SA0A224O0006 / Ajax Mars Pte Ltd
ENTRY DATE & TIME: 24/04/2022 14:52 (SGT)
SUBMITTED BY: Saiful
VERSION: 1 (24/04/2022 14:52 (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	24/04/2022 14:52 (SGT)
Date of Accident	23/04/2022 20:25 (SGT)
Exact Location of Accident	Singapore
Additional Location Information	SAINT THOMAS WALK
Country/State of Loss	Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SKU3283P

INSURED/POLICYHOLDER

Is company?	No
Name Of Registered Owner	CHUA JIALING DERELYN
NRIC No	S8411104Z
Email Address	derelyn@gmail.com
Mobile Phone No	(Phone) +65-91781882
Alternative Phone No	(Home) +65-91781882

VEHICLE PARTICULARS

Manufacturer	Porsche
Model	TAYCAN 4+1
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?	Yes
Vehicle Category	Private car
Transmission	Auto
CC	3996

INSURANCE COMPANY

Name of Insurance Company	AXA Insurance Pte Ltd
Type of Coverage	Comprehensive
Fleet Policy	No
Policy Number	CN166633
Cover Note Number	-

DRIVER

Name of Driver	CHUA JIALING DERELYN
NRIC No	S8411104Z

Date Of Birth	25/04/1984
Occupation	Indoor
Date Of Driving Pass	13/09/2007
Driving experience	14 YEARS AND 7 MONTHS
Gender	Female
Mobile Number	(Phone) +65-91781882
Alt. Phone Number	(Home) +65-91781882
Email Address	derelyn@gmail.com
Address	31 SAINT THOMAS WALK
Address complement	#29-01
Postcode	238141
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	Collision - Major/Minor Rd
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?	Yes
Was any injured conveyed to hospital by ambulance?	Yes
Was any other vehicle or property damaged?	Yes
Number of Passengers (Including Driver)	4
Has the driver been approached by unknown person(s) soliciting/offering accident claims assistance?	No

PASSENGER 1

Name	Justin lim
Gender	Male

PASSENGER 2

Name	Kate
Gender	Female

PASSENGER 3

Name	Alexander xie
Gender	Male

DETAILS OF POLICE ACTION

Was the accident reported to the police?	Yes
Police Station Name	Orchard Neighbourhood Police Centre
Police Station Phone No	(Phone) +65-18007359999
Alt. Police Station Phone No	(Fax) +65-67331934
Police Station Address	51 Killiney Road Singapore 239572
Was notice of intended Prosecution given?	No
If yes, against whom?	-

CIRCUMSTANCES OF ACCIDENT

PLEASE REFER TO POLICE REPORT T/20220423/2122

ATTACHMENT(S)

Are accident photos available for attachment?	No
Was there any video captured by Car Camera?	Yes
Reasons for not uploading a video of the accident	Sd card is with traffic police
Was there any audio recorded?	No

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	FBQ2745H
Vehicle Manufacturer	Yamaha
Vehicle Model	Aerox
Vehicle Variant	-
Vehicle Colour	White
Vehicle Category	Motorcycle
Name of Driver	Aziz
Contact Number	(Phone) +65-96426061
Address	-
Address complement	-
Postcode	-
Insurance Company Name	-
Nature Of Damage	-
Details of property damaged in accident	-
No. Of Passenger (Including Driver)	1

INJURED PERSONS DETAILS

INJURED 1

Name of injured person	Aziz
Gender	Male
Phone No	-
Address	-
Address Complement	-
Post Code	-
Approximate Age Years Old	-
Injuries Sustained	Conveyed by ambulance to hospital
Injured person in which vehicle?	FBQ2745H
Were seat belts worn?	Yes
Was this injured conveyed to hospital by ambulance?	Yes

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 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.

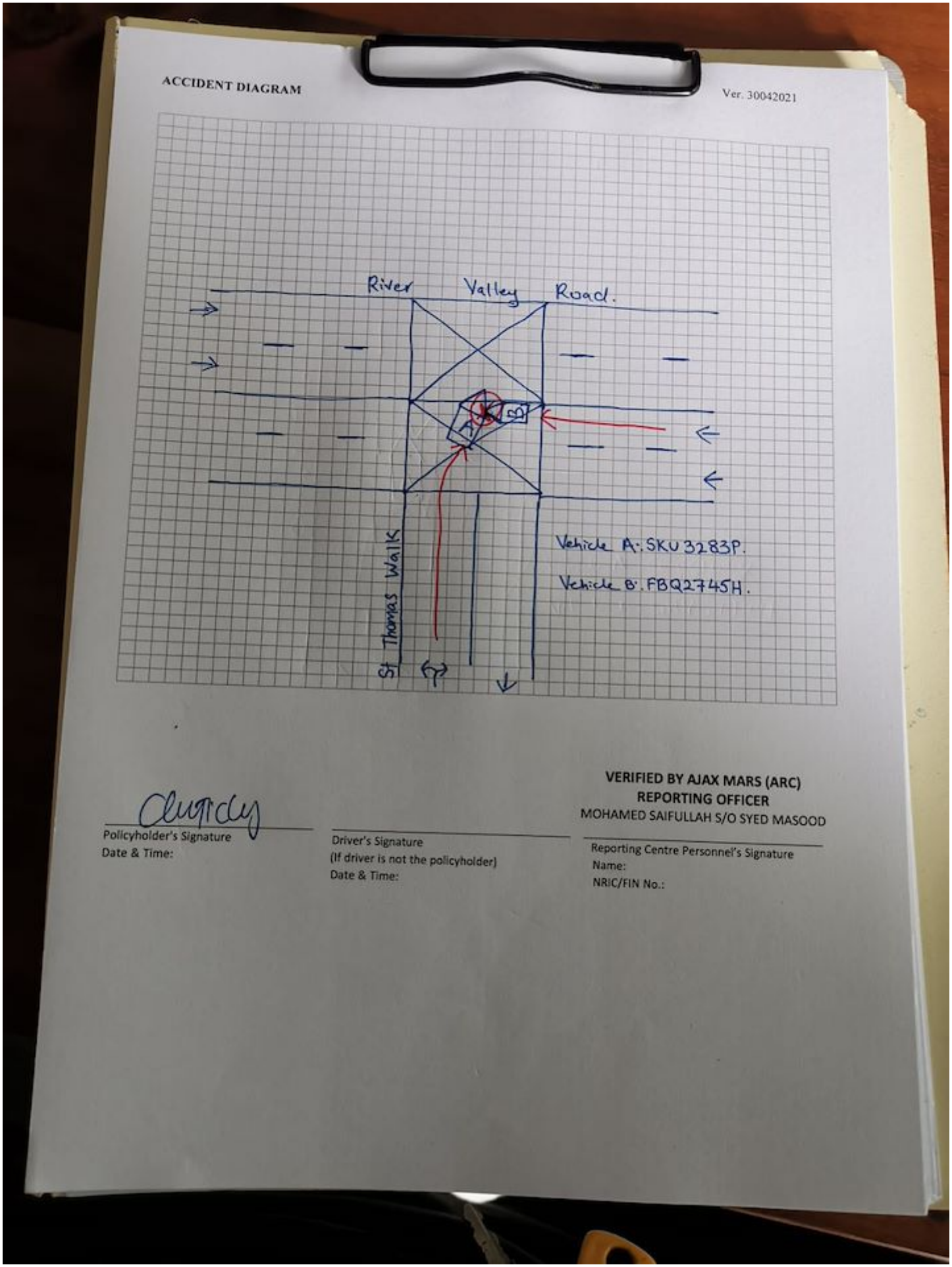
   (e) the information so collected under (d) above may be shared / disclosed:

   (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.

Policyholder's Signature Date & Time: 24 April 2022	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.:

SKETCH PLAN #2



SKETCH PLAN

REFER TO ATTACHED ACCIDENT DIAGRAM

DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

PLEASE REFER TO POLICE REPORT T/20220423/2122

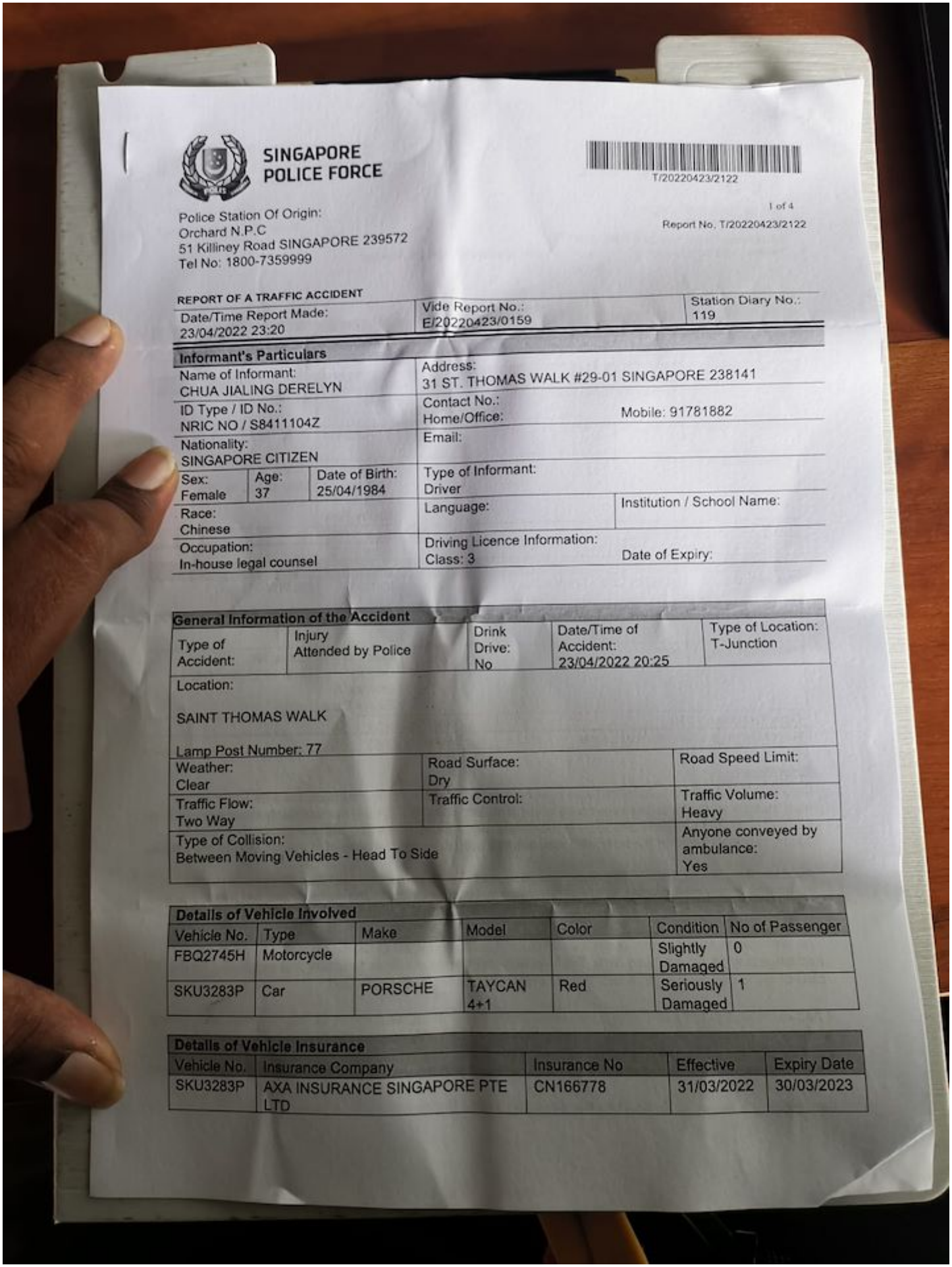
DECLARATION

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

		VERIFY BY AJAX MARS (ARC) **REPORTING OFFICER** MOHAMED SAIFULLAH S/O SYED MASOOD
Policyholder's Signature Date & Time: 24 April 2022	Driver's Signature (If driver is not the policyholder) Date & Time:	Reporting Centre Personnel's Signature Name: NRIC/FIN No.:

GIARMC SketchPlanForm_V3

2



SINGAPORE POLICE FORCE

T/20220423/2122

1 of 4

Report No. T/20220423/2122

Police Station Of Origin:
Orchard N.P.C
51 Killiney Road SINGAPORE 239572
Tel No: 1800-7359999

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made:	Vide Report No.:	Station Diary No.:
23/04/2022 23:20	E/20220423/0159	119

Informant's Particulars

Name of Informant: CHUA JIALING DERELYN			Address: 31 ST. THOMAS WALK #29-01 SINGAPORE 238141	
ID Type / ID No.: NRIC NO / S8411104Z			Contact No.: Home/Office:	Mobile: 91781882
Nationality: SINGAPORE CITIZEN			Email:	
Sex: Female	Age: 37	Date of Birth: 25/04/1984	Type of Informant: Driver	
Race: Chinese			Language:	Institution / School Name:
Occupation: In-house legal counsel			Driving Licence Information: Class: 3	Date of Expiry:

General Information of the Accident

Type of Accident:	Injury Attended by Police	Drink Drive: No	Date/Time of Accident: 23/04/2022 20:25	Type of Location: T-Junction

Location:

SAINT THOMAS WALK

Lamp Post Number: 77

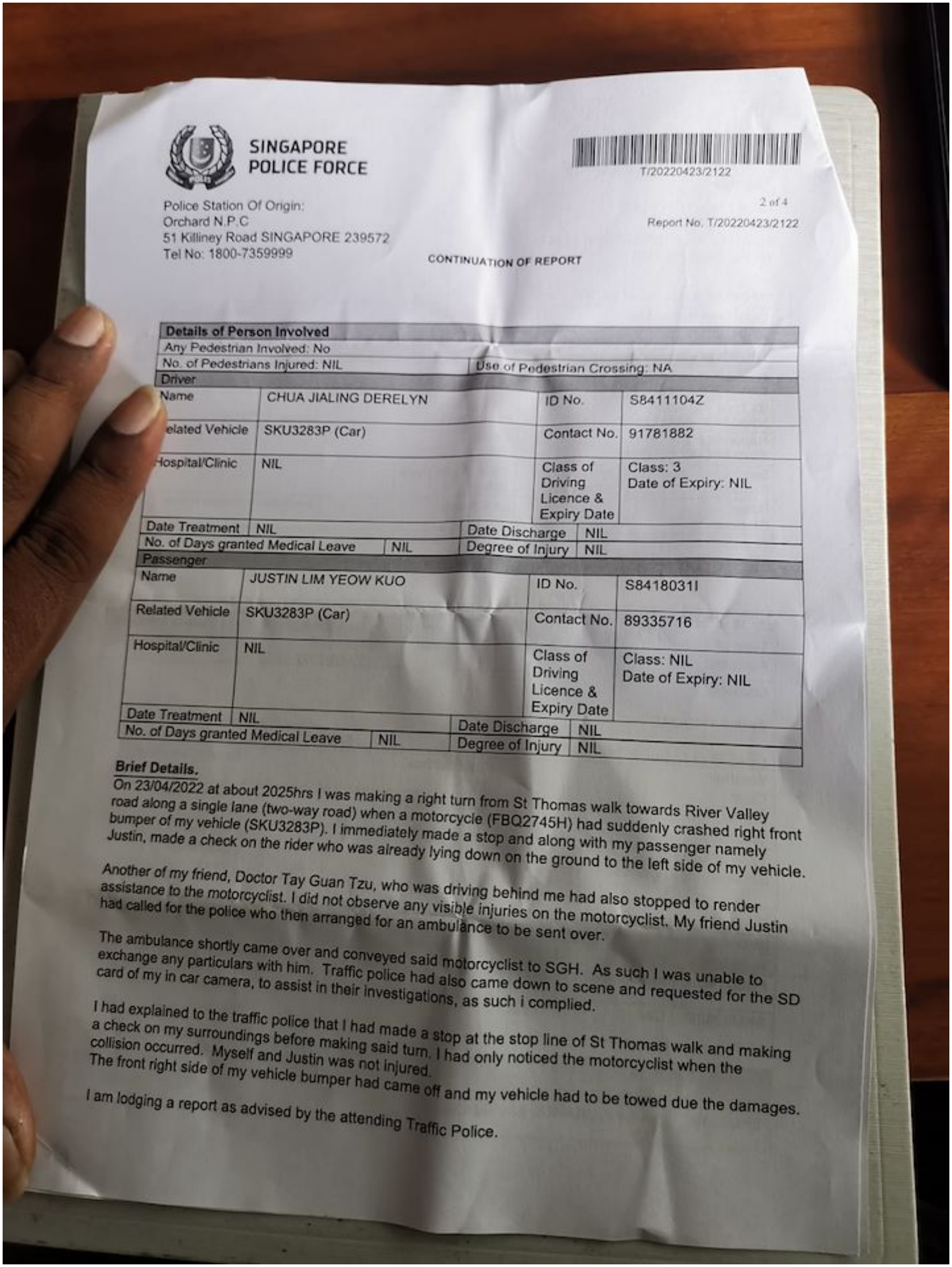
Weather: Clear	Road Surface: Dry	Road Speed Limit:
Traffic Flow: Two Way	Traffic Control:	Traffic Volume: Heavy
Type of Collision: Between Moving Vehicles - Head To Side		Anyone conveyed by ambulance: Yes

