

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 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. 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	02/07/2019 02:20
Date Of Accident	01/07/2019 09:55
Exact Location Of Accident	JUNCTION UPPER THOMSON ROAD AND TONG SOON ROAD
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SLN672U
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	TOYOTA
Model	PRIUS HYBRID 1.8 CVT
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	A29114756MKF
Cover Note Number	

Driver

Name of Driver	LOW POH KEE
NRIC No	S1530466I
Date Of Birth	24/11/1962
Occupation	OUTDOOR
Date Of Driving Pass	13/12/1984
Driving Experience	34 YEARS AND 6 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-96446428
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	SIDE SWIPE
Weather Conditions	CLEAR
Road Surface	DRY

Other Information

Was any foreign vehicle involved in this accident?	NO
Number of vehicles (including own vehicle) involved in the accident	2
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)	2
Passenger 1	NAME: : PASSENGER 1 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

ON THE DATE AND TIME MENTIONED. I WAS DRIVING ALONG THE SAID MENTIONED ROAD ON THE EXTREME LEFT LANE. THERE WAS A CONSTRUCTION ON THE EXTREME RIGHT LANE. AS I WAS DRIVING ON MY LANE SUDDENLY VEHICLE B, COMING FROM THE SECOND LANE FROM THE RIGHT, SWERVED AND CAME INTO MY LANE WITHOUT GIVING SIGNAL AND AS CAME TOO CLOSE TO MY VEHICLE, I AM NOT ABLE TO AVOID HITTING ITS REAR LEFT SIDE. THIS INCIDENT WAS CAPTURED IN MY IN CAR VIDEO, GIVEN TO ESTEEM WORKSHOP. STATEMENT WAS READ TO ME AND I ACKNOWLEDGED IT.

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	SLZ753G
Vehicle Make/Model/Colour	KIA / CARENS 1.7 DCT DIESEL 5DR FWD / RED
Details Of Properties	NA
Vehicle Category	PRIVATE CAR
Name of Driver	TEO GEOK MENG
NRIC/Passport Number	S6924954Z
Contact Number	
Address	

Postcode
Insurance Company Name
Nature Of Damage
No. Of Passenger (Including Driver)

Sketch Plan

SKETCH PLAN

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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.
(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.

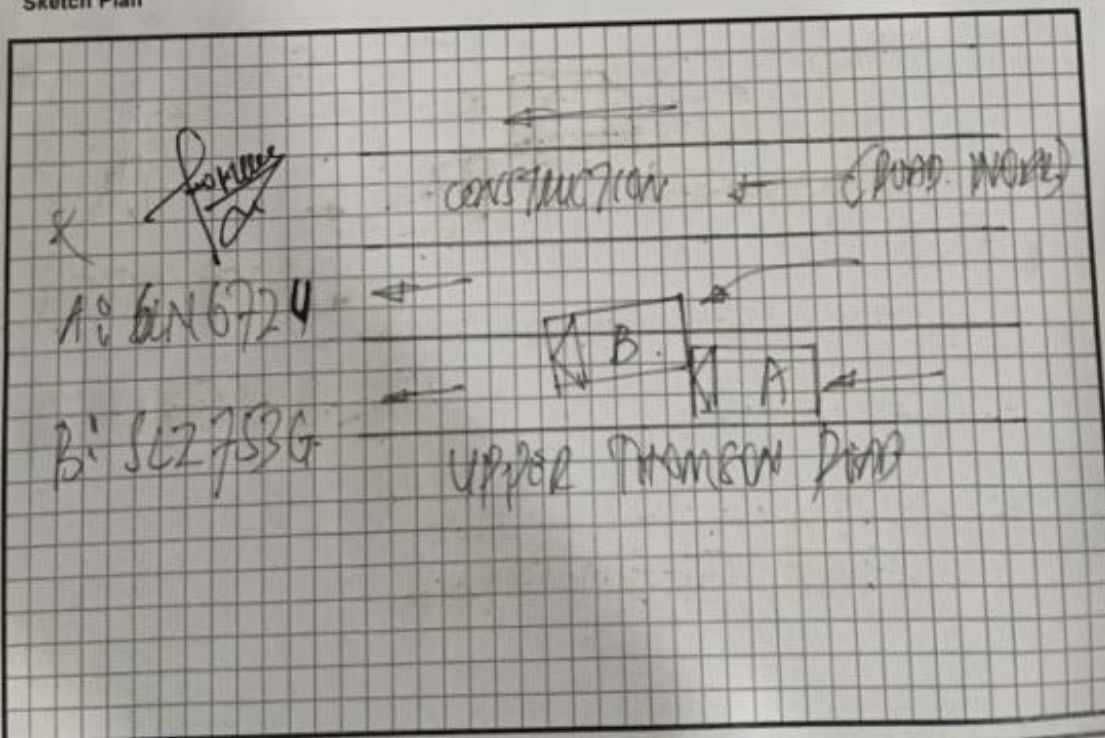
VERIFIED BY AJAX MARS
REPORTING OFFICER
Hashim Kamari

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)

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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 -
HASHIM BIN KAMARI

MARS Officer



Registered Owner or Driver's Signature

Job Complete Date/Time

1 July 2019 at 12:08 PM

Date/Time:

1 July 2019 at 12:08 PM

Elizabeth Lee

From: jenny chong <jenny@esteemperf.com.sg>
Sent: Tuesday, 2 July 2019 9:14 AM
To: Sabitra
Cc: Carmen Lim; Irving Teng; jas choo; group@ajaxmars.com; serence ctc; Caren Teoh
Subject: Re: GIA REPORT-SLN672U

Dear All,

Kindly amend report to third party.

Thank you



Freundliche Grüße / Best Regards

Jenny Chong

Senior Operation Executive | Operation Division
Esteem Performance Pte Ltd

P: 6484 1221

F: 6484 7829

E: jenny@esteemperf.com.sg

[5033 Ang Mo Kio Industrial Park 2 #01-259](#)

(Head Office)

[385 Sin Ming Drive](#) Vicom Inspection Centre
(Showroom)

www.esteemperformance.com



On Tue, Jul 2, 2019 at 2:47 AM Sabitra <sabitra@ajaxmars.com> wrote:

Dear Sir/Madam,

Please be informed that we had upload the GIA report to the google drive – MSGR-MARS00002902-SLN672U-GIA

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



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: S66S0020G / 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 : MBHH19085742 Vehicle Registration No: SLN672U
Name(as shown in NRIC) : LOW POH KEE NRIC/FIN/Passport No : S1530466I
(*Vehicle Driver / Vehicle Owner) (*) Please delete as appropriate
Address : _____ Singapore()
Contact (Tel) : _____ Mobile No. : 96446428
Email Address : _____
Date of Accident : 01/07/2019 Time of Accident : 09:55 HRS
Place of Accident : JUNCTION UPPER THOMSON ROAD AND TONG SOON ROAD
Insurance Company: MSIG INSURANCE (S) PTE LTD - GRAB

(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 TO THIRD PARTY CLAIM.

Policyholder / Driver's Signature
Date:

Elizabeth

Reporting Centre Personnel's Signature
Name: Elizabeth
NRIC/FIN No.:
Date: 02/07/2019