

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	21/05/2018 16:17
Date Of Accident	18/05/2018 18:00
Exact Location Of Accident	WOODLAND AVE 1
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	GZ7477S
Insured/Policyholder	
Name Of Registered Owner	GOLDBELL LEASING PTE LTD
Co Reg No	199001196N
Email Address	NOEMAIL
Mobile Phone No	
Alternative Phone No	OFFICE-64942888

Vehicle Particulars

Manufacturer	MITSUBISHI
Model	L300 HR M
Exact Purpose for which vehicle was being used at time of accident	COMMERCIAL
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	COMMERCIAL VEHICLE

Insurance Company

Name of Insurance Company	MS FIRST CAPITAL INSURANCE LTD
Type Of Coverage	THIRD PARTY
Fleet Policy	YES
Policy Number	D-17087422MFCV
Cover Note Number	

Driver

Name of Driver	DURAI ARUN VIJAY
NRIC No	G2076158Q
Date Of Birth	21/01/1989
Occupation	OUTDOOR
Date Of Driving Pass	26/09/2014
Driving Experience	3 YEARS AND 7 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-86571157
Fax Number	
Contact Number	
EEmail Address	NOEMAIL

Address	NIL
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 - CROSS JUNCTION
Weather Conditions	DRIZZLING
Road Surface	WET

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?	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)	1

Details of Police Action

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

Circumstances of Accident

REFER TO THE POLICE REPORT NO : T/20180519/2051 LODGED AT TRAFFIC POLICE DIVISION HQ ON THE ABOVE MENTIONED DATE & LOCATION @ ABOUT 1800HRS, I WAS DRIVING MY VAN (GZ7477S) ALONG THE WOODLANDS AVE 1 TOWARDS WOODLANDS CENTRE ROAD. THE ROAD CONSIST OF 2 LANES AND I WAS IN THE FIRST LANE. IT WAS DRIZZLING AND THE ROAD WAS WET. I WAS GOING STRAIGHT, SUDDENLY ONE VAN (GBD4860M) CAME OUT FROM THE LEFT CARPARK, WAS OUT OF CONTROL AND HIT INTO MY VAN. I APPROACHED THE DRIVER, EXCHANGE NUMBERS AND TOOK SOME PHOTOGRAPHS OF BOTH VEHICLE. WE LEFT THE SCENE AFTER THAT. THATS ALL.

Attachment(s)

Are accident photos available for attachment?	YES
Was there any video captured by Car Camera?	NO
Was there any audio recorded?	NO

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	GBD4860M
Vehicle Make/Model/Colour	TOYOTA / TOYOTA HIACE VAN TURBO 5 DR MANUAL/ SILVER
Details Of Properties	
Vehicle Category	COMMERCIAL VEHICLE
Name of Driver	HOE CHEE SIONG
NRIC/Passport Number	S7467658H
Contact Number	92713858
Address	
Postcode	
Insurance Company Name	
Nature Of Damage	

No. Of Passenger (Including Driver)

1

Sketch Plan

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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.

