



GST / ROC Company No : 201101753C

Third Party Insurer : INDIA

Insured's Veh No : SH7691S

Date of accident : 21/05/2018

Grab Rentals Pte Ltd
18 Sin Ming Lane
#01-08 Midview City
Singapore 573960

Quotation No : AR/QO18/05-1025

Quotation Date : 23/05/2018

Estimate To Repair HONDA VEZEL HYBRID 1.5X AUTO

Vehicle No : SLT2836U

Chassis No : RU3-1252244

Pages : 1 of 1

S/NO	QUANTITY	DESCRIPTION	AMOUNT
		<u>SPARE PARTS</u>	
1	1PC	REAR BUMPER	\$810.00
2	10PC	REAR BUMPER CLIPS	\$55.00
			\$865.00
		LESS 20%	\$173.00
			\$692.00
		<u>MISC ITEMS</u>	
33	1PC	REVERSE SENSOR	\$250.00
		Total	\$250.00
		<u>LABOUR & MISC. CHARGES</u>	
1		WIRE CHECKING	\$30.00
2		LABOUR CHARGE	\$250.00
3		SPRAY PAINTING	\$250.00
		Total	\$530.00
		Sub Total	\$1,472.00
		GST (7.00%)	\$103.04
		Total	\$1,575.04

Please conduct the survey at

Pegasus Engineering @ SME c/o 1 Kaki Bukit Ave 6 Autobay@Kaki Bukit #02-15/16/17/18, Singapore 417883

GARY 8338 8418

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	22/05/2018 16:07
Date Of Accident	21/05/2018 19:55
Exact Location Of Accident	JUNCT SOMAPAH RD AND CHANGI BUSINESS PARK VISTA
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SLT2836U
Insured/Policyholder	
Name Of Registered Owner	GRAB RENTALS PTE LTD
Co Reg No	201617200G
Email Address	NOEMAIL
Mobile Phone No	
Alternative Phone No	OFFICE-66550005

Vehicle Particulars

Manufacturer	HONDA
Model	VEZEL 1.5X HYBRID A
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	YES
Policy Number	A29069766MKF
Cover Note Number	

Driver

Name of Driver	KWA LIANG BOO
NRIC No	S1472405B
Date Of Birth	16/09/1961
Occupation	OUTDOOR
Date Of Driving Pass	12/03/1982
Driving Experience	36 YEARS AND 2 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-94569566
Fax Number	
Contact Number	
EEmail Address	NOEMAIL

Address	482 PASIR RIS DRIVE 4 #04-393
Postcode	510482
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	2
Was any body injured in the Accident?	YES
Was any injured conveyed to hospital by ambulance?	NO
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)	2
Passenger 1	NAME: : P1 GENDER: : MALE

Details of Police Action

Was the accident reported to the police?	YES
If Yes, Please state which Police Station	
POLICE STATION NAME [OTHER]	TAMPINES EAST NPP
Was notice of intended Prosecution given?	NO
If Yes, against whom?	

Circumstances of Accident

REFER TO THE POLICE REPORT NO : T/20180522/2057 LODGED AT TAMPINES EAST NPP ON 21/05/2018, AT ABOUT 7.56PM, I WAS ALONG SOMAPAH ROAD TOWARDS JUNCTION OF CHANGI SOUTH AVE 1. SUBSEQUENTLY THE TRAFFIC LIGHT HAD TURNED RED THUS THE YELLOW TAXI IN FRONT OF MINE HAD STOP AND I FOLLOWED SUIT AND STOPPED BEHIND HIM. SUBSEQUENTLY THERE WAS A BLUE TAXI WHO ALSO STOPPED BEHIND ME AT THE JUNCTION. AFTER WHICH, WHEN THE LIGHT TURN GREEN, THE YELLOW TAXI MOVE FORWARD AND INDICATED THAT HE HAD WANTED TO MAKE A RIGHT TURN. SUDDENLY, I FELT A BUMP AT THE REAR OF MY VEHICLE THAT WAS CAUSED BY THE BLUE COMFORT TAXI. THE ACCIDENT RESULTED IN MY VEHICLE BEING DAMAGED AT THE REAR BUMPER. THE ACCIDENT CAUSED ME TO HAVE NUMBNESS ON MY LEFT LEG AND LEFT ARMS AS WELL AS MY SHOULDERS. I ALSO HAVE 3 DAYS OF MC.