Details of Vehicle Involved

Vehicle No.	Type	Make	Model	Color	Condition	No of Passenger
FBQ2745H	Motorcycle				Slightly Damaged	0
SKU3283P	Car	PORSCHE	TAYCAN 4+1	Red	Seriously Damaged	1

Details of Vehicle Insurance

Vehicle No.	Insurance Company	Insurance No	Effective	Expiry Date
SKU3283P	AXA INSURANCE SINGAPORE PTE LTD	CN166778	31/03/2022	30/03/2023



SINGAPORE POLICE FORCE

T/20220423/2122

Police Station Of Origin:
Orchard N.P.C
51 Killiney Road SINGAPORE 239572
Tel No: 1800-7359999

Report No. T/20220423/2122

CONTINUATION OF REPORT

Details of Person Involved			
Any Pedestrian Involved: No			
No. of Pedestrians Injured: NIL		Use of Pedestrian Crossing: NA	
Driver			
Name	CHUA JIALING DERELYN	ID No.	S8411104Z
elated Vehicle	SKU3283P (Car)	Contact No.	91781882
Hospital/Clinic	NIL	Class of Driving Licence & Expiry Date	Class: 3 Date of Expiry: NIL
Date Treatment	NIL	Date Discharge	NIL
No. of Days granted Medical Leave	NIL	Degree of Injury	NIL
Passenger			
Name	JUSTIN LIM YEOW KUO	ID No.	S8418031I
Related Vehicle	SKU3283P (Car)	Contact No.	89335716
Hospital/Clinic	NIL	Class of Driving Licence & Expiry Date	Class: NIL Date of Expiry: NIL
Date Treatment	NIL	Date Discharge	NIL
No. of Days granted Medical Leave	NIL	Degree of Injury	NIL

Brief Details.

On 23/04/2022 at about 2025hrs I was making a right turn from St Thomas walk towards River Valley road along a single lane (two-way road) when a motorcycle (FBQ2745H) had suddenly crashed right front bumper of my vehicle (SKU3283P). I immediately made a stop and along with my passenger namely Justin, made a check on the rider who was already lying down on the ground to the left side of my vehicle.

