARE WELL-
Name of In WONG HO	formant		Address: APT BLK 687C CHOA CHU K SINGAPORE 683687	ANG DRIVE #03-362
ID Type / II		58H	Contact No.: Home/Office: Mobile: 90036692	
Nationality SINGAPOR		15	Email:	
Sex: 1	Age: 63	Date of Birth: 23/05/1958	Type of Informant: Driver	
Race: Chinese			Language: Institution / School Nar English	
Occupation PRIVATE I		IVER	Driving Licence Information: Class: 3	Date of Expiry:

Type of Accident:	Non-Injury Others	Drink Drive: No	Date/Time of Accident: 30/01/2022 11:00	Type of Location: Straight Road
Location: HOLLAND RO	DAD	Road Surface:		Road Speed Limit:
Clear Traffic Flow: Dual Carriage	Wav	Traffic Control: Not Controlled		Traffic Volume: Moderate
Type of Collision	on:	To Rear		Anyone conveyed by ambulance:

Details of V	ehicle invo	THE PERSON NAMED IN COLUMN TWO IS NOT THE OWNER.	[22.7.7.]	0.1	0	No of Deserves
Vehicle No.	Туре	Make	Model	Color	Condition	No of Passenger
SLC1494T	Car	BMW	X1 SDRIVE18I AT LED NAV	White	Slightly Damaged	1
SMY582B	Car	TOYOTA	PRIUS 5DR HATCHBAC K (AUTO)	White	Slightly Damaged	1



Police Station Of Origin: Toa Payoh N.P.C 93 Toa Payoh Central #01-02 Toa Payoh
Community Building SINGAPORE 319194 CONTINUATION OF REPORT
Tel No: 1800-2519999

Report No. T/20220130/2045

2 of 3

Details of Pers	Market State of the State of th		THE VOTE OF THE PARTY OF	STATE OF THE PARTY OF	00 1750	Market State of the State of th
Any Pedestrian			The state of the			
No. of Pedestria	ns Injured: NIL		Use of P	edestrian	Cross	ing: NA
Driver						
Name	WONG HON FUNG			ID No.		S1299058H
Related Vehicle	NIL			Conta	ct No.	90036692
Hospital/Clinic	NIL			Class Driving Licent Expiry	g ce &	Class: 3 Date of Expiry: NIL
ate Treatment	NIL		Date Dis	scharge	NIL	
o. of Days grant	ed Medical Leave	NIL	Degree	of Injury	NIL	

Brief Details.

On 30/01/2022 at around 1100hrs, I was driving my vehicle (SMY582B) along Holland Road towards Farrer Road on the most left lane. After I had crossed the traffic light, I then prepared to make a left turn into Farrer-Road.

As I was slowing down while approaching the turn, I then felt an impact from the rear of my vehicle. I then got down and discovered that a white BMW (SLC1494T, James Ho, C/N: 91871917) had collided into my rear. We then exchanged our particulars and took photo of the accident.

No traffic police or ambulance were at dispatched. After we had taken down our particulars, I then went to Mount Alvernia Hospital to consult a doctor and was given 5 days MC.