Attachment(s)

Are accident photos available for attachment?	YES
Was there any video captured by Car Camera?	YES
Remarks/ Reasons:	RETRIEVING
Was there any audio recorded?	NO

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	SH7691S
Vehicle Make/Model/Colour	TOYOTA /PRIUS HYBRID 1.8 CVT
Details Of Properties	
Vehicle Category	PRIVATE CAR

Name of Driver	TEO WEN WEI
NRIC/Passport Number	
Contact Number	S8333645E
Address	
Postcode	
Insurance Company Name	
Nature Of Damage	
No. Of Passenger (Including Driver)	1

DETAILS OF INJURED PERSON 1

Name	KWA LIANG BOO
Approximate Age	
Injuries Sustain	NUMBNESS ON LEFT LEG, LEFT ARMS AND SHOULDERS
Injured person in which vehicle?	SLT2836U
Were seat belts worn?	YES
Was this injured conveyed to hospital by ambulance?	NO
Address	
Postcode	

Sketch Plan

SKETCH PLAN

IMPORTANT NOTICE

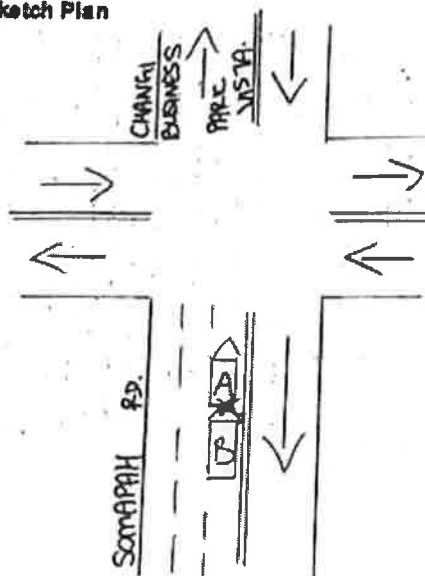
1. Please report correctly the details of the accident to speed up the claims process.
 2. This Form must be completed by the Policyholder and/or the Authorised Driver.
 3. Information provided must be as truthful and accurate as possible. Any willful misrepresentation or withholding of material facts 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.

Policyholder's Signature / Date & Time

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

VERIFIED BY AJAX MARS
REPORTING OFFICER
EUGENE KOH
Witnessed by Reporting Centre
Personnel

Sketch Plan



JUNCT. OF SOMAPAH RD & CHANGI
BUSINESS PARK VISTA.

A) SLT2836 U

B) SH7691 S.

POLICE REPORT



**SINGAPORE
POLICE FORCE**



T/20180522/2057

1 of 3

Report No. T/20180522/2057

Police Station Of Origin:
Tampines East NPP
263 Tampines Street 21 #01-138
SINGAPORE 520263
Tel No: 1800-7839999

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 22/05/2018 13:07	Vide Report No.:	Station Diary No.: 9
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Informant's Particulars

Name of Informant: KWA LIANG BOO			Address: APT BLK 482 PASIR RIS DRIVE 4 #04-393 SINGAPORE 510482		
ID Type / ID No.: NRIC NO / S1472405B			Contact No.: Home/Office: Mobile: 94569566		
Nationality: SINGAPORE CITIZEN			Email:		
Sex: Male	Age: 56	Date of Birth: 16/09/1961	Type of Informant: Driver		
Race: Chinese		Language:		Institution / School Name:	
Occupation: GRAB DRIVER			Driving Licence Information: Class: Date of Expiry:		

General Information of the Accident

General Information of the Accident				
Type of Accident:	Injury Others	Drink Drive: No	Date/Time of Accident: 21/05/2018 19:55	Type of Location: X-Junction
Location: Along Road 1 SOMAPAH ROAD				
Junction with changi south avenue 1				
Weather: Clear		Road Surface: Dry	Road Speed Limit:	
Traffic Flow: Dual Carriage Way		Traffic Control:	Traffic Volume: Light	
Type of Collision: Between Moving Vehicles - Head To Rear			Anyone conveyed by ambulance: No	

Details of Vehicle Involved

Vehicle No.	Type	Make	Model	Color	Condition	No of Passenger
SH7691S	Car				Slightly Damaged	0
SLT2836U	Car				Slightly Damaged	1

Details of Person Involved

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

POLICE REPORT



**SINGAPORE
POLICE FORCE**



T/20180522/2057

2 of 3

Police Station Of Origin:
Tampines East NPP
283 Tampines Street 21 #01-138
SINGAPORE 520263
Tel No: 1800-7839999

Report No. T/20180522/2057

CONTINUATION OF REPORT

Driver			
Name	KWA LIANG BOO	ID No.	S1472405B
Related Vehicle	SLT2836U (Car)	Contact No.	94569566
Hospital/Clinic	Y M CHAN CLINIC & SURGERY	Class of Driving Licence & Expiry Date	Class: NIL Date of Expiry: NIL
Date Treatment	22/05/2018	Date Discharge	22/05/2018
No. of Days granted Medical Leave	03	Degree of Injury	Slight

Brief Details.

On the 21/05/2018, at about 7.56pm, I was along Somapah road towards junction of Changi south ave1. Subsequently the traffic light had turned red thus the yellow taxi in front of mine had stop and I followed suit and stopped behind him. Subsequently there was a blue taxi who also stopped behind me at the junction. After which, when the light turn green, the yellow taxi move forward and indicated that he had wanted to make a right turn. Suddenly, I felt a bump at the rear of my vehicle that was caused by the blue comfort taxi. The accident resulted in my vehicle being damaged at the rear bumper. The accident caused me to have numbness on my left leg and left arms as well as my shoulders. I also have 3 days of MC.

POLICE REPORT



**SINGAPORE
POLICE FORCE**



TP/2018/0522/001

1 of 1

Report No. TP/2018/0522/001

Police Station Of Origin
Tampines East NPP
263 Tampines Street 21 #01-138
SINGAPORE 520263
Tel No. 1800-7839999

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 65474865 stating the report number as reference

Signature Of Officer Recording The Report
G /
Sgt 2 MUHAMMAD FIRDAUS BIN YUSOFF

Signature Of Informant

Signature Of Interpreter:
Not applicable

Date/Time:
22/05/2018 13:07

Officer In Charge Of Case:
TP / AEIT /
SI DZUL HAIRIE BIN RAMLI
Contact No.: 65476220

Classification Of Case



**SINGAPORE
POLICE FORCE**

SIGNATURE

Authentication Stamp
NP168



Land Transport Authority
10 Sin Ming Drive
Singapore 575701
GST Registration No. : M4-0006529-2

Print Date/Time : 22 May 2018 / 14:09:55

Receipt Date/Time : 22 May 2018 / 14:09:55

Tax Invoice/Receipt

Receipt No. : ITNET-00000-180522-001350

Previous Receipt No. :

S/N	Item Description/ Business Transaction Reference No.	Amount Before GST (S\$)	GST Amount (S\$)	Amount After GST (S\$)
Result of Insurance Enquiry - SH7691S				
As at 21 May 2018/19:55:00				
Insurance Co: INDIA INT'L INS PTE LTD				
1	Insurance Enquiry - SH7691S Enquiry Fee 20180522140910589391	7.00	0.49	7.49
Sub-Total		7.00	0.49	7.49
Total Before Rounding		7.00	0.49	7.49
Rounding Difference				0.04
Total Amount Payable				7.45
Paid By				
	xxxxxxxxxxxx8065	Credit Card: Visa/MasterCard		7.45
Total				7.45
Cash Change				0.00
Tendered Amount				7.45
Excess Refundable Amount				0.00

THANK YOU AND HAVE A NICE DAY!

Please ensure that all payments to the Authority are good and promptly settled by the payment service provider / financial institution. Otherwise, the transaction and receipt is considered void and late fee may apply.

REPUBLIC OF SINGAPORE DRIVING LICENCE

Licence Number: **S1472405B**

Name: **KWA LIANG BOO**

Birth Date: **16 Sep 1961**

Issue Date: **24 Feb 2004**

001134646B




REPUBLIC OF SINGAPORE

IDENTITY CARD NO. **S1472405B**




Name: **KWA LIANG BOO**

柯良武

Race: **CHINESE**

Date of Birth: **16-09-1961** Sex: **M**

Country of Birth: **SINGAPORE**

Land Transport Authority


VOCATIONAL LICENCE

IDENTITY CARD NO. **S1472405B**

Name: **KWA LIANG BOO**

Birth Date: **16/9/2008**

Please visit www.lta.gov.sg to check the status of this vocational licence



YOU ARE LICENSED TO DRIVE VEHICLES IN THE FOLLOWING CLASSES:

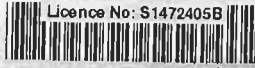
Class	Description	PASS DATE
Class 3	Motor cars and Motor Tractors the weight unladen does not exceed 2500 kg	12 Mar 1992
Class 4	Heavy Motor Cars and Motor Tractors the weight unladen exceeds 2500 kg	01 Apr 2004

S1472405B

S / No. 9000025534

NP 428A

Licence No: **S1472405B**



1580612

NRIC No. S1472405B

Blood Group: **B** Date of issue: **12-01-1994**

APT BLK 482 PASIR RIS DRIVE 4 #04-393

SINGAPORE 510482

NRIC No: **S1472405B** Date: **13-03-2004**




This card is not transferable and is the property of the Land Transport Authority (LTA). It must be surrendered to the LTA on request. If found, please return to LTA, 10 Sin Ming Drive, Singapore 575701.

Type	Description	Issue Date
03	BUS VL	01/02/2005
02	TAXI VL	01/02/2005
04	BUS ATTENDANT	01/02/2005

