

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 withholding of material facts may allow insurance companies to repudiate policy ability.
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 Report	30/03/2018 20:52
Date Of Accident	29/03/2018 18:45
Exact Location Of Accident	ALONG VICTORIA STREET JALAN SULTAN VICTORIA STREET
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SLU2419K
Insured/Policyholder	
Name Of Registered Owner	GRAB RENTALS PTE LTD
Co Reg No	201617200G
Email Address	GOH_SIMON@HOTMAIL.COM
Mobile Phone No	(LOCAL) +65-93872220
Alternative Phone No	OFFICE-93872220

Vehicle Particulars

Manufacturer	HONDA
Model	VEZEL HYBRID
Exact Purpose for which vehicle was being used at time of accident	HIRE & REWARD
Are you claiming under your own insurance policy for repair to your vehicle?	NO
If No, Please state action to be taken	THIRD PARTY
Vehicle Category	PRIVATE HIRE

Insurance Company

Name of Insurance Company	MSIG INSURANCE (SINGAPORE) PTE. LTD.
Type Of Coverage	COMPREHENSIVE
Fleet Policy	NO
Policy Number	A29069766MKF
Cover Note Number	

Driver

Name of Driver	GOH CHOH TECK
NRIC No	S7420605J
Date Of Birth	29/06/1974
Occupation	OUTDOOR
Date Of Driving Pass	30/04/1996
Driving Experience	21 YEARS AND 10 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-93872220
Fax Number	
Contact Number	
Email Address	GOH_SIMON@HOTMAIL.COM

Address	NA
Postcode	
Was driver an employee of the Insured's Company	NO
If No, Relationship of the Driver with the Insured	OTHER - HIRER
Vehicle Registration Number of Driver's Own Vehicle	-
	-
	-
Insurance Company of Driver's Own Vehicle	-
	-
	-

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 this accident?	NO
Number of vehicles involved in the accident	
Was any body injured in the Accident?	NO
Was any injured conveyed to hospital by ambulance?	
Was any other material or property damaged?	YES
I have been approached by unknown person(s) soliciting/offering accident claims assistance.	NO
Number of Passengers (Including Driver)	1

Details of Police Action

Was the accident reported to the police?	YES
If Yes, Please state which Police Station	
Police Station Name	QUEENSTOWN N.P.C
Police Station Address	ROAD: 3 QUEENSWAY #01-03 , POSTCODE: 149073 , COUNTRY: SINGAPORE
Police Station Contact	TEL NO: 1800-4719999 - FAX NO:
Was notice of intended Prosecution given?	NO
If Yes, against whom?	

Circumstances of Accident

REFER TO POLICE REPORT NO: (T/20180329/2073) ON 29/03/2018 @ 1845HRS, I WAS DRIVING ALONG VICTORA STREET TOWARDS KALLANG. I WAS TRAVELLING IN THE MIDDLE LANE, THE VEHICLES ON MY LEFT SIDE WAS QUEING UP TO TURN LEFT TO JALAN SULTAN. THERE WAS A VEHICLE IN FRONT OF ME FROM MIDDLE LANE CUTTING FROM MIDDLE LANE TO LEFT LANE INTO THE RED DOTTED BUS LANE. I THEN SLOW DOWN MY VEHICLE, SUBSEQUENTLY TO A HALT. IMMEDIATELY AFTER FEW SECONDS, A VEHICLE SKA8671A FROM MY REAR SIDE HIT ON TO MY VEHICLE REAR BUMPER CAUSING IT TO BE DENTED. THE OTHER PARTY FRONT BUMPER WAS DENTED AFTER THE ACCIDENT. WE THEN TOOK PHOTOGRAPHS OF OUR VEHICLES AND EXCHANGE PARTICULARS. I FELT PAIN AT THE BACK OF MY NECK AFTER THE ACCIDENT. I THEN ACTIVATED TOWING CREW TO THE SCENE TO TOW MY VEHICLE TO THE WORKSHOP AS IT CANNOT BE DRIVEN. AFTER WE LEFT THE SCENE. I PROCEEDED TO THE DAWSON PLACE CLINIC TO SEEK MEDICAL AND WAS GIVEN THREE DAYS MEDICAL LEAVE.

