SA0A225K0006 / Ajax Mars Pte Ltd ENTRY DATE & TIME: 20/05/2022 21:05 (SGT) SUBMITTED BY: Sabitra VERSION: 1 (20/05/2022 21:05 (SGT))

G 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 Date of Accident **Exact Location of Accident** Additional Location Information Country/State of Loss

20/05/2022 21:05 (SGT) 19/05/2022 01:00 (SGT) Singapore Junction of Kreta Ayer road and Keong Siak road Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number

SLL5070J

INSURED/POLICYHOLDER

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

Alternative Phone No

No

CHIN CHEE YEAN SXXXX472D chincheeyean@gmail.com (Phone) +65-94527034 +65-94527034

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 Transmission CC

Nissan X-trail

2.0 Station Wagon

Private use

No - Claiming third party Private car Auto 1997

INSURANCE COMPANY

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

EQ Insurance Company Ltd Comprehensive No DMPPHQ22-001142

DRIVER

Name of Driver NRIC No

CHIN CHEE YEAN SXXXX472D



Date Of Birth Occupation 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 1 Vehicle Registration Number of Other Vehicle Owned by Driver

Insurance Company of Other Vehicle Owned by Driver 2 Vehicle Registration Number of Other Vehicle Owned by Driver 3

Insurance Company of Other Vehicle Owned by Driver 3

05/09/1961 Indoor 13/05/1986 36 YEARS Male

(Phone) +65-94527034 +65-94527034

chincheeyean@gmail.com 535 UPPER CROSS STREET

#07-236 050535 Yes Yes

YQ5203M

China Taiping Insurance (Singapore) Pte. Ltd.

China Taiping Insurance (Singapore) Pte. Ltd.

GX1268D

Clear

Dry

Collision - Cross Junction

China Taiping Insurance (Singapore) Pte. Ltd.

GENERAL INFORMATION OF THE ACCIDENT

Type of Accident Weather Conditions Road Surface

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) Has the driver been approached by unknown person(s) No soliciting/offering accident claims assistance?

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

Traffic Police (Phone) +65-65470000 (Fax) +65-65474900 10 Ubi Avenue 3 Singapore 408865

No

CIRCUMSTANCES OF ACCIDENT

ON 19.05.2022@ AT ABOUT 1AM I WAS DRIVING MY CAR VEH A SLL5070J ALONG KRETA AYER ROAD TOWARDS NEW BRIDGE ROAD AT A SPEED ABOUT 50/KM. AS I WAS APPROACHING THE JUNCTION OF KRETA AYER ROAD AND KEONG SIAK ROAD, SUDDENLY VEH B SLF3042K COME OUT FROM MY RIGHT SIDE FROM KEONG ROAD WITHOUT SLOWING DOWN AT THE STOP LINE TOWARDS THE LEFT SIDE OF KEONG SIAK RD AND HIT THE RIGHT PORTION OF MY VEHCILE CAUSONG BIG DAMAGES TO MY VEHICLES AS THING HAPPENED TOO FAST AND THOUGH I JAMMED MY BRAKE, I AM STILL UNABLE TO AVOID THE ACCIDENT . AFTER THE COLLISION , FOR A WHILE I FELT MYSELF UNABLE TO MOVE (SEAT BELT WAS ON . WHEN THE FIREFIGHTHERS CAME THEY FORCE TO OPEN THE DOOR AND MANAGE TO GET OUT OF THE VEHICLE AND WAS CONVEY TO THE HOSPITAL

ATTACHMENT(S)

Are accident photos available for attachment?

Yes

No No

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number SLF3042K Vehicle Manufacturer Honda Vehicle Model Vezel Vehicle Variant Vehicle Colour Black Vehicle Category Private car Name of Driver Contact Number Address Address complement Postcode Insurance Company Name Nature Of Damage Details of property damaged in accident No. Of Passenger (Including Driver)

INJURED PERSONS DETAILS

INJURED 1

Name of injured person

Gender Phone No

Address Address Complement

Post Code

Approximate Age Years Old

Injuries Sustained

Injured person in which vehicle?

Were seat belts worn?

Was this injured conveyed to hospital by ambulance?

CHIN CHEE YEAN

Male

(Phone) +65-94527034

Insured was injured and conveyed by ambulance to SGH

SLL5070J

Yes

Yes

SKETCH PLAN

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 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 pure oses stated, or
 - (ii) for complying with requirements under any regulations, laws or court orders.

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.

20 May 2022

Policyholde

Date & Time

