

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	08/06/2018 16:25
Date Of Accident	07/06/2018 15:50
Exact Location Of Accident	152 UBI AVE 4 EXIT
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SLM3699D
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	MAZDA
Model	MAZDA3 4-DOOR SEDAN 1.5L
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	N.A

Driver

Name of Driver	ONG SWEE KWANG
NRIC No	S7245640H
Date Of Birth	30/11/1972
Occupation	OUTDOOR
Date Of Driving Pass	22/10/2013
Driving Experience	4 YEARS AND 7 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-94595640
Fax Number	
Contact Number	
EEmail Address	NOEMAIL

Address	HDB HARMONY VIEW, 415 HOUGANG AVENUE 10 #02-1282
Postcode	530415
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?	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)	1

Details of Police Action

Was the accident reported to the police?	NO
If Yes, Please state which Police Station	
Was notice of intended Prosecution given?	NO
If Yes, against whom?	

Circumstances of Accident

I was turning out from the said location, making a left turn. Vehicle B was parked along the side road, unloading a new brand cars. As I turn out, the driver reversed the vehicle down from the lorry, in the event the rear of the car came into contact onto my front left tyre portion. There was no injuries as for now, I will be seeing the doctor as my neck sore.

Attachment(s)

Are accident photos available for attachment?	YES
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	XD2851S
Vehicle Make/Model/Colour	HINO SH1EEKA / WHT
Details Of Properties	NIL
Vehicle Category	COMMERCIAL VEHICLE
Name of Driver	KO KO LWIN
NRIC/Passport Number	G5482541U
Contact Number	
Address	
Postcode	
Insurance Company Name	
Nature Of Damage	
No. Of Passenger (Including Driver)	1

DETAILS OF INJURED PERSON 1

Name	ONG SWEE KWANG
Approximate Age	
Injuries Sustain	NECK SORE
Injured person in which vehicle?	SLM3699D
Were seat belts worn?	YES
Was this injured conveyed to hospital by ambulance?	NO
Address	
Postcode	

Sketch Plan

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.

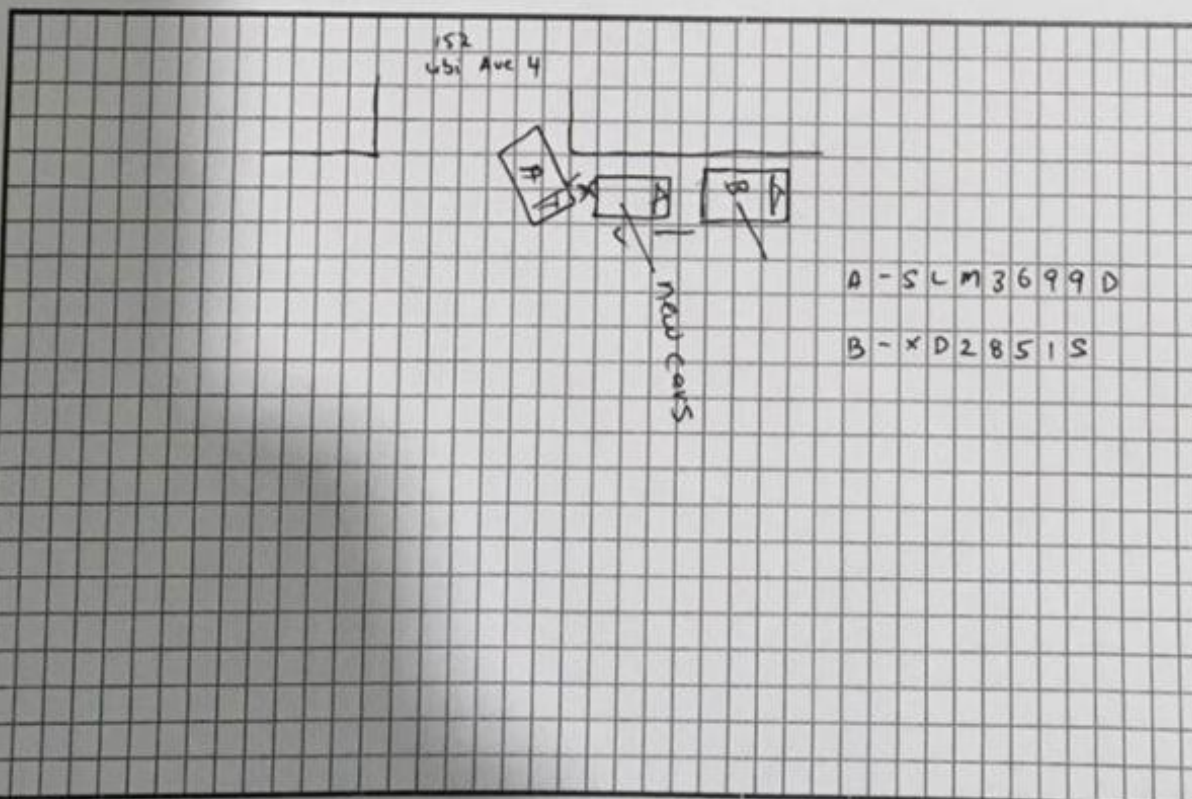
VERIFIED BY AJAX MARS
REPORTING OFFICER
MOHAMAD HELMY BIN
ALEHAM

Policyholder's Signature / Date & Time

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

Witnessed by Reporting Centre
Personnel

Sketch Plan



ACCIDENT STATEMENT (2000 characters)

I was turning out from the said location, making a left turn. Vehicle b was parked along the side road, unloading a new brand cars. As I turn out the driver reversed the vehicle down from the lorry, in the event the rear of the car came into contact onto my front left tyre portion. There was no injuries as for now, I will be seeing the doctor as my neck sore.

Taxi Voucher No.:

DECLARATION

I/We declare that the above particulars & information provided above are true in every aspect

VERIFIED BY AJAX MARS REPORTING OFFICER -
MOHAMAD HELMY BIN ALEHAM

MARS Officer



Registered Owner or Driver's Signature

Job Complete Date/Time

8 June 2018 at 1:46 PM

Date/Time:

8 June 2018 at 1:46 PM

Susan

From: Boey <boey@ajaxmars.com>
Sent: Saturday, 9 June 2018 6:33 PM
To: 'Susan'
Subject: FW: SLM3699D-07062018 (GIA REPORT)

From: Pegasus Engineering [<mailto:claims@pegasusengrg.com.sg>]
Sent: Saturday, 9 June, 2018 11:24 AM
To: Boey <boey@ajaxmars.com>
Cc: Lionel Chua <lionelchua@pegasusengrg.com.sg>
Subject: Re: SLM3699D-07062018 (GIA REPORT)

Without Prejudice

Dear Boey,

Please amend the following listed below:-

1. Please change the "type of accident" to collision head to rear.

Thanks & Regards,

Alvin Low
Pegasus Engineering & Trading Pte Ltd
74 Kian Teck Road
Singapore
628800

Tel

:
6513 7748

Fax :
6251 3161

Email : claims@pegasusengrg.com.sg

On Fri, Jun 8, 2018 at 5:10 PM, Boey <boey@ajaxmars.com> wrote:

Dear all,

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



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 00203 / 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 : MBHH18074670 Vehicle Registration No: SLM3699D
Name (as shown in NRIC) : ONG SWEE KWANG NRIC/FIN/Passport No : S7245640H
(*Vehicle Driver /Vehicle Owner) (*) Please delete as appropriate
Address : _____ Singapore ()
Contact (Tel) : _____ Mobile No. : 94595640
Email Address : _____
Date of Accident : 07/06/2018 Time of Accident : 15:50
Place of Accident : 152 UBI AVE 4 EXIT
Insurance Company: MSIG Insurance (Singapore) 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 Type of accident.

Policyholder / Driver's Signature
Date:

Mayury
Reporting Centre Personnel's Signature
Name: Mayury
NRIC/FIN No.: A36220718
Date: 09/06/2018