Attachment(s)

Are accident photos available for attachment?	NOT AVAILABLE DUE TO CIRCUMSTANCES OF ACCIDENT
Was there any video captured by Car Camera?	YES
Remarks/ Reasons:	YES-RETRIEVING
Was there any audio recorded?	NO

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	SKA8671A
Vehicle Make/Model/Colour	PORSCHE/911CARRERAS
Details Of Properties	
Vehicle Category	PRIVATE CAR

Name of Driver	BONNIE KWOK LING LING
NRIC/Passport Number	S7120603C
Contact Number	97522714
Address	
Postcode	
Insurance Company Name	
Nature Of Damage	
No. Of Passenger (Including Driver)	1

Sketch Plan

SKETCH PLAN

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5. Any false reporting may be referred to the Police for investigation.
6. The report will be forwarded by the Insurers of the GIA Reports 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 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.

VERIFIED BY AJAX MARS
REPORTING OFFICER

Muhammad Faizal

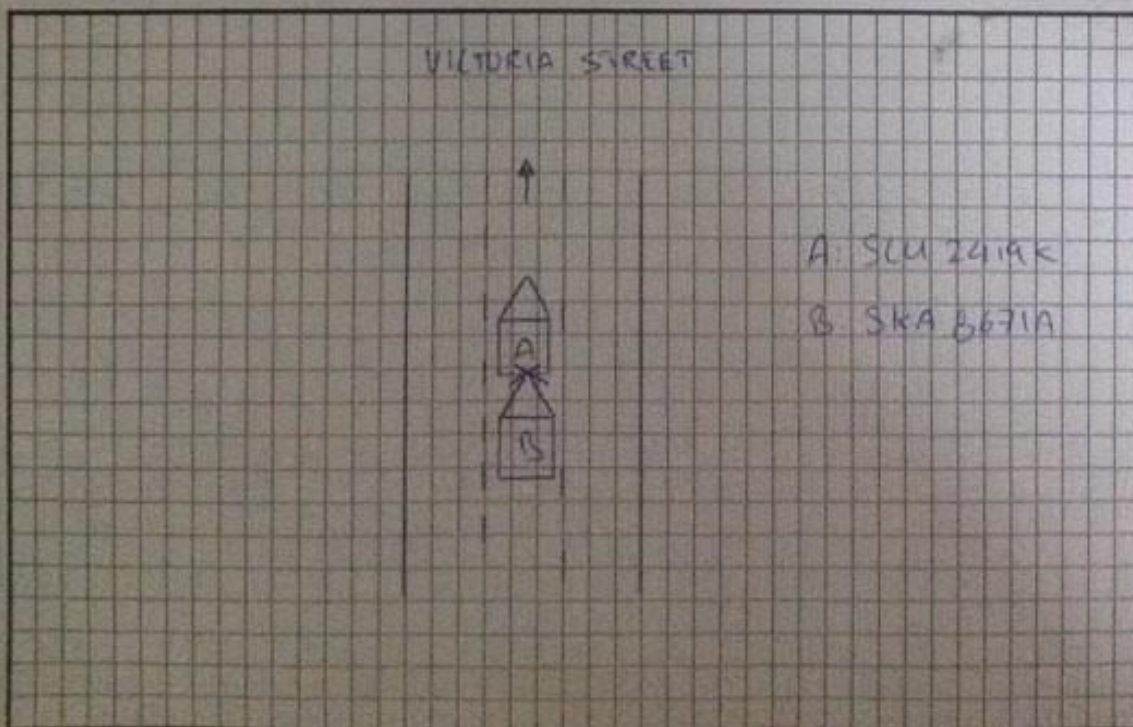
B'n Pabla

Policyholder's Signature / Date & Time

Driver's Signature (if driver is not the policyholder) / Date & Time

Witnessed by Reporting Centre
Personnel

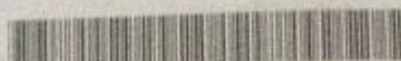
Sketch Plan



POLICE REPORT



**SINGAPORE
POLICE FORCE**



T/20180329/2073

1 of 3

Police Station Of Origin:
Queenstown N.P.C
3 Queensway #01-03 SINGAPORE 149073
Tel No: 1800-4719999

