SA1D233G0009 / Ajax Mars Pte Ltd ENTRY DATE & TIME: 17/03/2023 16:00 (SGT) SUBMITTED BY: Sabitra VERSION: 1 (17/03/2023 16:00 (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 Reported by Date of Accident **Exact Location of Accident** Additional Location Information Country/State of Loss

17/03/2023 16:00 (SGT) Both Policyholder and Actual Driver 16/03/2023 17:30 (SGT) Singapore SENJA ROAD AND BUKIT PANJANG RING ROAD Singapore

## **DETAILS OF OWN VEHICLE**

Vehicle Registration Number

SLL2195C

INSURED/POLICYHOLDER

Is company? Name Of Registered Owner NRIC No

**Email Address** Mobile Phone No Alternative Phone No No TAN CHEW YEN

S8038397E kristie13@gmail.com (Phone) +65-97683595

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

Seat **ALHAMBRA** TDI DSG 2.0

Private use

No - Claiming third party Private car Auto 1968

INSURANCE COMPANY

Name of Insurance Company Policy Number / Cover Note Number Singapore Life Ltd 11412609

DRIVER

CC

Name of Driver NRIC No Date Of Birth Occupation

TAN CHEW YEN S8038397E 13/11/1980 Indoor

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

GENERAL INFORMATION OF THE ACCIDENT

Type of Accident Weather Conditions Road Surface

OTHER INFORMATION

Was any foreign vehicle involved in the accident?
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?
Number of Passengers (Including Driver)
Has the driver been approached by unknown person(s) soliciting/offering accident claims assistance?

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

Original language used in the statement

PASSENGER 1

Name Gender

PASSENGER 2

Name Gender

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?

28/04/2003

19 YEARS AND 11 MONTHS

Female

(Phone) +65-97683595

kristie13@gmail.com 543 JELAPANG ROAD

#18-66 670543 Yes

No

-

Side Swipe Clear

Dry

No 2 No

-Yes

3

No

Passenger 1 Male

Passenger 2 Female

Yes

Traffic Police

(Phone) +65-65470000 (Fax) +65-65474900

10 Ubi Avenue 3 Singapore 408865

No

CIRCUMSTANCES OF ACCIDENT

I WAS WAITING AT THE TRAFFIC LIGHT OF SENJA ROAD WHICH HAS 3 LANES TURNING RIGHT INTO 3 LANES OF BUKIT PANJANG RING ROAD WITH PROPER ROAD MARKINGS. I WAS ON THE MIDDLE LANE WITH SMRT BUS NUMBER 920 ON MY LEFT. WHEN THE TRAFFIC LIGHT TURNED GREEN, WE MOVED OFF WITH THE BUS AHEAD OF ME, AND IT EAT INTO MY LANE KNOCKING INTO MY FRONT LEFT, I STOPPED MY CAR IMMEDIATELY, BUT THE BUS CONTINUED TO MOVE ON, WITHOUT EVEN STOPPING FOR THE PEDESTRIANS WHO WERE GOING TO CROSS THE ROAD WITH THE GREEN MAN LIGHT ON. THE BUS DID NOT STOP AT ALL AFTER THE ACCIDENT, AND I NEEDED TO CATCH UP WITH THE BUS IN ORDER TO CAPTURE IT'S NUMBER PLATE(SG3013G).

I HAVE BOTH FRONT AND BACK CAR CAMERA CAPURING THE BUS MOVING INTO MY LANE. THE VIDEOS ARE EXCEEDING 2MB.

ATTACHMENT(S)

Are accident photos available for attachment? Was there any video captured by Car Camera?

Yes Yes

### **DETAILS OF OTHER VEHICLE PROPERTY 1**

Vehicle Registration Number SG3013G Vehicle Manufacturer Volvo Vehicle Model B5lh Vehicle Variant Vehicle Colour Green Vehicle Category Bus 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)

#### SKETCH PLAN

#### IMPORTANT NOTICE

- 1. Pease report <u>correctly</u> 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 socurate 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 tability 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 ladgement 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.
- 6. Consent under the Personal Data Protection Act (PDPA)

Lunderstand, acknowledge, agree and consent that

(a) My hourer, my wideshop 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 law yers/law firms, the Monetary Authority of Singapore and any relevant government agency/authority (such as the police), for the purpose(s) of :

(f) processing, handling and/or dealing with my claims including the settlement of the claims and any necessary investigations relating to the claims;

- (f) investigating the applient at d/or my claims.
- (II) 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 invoive displaying of certain personal data about me to bring about delivery of the same as wiell 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' law yers/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 (holiding their law yers/law, firms), which may be sited outside of Singapore, for one or more of the above Purposes.

Policyholder's Signature / Date &

Witnessed By Reporting Officer Mohamed Saifullah S/O Syed Masood

Time 17 Mar 2023 Sketch Plan

Oriver's Signature (f driver is not the policyholder) / Dale

Witnessed by Reporting Centre Fersonnel.

# Describe Circumstances of the Accident PLEASE REFER TO POLICE REPORT T/20230316/7061 Declaration IWe declare the foreigning particulars are true or every respect. Witnessed By Reporting Officer Mohamed Saifullah S/O Syed Masood Witnessed by Reporting Centre Driver's Signature (Floriver is not the policyholder) / Date Folioyholder's Signature / Date & S Tire

