SA1D22B7000D / Ajax Mars Pte Ltd
ENTRY DATE & TIME: 08/11/2022 14:09 (SGT)
SUBMITTED BY: Susan
VERSION: 1 (08/11/2022 14:09 (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.
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	08/11/2022 14:09 (SGT)
Reported by	Driver
Date of Accident	07/11/2022 20:35 (SGT)
Exact Location of Accident	Singapore
Additional Location Information	ALONG AYE TOWARDS TUAS
Country/State of Loss	Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SML4168G

INSURED/POLICYHOLDER

Is company?	Yes
Name Of Registered Owner	MITSUBISHI HC CAPITAL ASIA PACIFIC PTE LTD
Company Reg No	1XXXXX399N
Email Address	thirumalaisakthi@live.com.sg
Mobile Phone No	(Phone) +65-97415044
Alternative Phone No	-

VEHICLE PARTICULARS

Manufacturer	Volkswagen
Model	TOURAN 1.4 TSI CL 5T13NZ HLG
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?	No - Claiming third party
Vehicle Category	Private car
Transmission	Auto
CC	1395

INSURANCE COMPANY

Name of Insurance Company	EQ Insurance Company Ltd
Policy Number / Cover Note Number	DMPPHQ22-003834

DRIVER

Name of Driver	SRINIVASAN THIRUMALAI
NRIC No	SXXXX522I
Date Of Birth	15/05/1965
Occupation	Indoor

Date Of Driving Pass	19/10/2001
Driving experience	21 YEARS AND 1 MONTH
Gender	Male
Mobile Number	(Phone) +65-97415044
Alt. Phone Number	-
Email Address	thirumalaisakthi@live.com.sg
Address	77 WESTWOOD AVENUE
Address complement	-
Postcode	648399
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	Collision - Change/cross lane
Weather Conditions	Clear
Road Surface	Wet

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 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
Translator's name	-
Translator's ID	-
Translator's phone number	-
Translator's email	-
Original language used in the statement	-

PASSENGER 1

Name	Passenger 1
Gender	Female

PASSENGER 2

Name	Passenger 2
Gender	Female

PASSENGER 3

Name	Passenger 3
Gender	Female

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 merging into aye towards Tuas and the lane I was merging into was clear suddenly third party vehicle which was on the lane I was merging into sped up and collided onto my vehicle right side near rear passenger door area. No injuries involved.

ATTACHMENT(S)

Are accident photos available for attachment?	Yes

Was there any video captured by Car Camera?	Yes

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	XE6625Y
Vehicle Manufacturer	Hino
Vehicle Model	FS1ETKA 28 TON 6X4 MT
Vehicle Variant	-
Vehicle Colour	White
Vehicle Category	Commercial vehicle
Name of Driver	HENG CHENG CHENG
Work Permit No	GXXXX499T
Contact Number	(Phone) +65-89046344
Address	-
Address complement	-
Postcode	-
Insurance Company Name	-
Nature Of Damage	-
Details of property damaged in accident	-
No. Of Passenger (Including Driver)	1

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**.
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. 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 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.
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**")

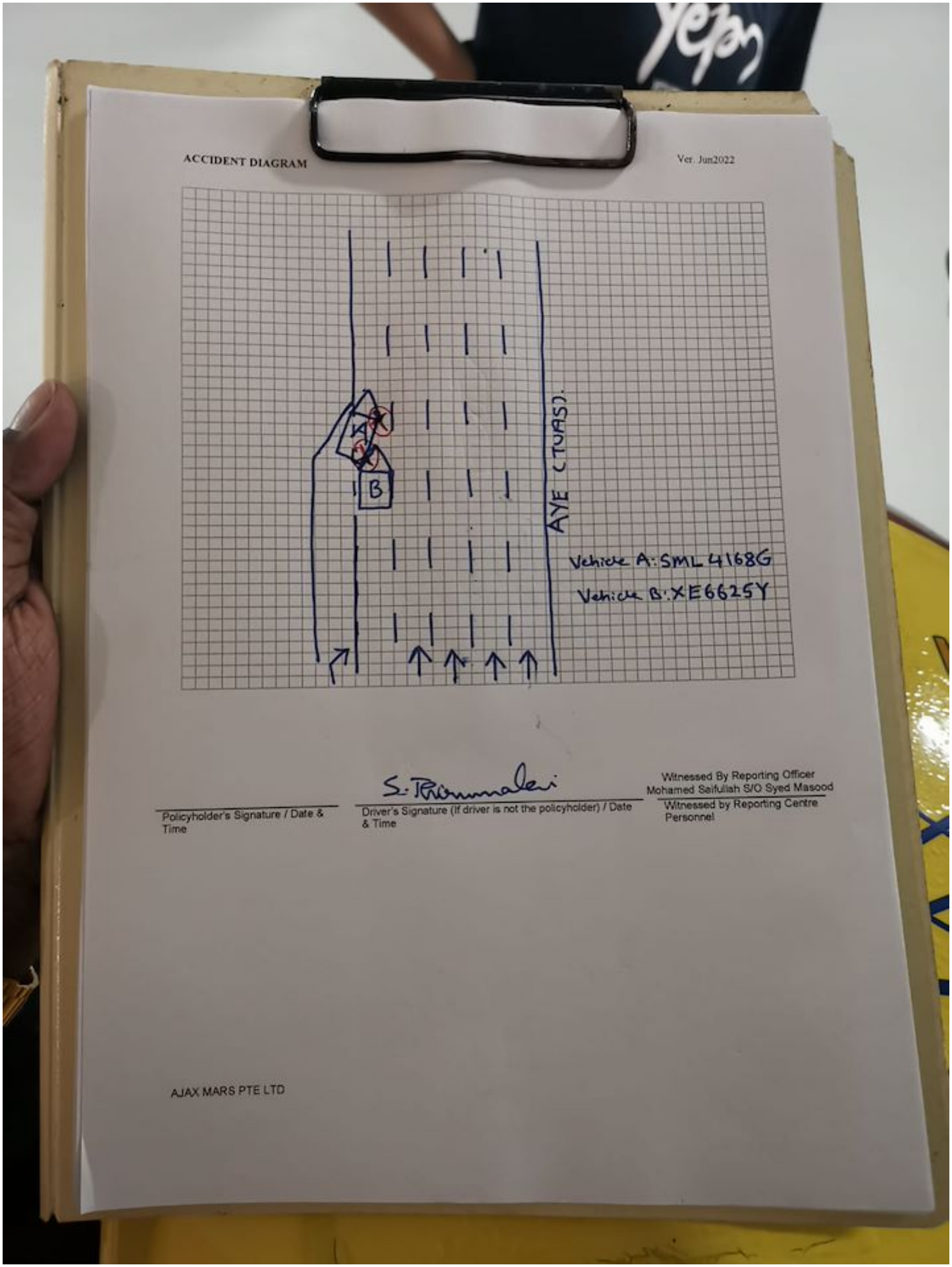
(b) all insurer(s) who have insured vehicle(s) involved in this accident and the Insurers' lawyers/law firms, may/are permitted to collect, use, disclose and/or process my Personal Information for one or more of the above Purposes; and

(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.

	S Thamma	Witnessed By Reporting Officer Mohamed Saifullah S/O Syed Masood
Policyholder's Signature / Date & Time	Driver's Signature (If driver is not the policyholder) / Date & Time 8 Nov 2022	Witnessed by Reporting Centre Personnel

Sketch Plan

SKETCH PLAN #2



Describe Circumstances of the Accident

I was merging into AYE towards Tuas and the lane I was merging into was clear suddenly third party vehicle which was on the lane I was merging into speed up and collided onto my vehicle right side near rear passenger door area two times.
I would like state that when third party driver was leaving from the accident scene he hit onto my right side mirror.
No injuries involved.

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 8 Nov 2022	Witnessed By Reporting Officer Mohamed Saifullah S/O Syed Masood Witnessed by Reporting Centre Personnel