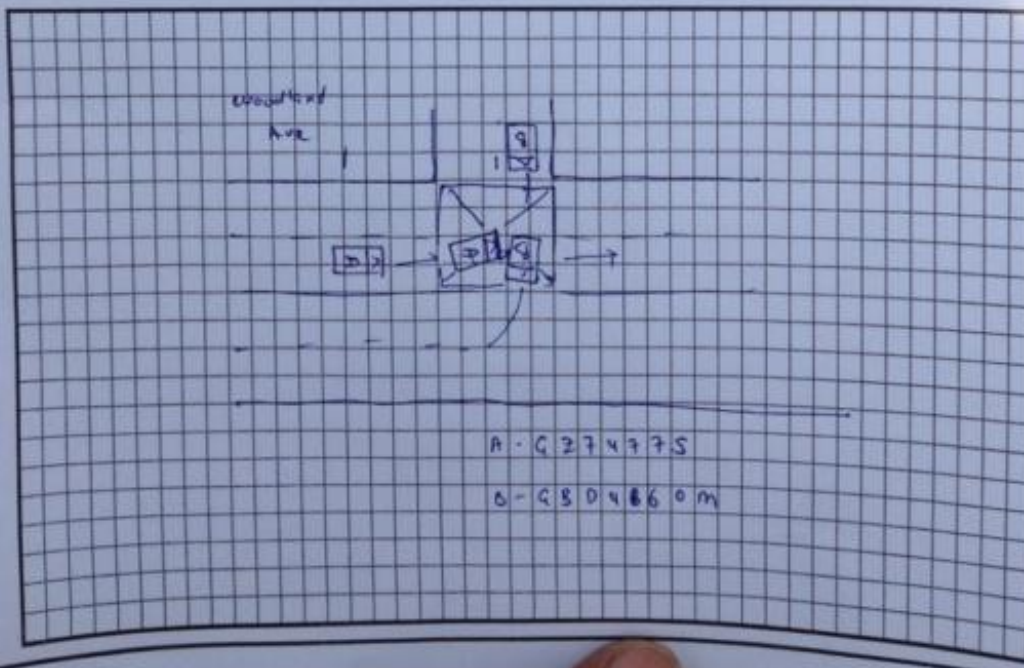
VERIFIED BY AJAX MARS
REPORTING OFFICER
MOHAMAD HELMY BIN
ALEHAM

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/20180519/2051

1 of 3

Police Station Of Origin:
Traffic Police Division HQ
10 Ubi Avenue 3 SINGAPORE 408865
Tel No: 65470000

Report No. T/20180519/2051

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 19/05/2018 12:14	Vide Report No.:	Station Diary No.:
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Informant's Particulars

Name of Informant: DURAI ARUN VIJAY			Address: C/O APT BLK 147 WOODLANDS ST 13 #04-927 SINGAPORE 730147	
ID Type / ID No.: FIN NO / G2076158Q			Contact No.:	Mobile: 86571157
Nationality: INDIAN			Home/Office:	
			Email:	
Sex: Male	Age: 29	Date of Birth: 21/01/1989	Type of Informant: Driver	
Race: Indian			Language:	Institution / School Name:
Occupation: CONSTRUCTION WORKER			Driving Licence Information: Class: 2B,3	Date of Expiry:

General Information of the Accident

Type of Accident:	Non-Injury Others	Drink Drive: No	Date/Time of Accident: 18/05/2018 18:00	Type of Location: Straight Road
Location: Along Road 1 WOODLANDS AVENUE 1 TOWARDS WOODLANDS CENTRE RD				
Weather: Drizzling		Road Surface: Wet		Road Speed Limit:
Traffic Flow: Two Way		Traffic Control: Not Controlled		Traffic Volume: Moderate
Type of Collision:				Anyone conveyed by ambulance: No

Details of Vehicle Involved

Vehicle No.	Type	Make	Model	Color	Condition	No of Passenger
GBD4860M	Van				Slightly Damaged	0
GZ7477S	Van				Seriously Damaged	0

Details of Person Involved

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

POLICE REPORT

SKETCH PLAN



**SINGAPORE
POLICE FORCE**



T/20180519/2051

Police Station Of Origin:
Traffic Police Division HQ
10 Ubi Avenue 3 SINGAPORE 408865
Tel No: 65470000

2 of 3

Report No. T/20180519/2051

CONTINUATION OF REPORT

Driver			
Name	DURAI ARUN VIJAY		ID No. G2076158Q
Related Vehicle	NIL		Contact No. 86571157
Hospital/Clinic	NIL		Class of Driving Licence & Expiry Date Class: 2B,3 Date of Expiry: NIL
Date Treatment	NIL	Date Discharge	NIL
No. of Days granted Medical Leave	NIL	Degree of Injury	NIL
Driver			
Name	HOE CHEE SIONG		ID No. S7467658H
Related Vehicle	NIL		Contact No. 92713858
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

Brief Details.

ON THE ABOVE MENTIONED DATE & LOCATION @ ABOUT 1800HRS,

I WAS DRIVING MY VAN (GZ7477S) ALONG THE WOODLANDS AVE 1 TOWARDS WOODLANDS CENTRE ROAD. THE ROAD CONSIST OF 2 LANES AND I WAS IN THE FIRST LANE. IT WAS DRIZZLING AND THE ROAD WAS WET.
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THATS ALL

POLICE REPORT



SINGAPORE
POLICE FORCE



T/20180519/2051

Police Station Of Origin:
Traffic Police Division HQ
10 Ubi Avenue 3 SINGAPORE 408865
Tel No: 65470000

3 of 3

Report No. T/20180519/2051

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:
TP /
YOGENDRAN S/O RAJASAKARAN

Signature Of Informant:

[Handwritten Signature]

Signature Of Interpreter:
Not applicable

Date/Time:
19/05/2018 12:14

Officer In Charge Of Case:
TP / GIA /
Staff Sgt TANG SIEW PING
Contact No.: 65476430

Classification Of Case:



SINGAPORE
POLICE FORCE

Authentication Stamp
1011010

Signature: *[Handwritten Signature]*

Susan

From: Ethan Toh Xiao Xin <EthanTohXX@goldbellcorp.com>
Sent: Tuesday, 22 May 2018 5:39 PM
To: Susan; Isaac Ng Cheng Long; Jacqueline Han Kwee Ling; Eileen Ngan Yi Ling
Cc: group@ajaxmars.com
Subject: RE: GLB2-MARS00000035-GZ74775-18052018

Dear Mayury,

The involved driver was moving straight, when 3rd party turn out from minor road and collided onto our vehicle.

Please amend action to be taken to "Third Party".

Thank you.

Regards.

Ethan Toh Xiao Xin | Goldbell Corporation Pte Ltd
Assistant, Operations Admin (FIM)
Representing Goldbell Leasing Pte Ltd

OID: +65 6494 2942 | Tel: +65 6861 0007 | Fax: +65 6807 0431 |
Mobile: +65 9348 4218 | Web: <http://www.goldbellgroup.com/>
Address: 18 Tuas Ave 10, Level 6, Singapore 639142

From: Susan <susan@ajaxmars.com>
Sent: Monday, 21 May 2018 4:37 PM
To: Isaac Ng Cheng Long <IsaacNgCL@goldbellcorp.com>; Jacqueline Han Kwee Ling
<JacquelineHanKL@goldbellcorp.com>; Ethan Toh Xiao Xin <EthanTohXX@goldbellcorp.com>; Eileen Ngan Yi Ling
<EileenNganYL@goldbellcorp.com>
Subject: GLB2-MARS00000035-GZ74775-18052018

Dear Sir/Madam,

Please find attached files, for your perusal.

Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



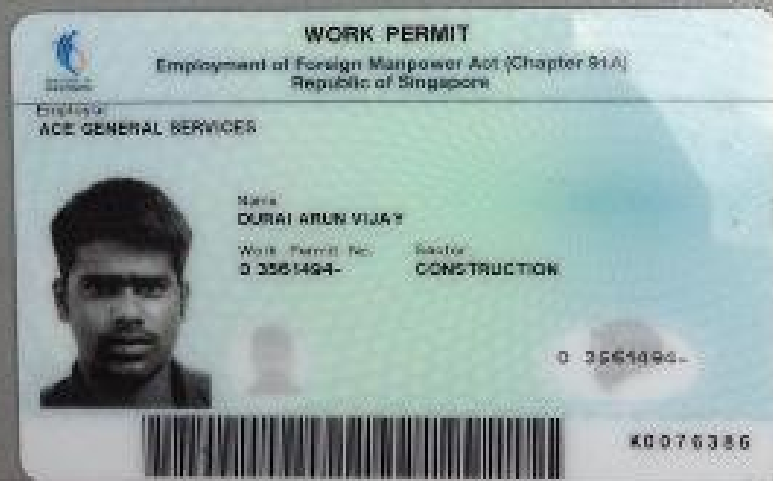
Accident Photo



Accident Photo



Driving License



Driving License



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
URL: 59955 00205 / GST Reg. No.: M40 001 7735

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 : MBHH18066099 Vehicle Registration No: GZ7477S
Name(as shown in NRIC) : DURAI ARUN VIJAY NRIC/FIN/Passport No : G2076158Q
(*Vehicle Driver /Vehicle Owner) (*) Please delete as appropriate
Address : _____ Singapore()
Contact (Tel) : _____ Mobile No. : 86571157
Email Address : _____
Date of Accident : 18/05/2018 Time of Accident : 18:00
Place of Accident : Woodland ave 1
Insurance Company: MS First Capital Insurance 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 : Are you claiming under your own insurance policy for repair to your vehicle?-No, 3rd Party

Policyholder / Driver's Signature
Date:

Mayury
Reporting Centre Personnel's Signature
Name: Mayury
NRIC/FIN No.: A36220718
Date: 22/05/2018