Report No. T/20180329/2073

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 29/03/2018 23:05	Vide Report No.:	Station Diary No.: 27
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Informant's Particulars

Name of Informant: GOH CHOH TECK	Address: APT BLK 48 STRATHMORE AVENUE #32-227 SINGAPORE 140048		
ID Type / ID No.: NRIC NO / S7420605J	Contact No.:	Mobile: 93872220	
Nationality: SINGAPORE CITIZEN	Home/Office:	Email:	
Sex: Male	Age: 43	Date of Birth: 29/06/1974	Type of Informant: Driver
Race: Chinese	Language: English	Institution / School Name:	
Occupation: GRAB DRIVER	Driving Licence Information: Class: 3	Date of Expiry:	

General Information of the Accident

Type of Accident:	Injury Others	Drink Drive: No	Date/Time of Accident: 29/03/2018 18:45	Type of Location: X-Junction
Location: Along Road 1 VICTORIA STREET JALAN SULTAN Victoria Street towards Kallang				
Weather: Clear	Road Surface: Dry	Road Speed Limit: 60 Km/h		
Traffic Flow: Two Way	Traffic Control: Traffic Light - Working	Traffic Volume: Moderate		
Type of Collision: My vehicle was stationary-the other party hit from the rear.				Anyone conveyed by ambulance: No

Details of Vehicle Involved

Vehicle No.	Type	Make	Model	Color	Condition	No of Passenger
SKA8671A	Car	PORSCHE	911 Carrera	Black	Slightly Damaged	0
SLU2419K	Car	HONDA	Vezel	Silver	Seriously Damaged	0

Details of Person Involved

Any Pedestrian Involved: No	
No. of Pedestrians Injured: Nil	Use of Pedestrian Crossing: NA

POLICE REPORT



**SINGAPORE
POLICE FORCE**



T/20180329/2073

2 of 3

Report No. T/20180329/2073

Police Station Of Origin:
Queenstown N.P.C
3 Queensway #01-03 SINGAPORE 149073
Tel No: 1800-4719999

CONTINUATION OF REPORT

Driver			
Name	BONNIE KWOK LING LING		ID No. S7120603C
Related Vehicle	SKA8671A (Car)		Contact No. 97522714
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
Driver			
Name	GOH CHOY TECK		ID No. S7420605J
Related Vehicle	SLU2419K (Car)		Contact No. 93872220
Hospital/Clinic	DAWSON PLACE CLINIC		Class of Driving Licence & Expiry Date Class: 3 Date of Expiry: NIL
Date Treatment	29/03/2018		Date Discharge NIL
No. of Days granted Medical Leave	03	Degree of Injury	Slight

Brief Details.

On 29/03/2018 @1845 hrs, I was driving along Victoria Street towards Kallang. I was travelling in the middle lane, the vehicles on my left side was queing up to turn left to Jalan Sultan. There was a vehicle in front of me from middle lane cutting from middle lane to left lane into the red dotted bus lane. I then slow down my vehicle, subsequently to a halt. Immediately after few seconds, a vehicle SKA8671A from my rear side hit onto my vehicle rear bumper causing it to be dented. The other party front bumper was dented after the accident. We then took photographs of our vehicles and exchange particulars. I felt pain at the back of my neck after the accident. I then activate towing crew to the scene to tow my vehicle to the workshop as it cannot be driven. After we left the scene. I proceeded to the Dawson Place clinic to seek medical and was given three days medical leave.

