SA1D22BH000C / Ajax Mars Pte Ltd ENTRY DATE & TIME: 18/11/2022 22:38 (SGT) SUBMITTED BY: Sabitra VERSION: 1 (18/11/2022 22:38 (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 Actual 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.

- 4. The issue and acceptance of this is form by instrained 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 18/11/2022 22:38 (SGT) Reported by Both Date of Accident 03/11/2022 18:00 (SGT) Exact Location of Accident 3, #25-01 Church St, Samsung Hub, Singapore 049712 Additional Location Information Along Church Street Country/State of Loss Singapore

# **DETAILS OF OWN VEHICLE**

Rolls Royce

Vehicle Registration Number EW5005Z

INSURED/POLICYHOLDER

Is company? No Name Of Registered Owner ASOK KUMAR S/O NARAINDAS NRIC No S0188605C Email Address ivy@royalgroup.com.sg Mobile Phone No (Phone) +65-91555005 Alternative Phone No

VEHICLE PARTICULARS

Manufacturer

Model Phantom Variant V12 MY19 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 No - Reporting only your vehicle? Vehicle Category Private car Transmission Auto CC

**INSURANCE COMPANY** 

Name of Insurance Company Liberty Insurance Pte Ltd Policy Number / Cover Note Number SI22V00557

DRIVER

Name of Driver ASOK KUMAR S/O NARAINDAS NRIC No S0188605C Date Of Birth 23/11/1954 Occupation Indoor

Date Of Driving Pass 19/01/1978 Driving experience 44 YEARS AND 10 MONTHS Gender Mobile Number (Phone) +65-91555005 Alt. Phone Number Email Address ivy@royalgroup.com.sg Address 8 BROADRICK RD Address complement Postcode 439470 Is the driver the policyholder? Yes If No, Relationship of the Driver with the Insured 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? No 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? Nο Translator's name Translator's ID Translator's phone number Translator's email Original language used in the statement

# 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 Phone No

Police Station Phone No

(Fax) +65-62204360

391 New Bridge Road Police Cantonment Complex Block A Singapore 088762

Was notice of intended Prosecution given?

No

If yes, against whom?

#### CIRCUMSTANCES OF ACCIDENT

PLEASE REFER TO POLICE REPORT NO, T/20221104/2119 LODGE AT BUKIT MERAH EAST NPC ON 03/11/2022 AT ABOUT 100HRS, I WAS DRIVING ALONG CHULIA STREET. THE TRAFFIC WAS SLOW AND I ACCIDENTALLY FAILED TO STOP MY CAR EW50055Z IN TIME AND HAD HIT ONTO THE REAR BUMPER OF THE FRONT CAR (SNH1063D) I THEN STOPPED MY CAR AND WENT OUT TO MAKE A CHECK ON THE OTHER PARTY, PANG ZHI FENG, S9726182B. 9691365. I ADMITTED TO HIM THAT IT WAS MY FAULT AND I WAS WILLING TO PAY FOR THE DAMAGES WHICH HE AGREED TO, I ALSO TOLD HIM IT WAS EASIER TO SETTLE AMONGST OURSELVES RATHER THEN INSURANCE HASSLE PROCESS. I ALSO TOLD HIM TO SEND HIS CAR TO VOLKSWAGEN AND NOT ANY 3RD PARTY WORKSHOP FOR THE REPAIRS. HE ALSO TOLD ME THAT HIS WIFE WAS PREGNANT, I AGREED TO PY IF SHE WENT TO THE MEDICAL BILLS. I WISH TO STATE THAT THE ACCIDENT OCCURRED AT A SLOW PACE. THERE WAS AN LTA ENFORCER WHO CAME TO SCENE AND ENQUIRED IF THERE WERE ANY INJURED PARTIES. THERE WAS NO AMBULANCE CALLED IN AND AFTER EXCHANGING OUR PARTICULARS WE DROVE OFF. I HAD INFORMED ONE OF MY STAFF ABOUT THE MATTER WHO TRIED CALLING HIM SEVERAL TIMES. HE ONLY CALLED BACK TODAY AT ABOUT 1800HRS AND TOLD MY STAFF THAT HIS WIFE WAS PREGNANT AND HAD WHIPLASH. HE ALSO GAVE SEVERAL EXCHANGES BEFORE FINALLY SAYING HE NEEDED \$25 000, AND HE WILL NOT PURSUE THE MATTER. I THEN CHECKED WITH MY LAWYERS WHO ADVISED ME LODGE A POLICE REPORT

Are accident photos available for attachment?

Yes
Was there any video captured by Car Camera?

No

# **DETAILS OF OTHER VEHICLE PROPERTY 1**

Vehicle Registration Number SNH1063D Vehicle Manufacturer Volkswagen Vehicle Model Golf Vehicle Variant Vehicle Colour White Vehicle Category NA / Unknown Name of Driver PANG ZHI FENG NRIC No S9726182B Contact Number (Phone) +65-96913658 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

- 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.
- 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) 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.

M

Policyholder's Signature Date & Time:

18112022

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

18112022

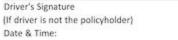
VERIFY BY AJAX MARS (ARC) REPORTING OFFICER

MOHAMMAD AZALY BIN ABDULLAH

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

GIABMC SketchPlanForm V3

# SKETCH PLAN REFER TO ATTACHED ACCIDENT DIAGRAM DESCRIBE CIRCUMSTANCES OF THE ACCIDENT Please refer to Police Report DECLARATION I/We declare the foregoing particulars are true in every respect. VERIFY BY AJAX MARS (ARC) REPORTING OFFICER MOHAMMAD AZALY BIN ABDULLAH Driver's Signature Reporting Centre Personnel's Signature Policyholder's Date & Time: 18112022



Name: NRIC/FIN No.:

2





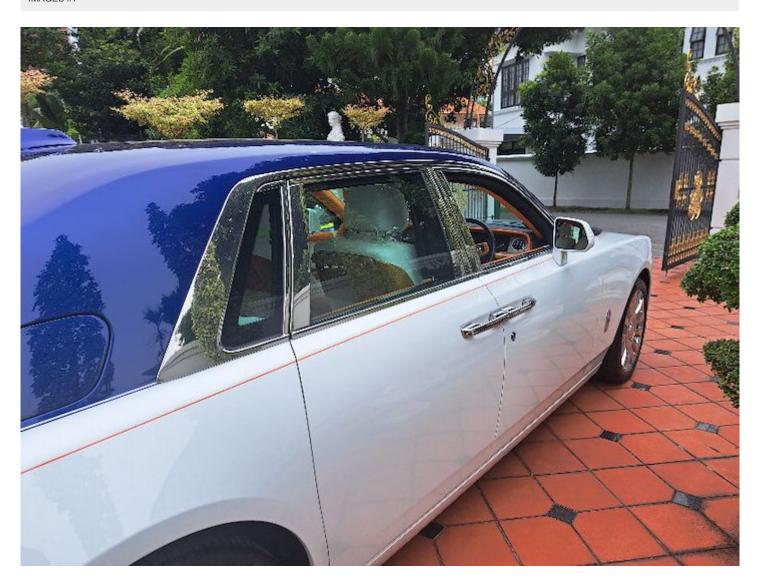






















Report No. T/20221104/2119

Police Station Of Origin: Bukit Merah East N.P.C 391 New Bridge Road Police Cantonment Complex SINGAPORE 088762 Tel No: 1800-2369999

# REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 04/11/2022 23:14		lade:	Vide Report No.:	Station Diary No.: 146	
Informa	nt's Partici	ulars			
Name of Informant: ASOK KUMAR S/O NARAINDAS			Address: 8 BROADRICK ROAD SINGAPORE 439470		
ID Type / ID No.: NRIC NO / S0188605C			Contact No.: Home/Office:	Mobile: 91555005	
Nationality: SINGAPORE CITIZEN		EN	Email:		
Sex: Male	Age: 67	Date of Birth: 23/11/1954	Type of Informant: Driver		
Race: Sindhi			Language: English	Institution / School Name:	
Occupation: BUSINESSMAN			Driving Licence Information: Class: Date of Expiry:		

Type of Accident:	Non-Injury Others	Drink Drive: No	Date/Time of Accident: 03/11/2022 18	Type of Location Straight Road	
Location: CHULIA STRI Weather: Clear	EET	Road Surface:		Road Speed Limit:	
Traffic Flow: One Way		Traffic Control: Not Controlled		Traffic Volume: Moderate	
Type of Collision: Between Moving Vehicles - Head To Rear				Anyone conveyed by ambulance: No	

Details of V	ehicle Invo	lved				
Vehicle No.	Туре	Make	Model	Color	Condition	No of Passenger
EW5005Z	Car	ROLLS ROYCE	PHANTOM V12 MY19	White	Slightly Damaged	0
SNH1063D	Car	VOLKSWAGO N	GOLF GTI E35 2.0 AT 5K19P3 5DR	White	Slightly Damaged	1

Details of Person Involved	
Any Pedestrian Involved: No	
No. of Pedestrians Injured: NIL	Use of Pedestrian Crossing: NA



T/20221104/2119

Police Station Of Origin: Bukit Merah East N.P.C 391 New Bridge Road Police Cantonment Complex SINGAPORE 088762 Tel No: 1800-2369999

Report No. T/20221104/211

CONTINUATION OF REPORT

Driver					
Name	ASOK KUMAR S/O NARAINE	ID No.	S0188605C		
Related Vehicle	EW5005Z (Car)	Contact No.	91555005		
Hospital/Clinic	NIL		Class of Driving Licence & Expiry Date	Class: NIL Date of Expiry: NIL	
Date Treatment NIL		Date Disc	charge NIL		
No. of Days gran	nted Medical Leave NIL	Degree of	Degree of Injury NIL		
Driver					
Name	Pang Zhi Feng		ID No.	,S9726182B	
Related Vehicle SNH1063D (Car)			Contact No.	96913658	
Hospital/Clinic NIL			Class of Driving Licence & Expiry Date	Class: NIL Date of Expiry: NIL	
Date Treatment NIL		Date Disc	Date Discharge NIL		
rate meatiment					

### Brief Details.

On 03/11/2022 at about 1800hrs,, I was driving along Chulia Street. The traffic was slow and I accidentally failed to stop my car (EW5005Z) in time and had hit onto the rear bumper of the front car(SNH1063D).

I then stopped my car and went out to make a check on the other party, Pang Zhi Feng, S9726182B, 96913658. I admitted to him that it was my fault, and I was willing to pay for the damages, which he agreed to. I also told him it was easier to settle amongst ourselves rather then insurance hassle process. I also told him to send his car to Volkswagen and not any 3rd party workshop for the repairs. He also told me that his wife was pregnant, I agreed to pay if she went to the medical bills.

I wish to state that the accident occurred at a slow pace. There was an LTA enforcer who came to scene and enquired if there were any injured parties. There was no ambulance called in and after exchanging our particulars we drove off.

I had informed one of my staff about the matter who tried calling him several times. He only called back today at about 1800hrs and told my staff that his wife was pregnant and had whiplash. He also gave several exchanges before finally saying he needed \$25 000, and he will not pursue the matter. I then checked with my lawyers who advised me lodge a police report.



7/20221104/2119

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Report No. T/20221104/2119

Police Station Of Origin: Bukit Merah East N.P.C 391 New Bridge Road Police Cantonment Complex SINGAPORE 088762 Tel No: 1800-2369999

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.

CONTINUATION OF REPORT

Signature of Officer Recording The Report:

SGT 2 MUHAMMAD KHAIRUL AZHAR BIN SELAMAT

Signature Of Interpreter: Not applicable

Officer In Charge Of Case: TP / GIA / SR STAFF SGT MUHAMMAD NOOR BIN ABDUL RAHMAN Contact No.: 65476219

NP168

Signature Of Informant:

y.

Date/Time:

04/11/2022 23:14

Classification Of Case: