

## 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	22/07/2018 10:56
Date Of Accident	21/07/2018 10:15
Exact Location Of Accident	ALONG PIE EXIT OF EUNOS TOWARDS EUNOS LINK
Country/State of Loss	SINGAPORE

### DETAILS OF OWN VEHICLE

Vehicle Registration Number	SMA683U
<b>Insured/Policyholder</b>	
Name Of Registered Owner	GRAB RENTALS 2 PTE LTD
Co Reg No	201701345N
Email Address	NOEMAIL
Mobile Phone No	
Alternative Phone No	OFFICE-66550005

### Vehicle Particulars

Manufacturer	TOYOTA
Model	SIENTA 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	YES
Policy Number	A29069774MKF
Cover Note Number	

### Driver

Name of Driver	PANG BOON KAI
NRIC No	S7307450I
Date Of Birth	07/03/1973
Occupation	OUTDOOR
Date Of Driving Pass	20/05/1999
Driving Experience	19 YEARS AND 2 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-97231160
Fax Number	
Contact Number	
Email Address	NOEMAIL

Address	APT BLK 352 UBI AVENUE 1 #10-979
Postcode	400352
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	SIDE SWIPE
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?	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)	3
Passenger 1	NAME: : P1 GENDER: : MALE
Passenger 2	NAME: : P2 GENDER: : FEMALE

#### 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 DRIVING ALONG PIE TOWARDS EUNOS AND I WAS DRIVING AT THE RIGHT LANE. AFTER I EXIT PIE AND ABOUT TO REACH EUNOS LINK, I STOP AT THE STOP LINE AND CHECK THE IN COMING CAR ON RIGHT. TRAFFIC ON THE LEFT ALREADY STOP STATIONARY DUE TO RED TRAFFIC LIGHT. SO I STARTED MOVE FORWARD TO THE THIRD LANE. SUDDENLY, VEHICLE B NEVER STOP BEFORE THE STOP LINE AND HIT ONTO MY VEHICLE. THE DAMAGES WAS AT THE REAR RIGHT PORTION. WE MANAGED TO TAKE PHOTO AND EXCHANGED PARTICULARS. NO INJURIES INVOLVED.

#### 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	SJZ5260C
Vehicle Make/Model/Colour	B.M.W. / 523I / SILVER
Details Of Properties	
Vehicle Category	PRIVATE CAR
Name of Driver	CHUA SENG KHAI

NRIC/Passport Number	S1279163A
Contact Number	98008237
Address	
Postcode	
Insurance Company Name	
Nature Of Damage	
No. Of Passenger (Including Driver)	1

# Sketch Plan SKETCH PLAN

## IMPORTANT NOTICE

1. Please report correctly the details of the accident to speed up the claim process.
2. This form must be completed by the Policyholder and/or the Authorized 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 Family Insurance Certificate 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 Insurer of the CEA (Central Insurance Association) to 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 submission of this report to the Insurer, you hereby consent to the archiving of this report in the centre and to copies of the report being made available if/when.
8. Consent under the Personal Data Protection Act (PDPA)  
I understand, acknowledge, agree and warrant 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 not set in this form and any other personal information provided by me or possessed by my Insurer (collectively the "Personal Information") and disclosure 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 "Insurer(s)"), the Insurer's lawyer/slaw firm, 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 claim including the settlement of the claim and any necessary investigations relating to the claim;  
(ii) investigating the accident and/or my claim;  
(iii) carrying out and/or dealing with my instruction or responding to any enquiry by me;  
(iv) administering my claim (including the making of correspondence, statements, interviews, reports or motions to me, which could involve disclosure of certain personal data about me to third party delivery of the same as well as on the external server of my workshop/package); and/or  
(v) complying with applicable law in administering, processing, handling and/or dealing with my claim.  
(collectively the "Purposes")  
(b) all Insurer(s) who have insured vehicle(s) involved in this accident and the Insurer's lawyer/slaw firm, 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/are be disclosed by any of the Insurer(s) and/or GIA to third party service providers or agents (including their lawyer/slaw firms), which may be filed outside of Singapore, for one or more of the above Purposes.

*[Signature]*

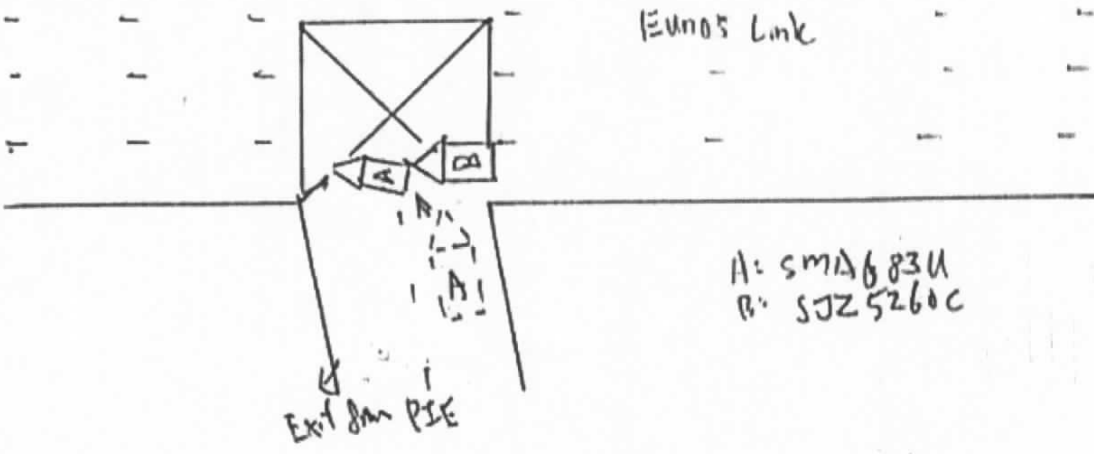
VERIFIED BY AJAX MARB  
REPORTING OFFICER  
THOMAS NG CHIN CHUN

Policyholder's Signature / Date & Time

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

Witnessed by Reporting Centre Personnel

## Sketch Plan



Sketch Plan #2 Pg. 1

ACCIDENT STATEMENT (2000 characters)

I WAS DRIVING ALONG PIE TOWARDS EUNOS AND I WAS DRIVING AT THE RIGHT LANE. AFTER I EXIT PIE AND ABOUT TO REACH EUNOS LINK, I STOP AT THE STOP LINE AND CHECK THE IN COMING CAR ON RIGHT. TRAFFIC ON THE LEFT ALREADY STOP STATIONARY DUE TO RED TRAFFIC LIGHT. SO I STARTED MOVE FORWARD TO THE THIRD LANE. SUDDENLY, VEHICLE B NEVER STOP BEFORE THE STOP LINE AND HIT ONTO MY VEHICLE. THE DAMAGES WAS AT THE REAR RIGHT PORTION. WE MANAGED TO TAKE PHOTO AND EXCHANGED PARTICULARS. NO INJURIES INVOLVED.

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 -  
NG CHIN CHUN

MARS Officer



Registered Owner or Driver's Signature

Job Complete Date/Time

22 July 2018 at 10:14 AM

Date/Time:

22 July 2018 at 10:14 AM

EMAIL ATTACHMENT Pg. 1

**Susan**

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**From:** Lenard Lim Soon Hwee <lenardlim@n51.com.sg>  
**Sent:** Tuesday, 24 July 2018 3:17 PM  
**To:** Susan  
**Cc:** Caren Teoh; SYneo@n51.com.sg; Zuraimimi Hasan; group@ajaxmars.com; koh@n51.com.sg; sabrina@n51.com.sg; yeopk@n51.com.sg  
**Subject:** Re: GIA REPORT - SMA0683U

Hi Susan,

Can you make the following amendment to the report.  
Amendment: **THIRD PARTY**.  
Name of registered owner: Grab rental 2

Thank you

Regards,  
Lenard

On Sun, 22 Jul 2018 at 12:45 PM, Susan <[susan@ajaxmars.com](mailto:susan@ajaxmars.com)> wrote:

Dear Sir/Madam,

Please find attached files, for your perusal.

Thank you.

Best Regards,

Susan Neo

Email: [susan@ajaxmars.com](mailto:susan@ajaxmars.com)

**AJAX MARS Pte Ltd**

120 Lower Delta Road

#08-08 Cendex Centre

Singapore 169208