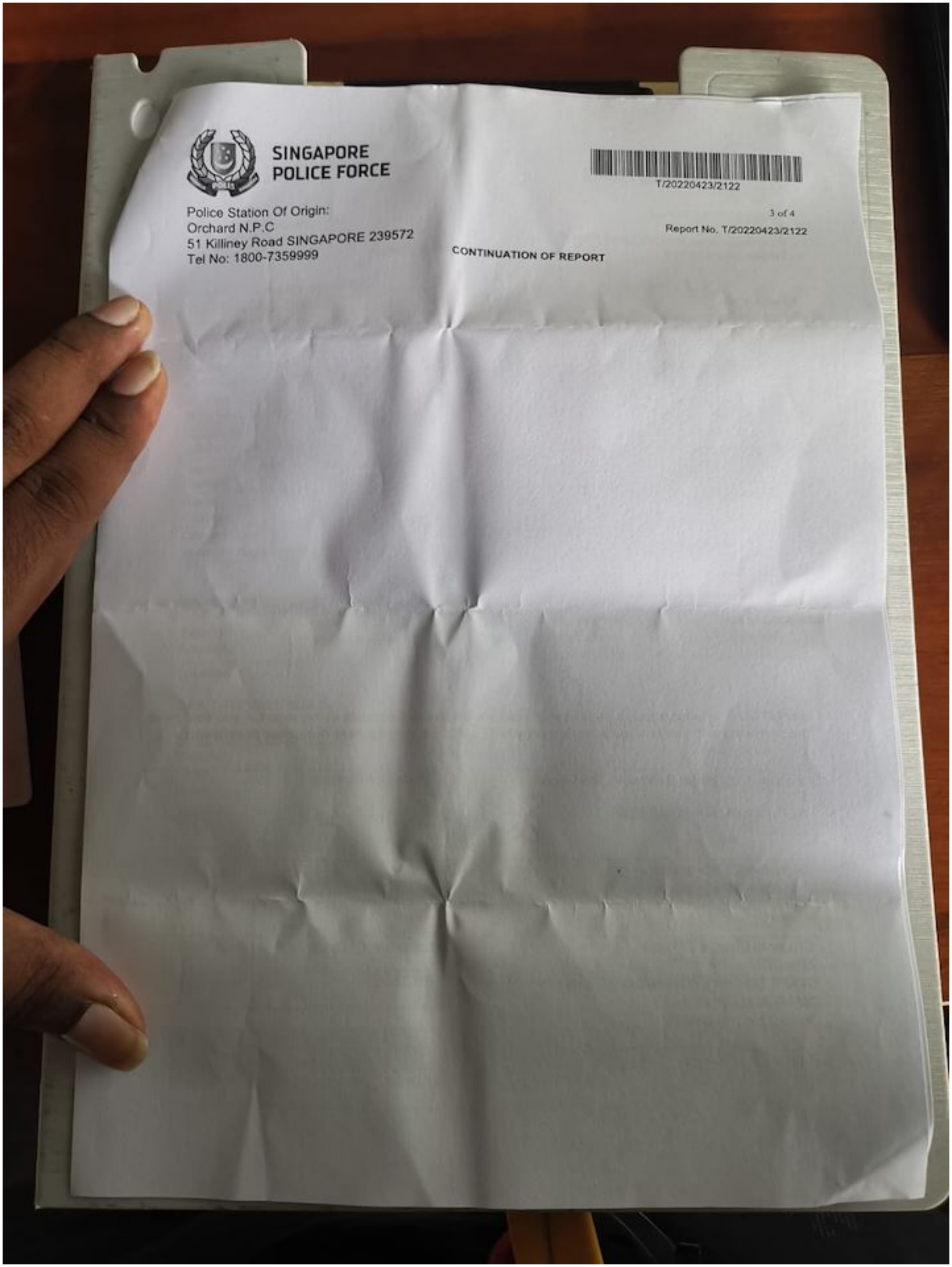
Another of my friend, Doctor Tay Guan Tzu, who was driving behind me had also stopped to render assistance to the motorcyclist. I did not observe any visible injuries on the motorcyclist. My friend Justin had called for the police who then arranged for an ambulance to be sent over.

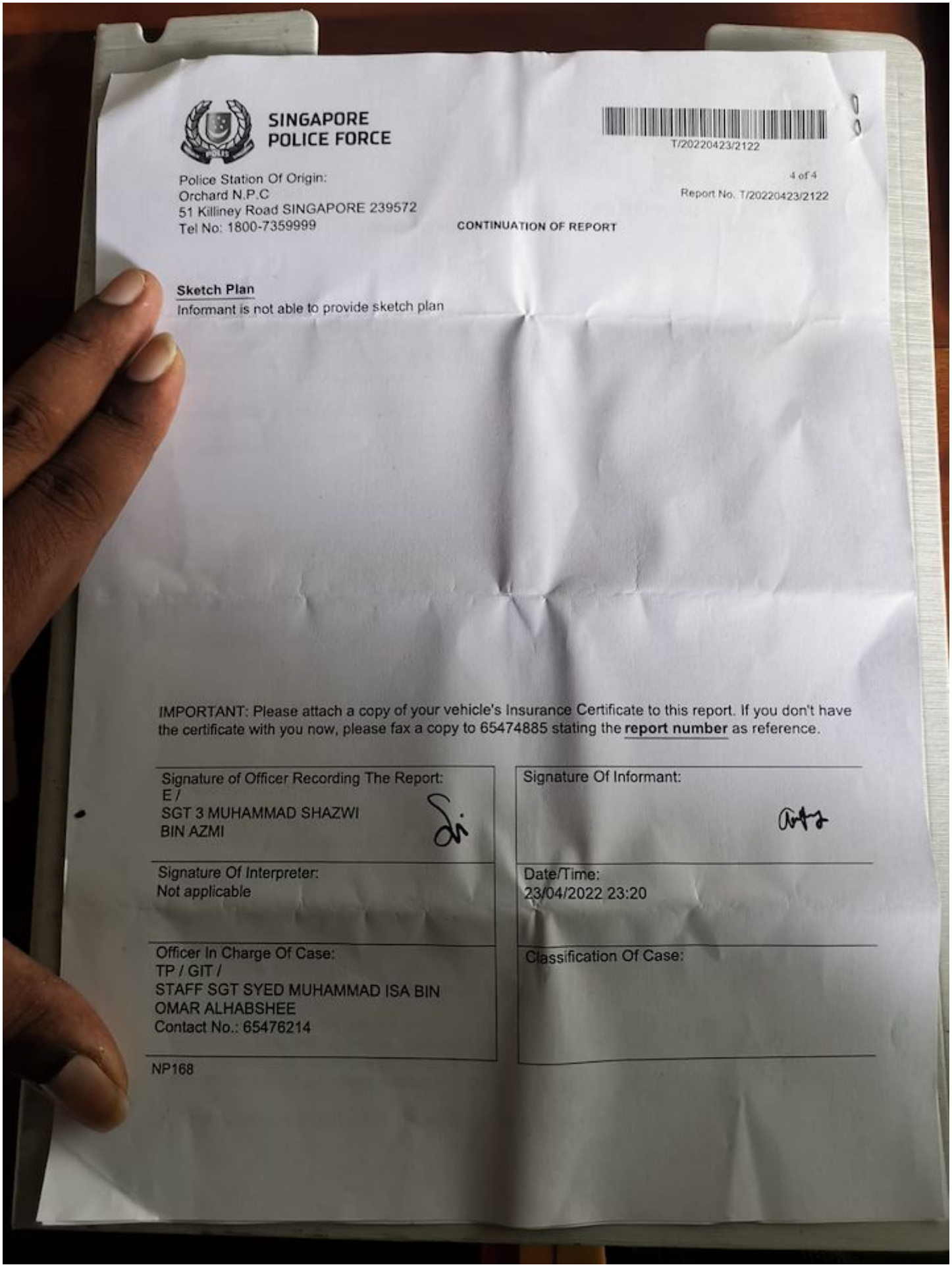
The ambulance shortly came over and conveyed said motorcyclist to SGH. As such I was unable to exchange any particulars with him. Traffic police had also came down to scene and requested for the SD card of my in car camera, to assist in their investigations, as such i complied.

I had explained to the traffic police that I had made a stop at the stop line of St Thomas walk and making a check on my surroundings before making said turn. I had only noticed the motorcyclist when the collision occurred. Myself and Justin was not injured.
The front right side of my vehicle bumper had came off and my vehicle had to be towed due the damages.

I am lodging a report as advised by the attending Traffic Police.

POLICE REPORT #3





SINGAPORE POLICE FORCE

T/20220423/2122

Police Station Of Origin:
Orchard N.P.C
51 Killiney Road SINGAPORE 239572
Tel No: 1800-7359999

Report No. T/20220423/2122

CONTINUATION OF REPORT

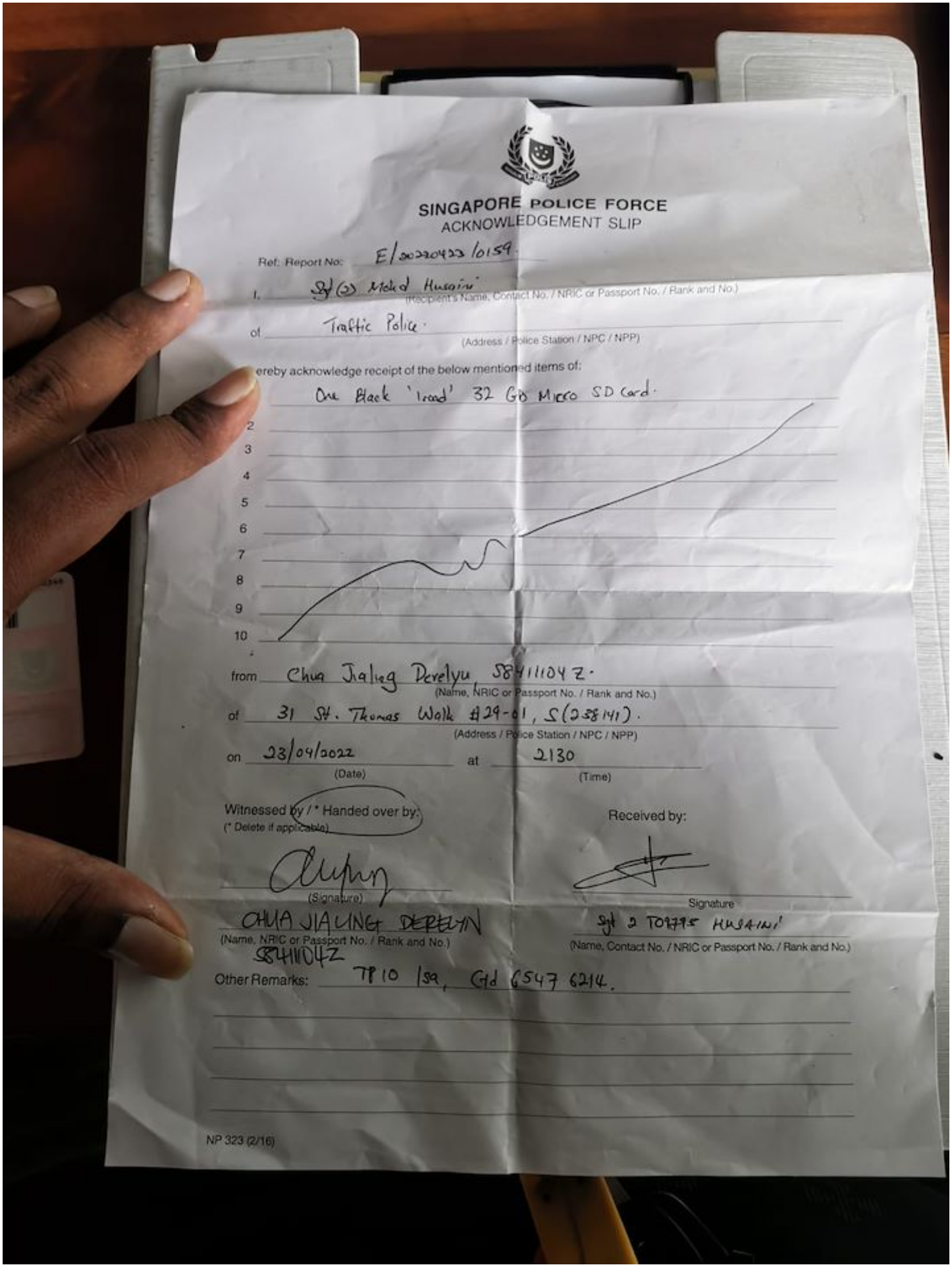
Sketch Plan

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: E / SGT 3 MUHAMMAD SHAZWI BIN AZMI	Signature Of Informant:
Signature Of Interpreter: Not applicable	Date/Time: 23/04/2022 23:20
Officer In Charge Of Case: TP / GIT / STAFF SGT SYED MUHAMMAD ISA BIN OMAR ALHABSHEE Contact No.: 65476214	Classification Of Case:

NP168



SINGAPORE POLICE FORCE
ACKNOWLEDGEMENT SLIP

Ref: Report No: E/20220423/0159.

I, Sgt (2) Mohd Husaini
(Recipient's Name, Contact No. / NRIC or Passport No. / Rank and No.)

of Traffic Police.
(Address / Police Station / NPC / NPP)

hereby acknowledge receipt of the below mentioned items of:

One Black 'Iroad' 32 GB Micro SD Card.

from Chua Jialing Derelyn S8411104Z.
(Name, NRIC or Passport No. / Rank and No.)

of 31 St. Thomas Walk #29-01, S(238141).
(Address / Police Station / NPC / NPP)

on 23/04/2022 (Date) at 2130 (Time)

Witnessed by / * Handed over by:
(* Delete if applicable)

(Signature)

CHUA JIALING DERELYN
(Name, NRIC or Passport No. / Rank and No.)
S8411104Z

Received by:

Signature

Sgt 2 T07795 Husaini
(Name, Contact No. / NRIC or Passport No. / Rank and No.)

Other Remarks: TP10 159, Gd 6547 6214.

NP 323 (2/16)