POLICE REPORT



SINGAPORE
POLICE FORCE



T/20180329/2073

Police Station Of Origin:
Queenstown N.P.C
3 Queensway #01-03 SINGAPORE 149073
Tel No: 1800-4719999

3 of 3

Report No. T/20180329/2073

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:

D /

Sr Staff Sgt LIM KIM HUAT

Signature Of Informant:

Signature Of Interpreter:

Not applicable

Date/Time:

29/03/2018 23:05

Officer In Charge Of Case:

TP / AEIT /

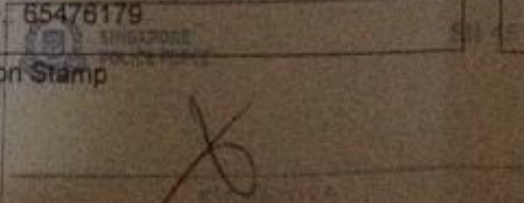
SSI KASMAWATI BTE SAMIAN

Contact No: 65476179

Classification Of Case:

Authentication Stamp

NP166



Ben

From: Pegasus Engineering <claims2@pegasusengrg.com.sg>
Sent: Saturday, 31 March 2018 10:03 AM
To: Ben; group@ajaxmars.com
Subject: Re: GIA REPORT-SLU2419K

Dear All,

Please kindly admend accident time to 18:45 hrs.

Thank you

On Fri, Mar 30, 2018 at 9:05 PM, Ben <ben@ajaxmars.com> wrote:

Dear Sir/ Madam

Please kindly find the attached file for your perusal.

Thank you

Ben Ng

Email: ben@ajaxmars.com

AJAX MARS Pte Ltd

120 Lower Delta Road

#08-08 Cendex Centre

Singapore 169208

Tel: (65) 6333 2222 Fax: (65) 6849 9155

<http://www.ajaxadjusters.com>

SE ASIA . CHINA . UK . US . SOUTH PACIFIC

**In association with Actura Risk Management Pte Ltd and Hayden Lloyd & Associates Ltd - Papua
New Guinea . South Pacific**

DOCUMENT EVIDENCE Pg. 2

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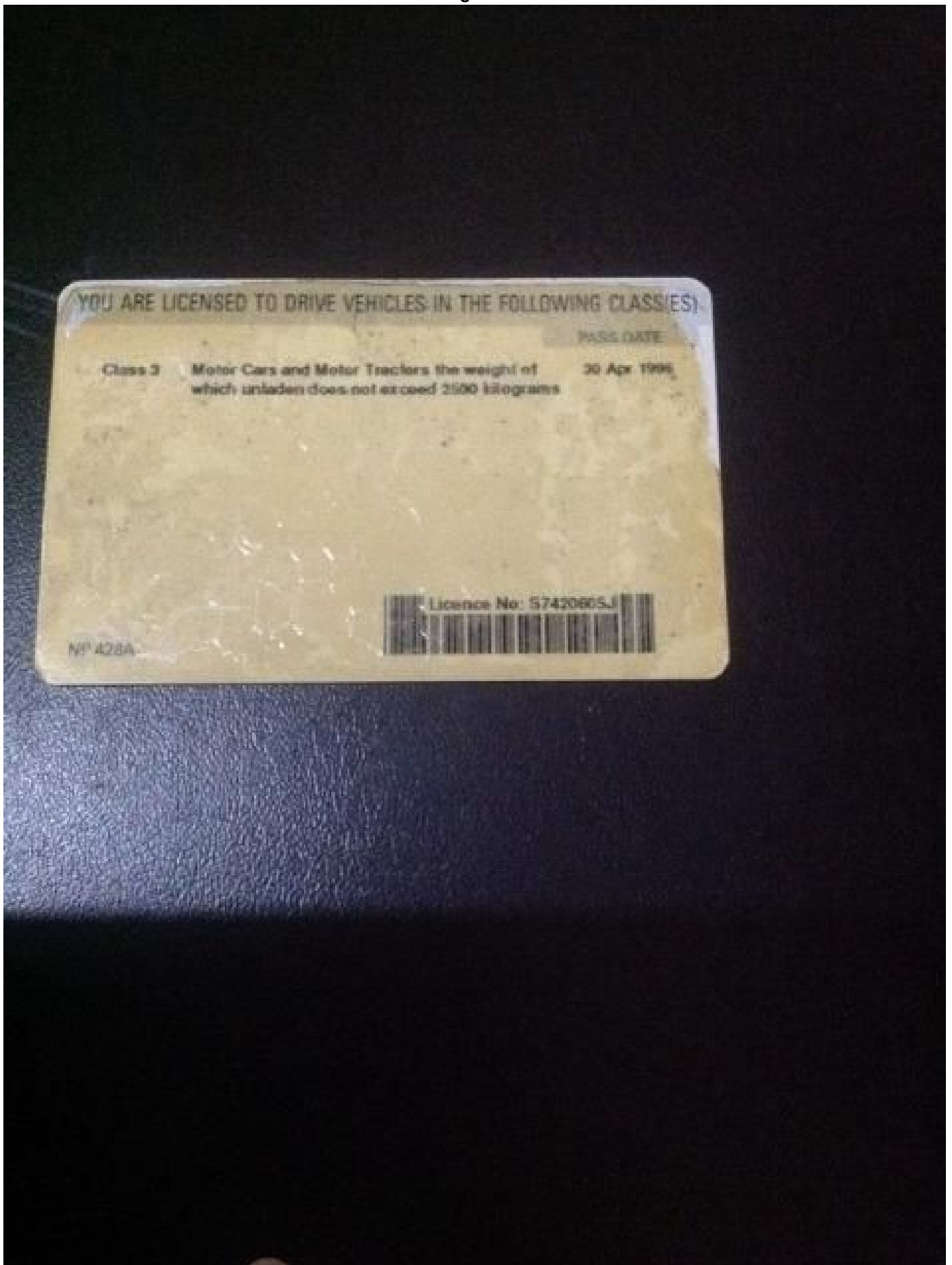
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Best Regards,
Gary Seah
Pegasus @ SME Motor
Hp: 83388418

Driving License





Driving License



Identification Card

REPUBLIC OF SINGAPORE
IDENTITY CARD NO. S7420605J



Name
GOH CHOH TECK
(WU ZUDE)
吴 祖 德

Race
CHINESE

Date of birth
29-06-1974

Sex
M

Country of birth
SINGAPORE



Identification Card



Addendum Sheet Pg. 1



GENERAL INSURANCE ASSOCIATION OF SINGAPORE RECORDS MANAGEMENT CENTRE
6 Raffles Quay #18-00 Singapore 048580
Tel (65) 6224 0010 Fax (65) 6224 0030
Operating Hours : Monday to Friday, 09:00 – 17:00
UEN: S66550020G / GST Reg. No.: M400017735

IMPORTANT NOTE: Please submit the completed Addendum form to the same Authorised Reporting Centre with whom you submitted the Original Report.

ADDENDUM

(A) PARTICULARS OF PERSON MAKING THE AMENDMENTS:

Original Report No : MBHH18042747 Vehicle Registration No: SLU2419K
Name(as shown in NRIC) : GOH CHO TECK NRIC/FIN/Passport No : S7420605J
(*Vehicle Driver / Vehicle Owner) (*) Please delete as appropriate
Address : _____ Singapore()
Contact (Tel) : 93872220 Mobile No. : 93872220
Email Address : goh_simon@hotmail.com
Date of Accident : 29/03/2018 Time of Accident : 1845HRS
Place of Accident : Along Victoria Street Jalan Sultan Victoria Street towards Kallang
Insurance Company: MSIG INSURANCE (S) PTE LTD

(B) ADDITIONAL INFORMATION / AMENDMENTS:

I have made a report on the above mentioned accident and would like to include additional information or make the following amendments:

AMEND ACCIDENT TIME.

Policyholder / Driver's Signature
Date:

Ben Ng

Reporting Centre Personnel's Signature
Name: Ben Ng
NRIC/FIN No.: S9146453E
Date: