#### 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 <u>truthful and accurate</u> as possible. Any wilful misrepresentation or witholding 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	02/02/2018 11:57
Date Of Accident	02/02/2018 09:40
Exact Location Of Accident	WAYANG SATU FLYOVER TOWARDS BUKIT TIMAH ROAD
Country/State of Loss	SINGAPORE
	DETAILS OF OWN VEHICLE
Vehicle Registration Number	SLQ7913M
Insured/Policyholder	
Name Of Registered Owner	GRAB RENTALS 2 PTE LTD
Co Reg No	201701345N
Email Address	NOEMAIL
Mobile Phone No	
Alternative Phone No	OFFICE-98235248
Vehicle Particulars	
Manufacturer	MAZDA
Model	3-1.5 SEDAN EU6 (A)
Exact Purpose for which vehicle was being used at time of accident	HIRE AND 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	NG SENG HOE
NRIC No	S7122042G
Date Of Birth	30/06/1971
Occupation	OUTDOOR
Date Of Driving Pass	29/06/1991
Driving Experience	26 YEARS AND 7 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-96539324
Fax Number	
Contact Number	
EMail Address	STATEMENG5510@GMAIL.COM

Address

BLOCK 263 JURONG EAST STREET 24

#11-495

Postcode

600263

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?

NO

Was any injured conveyed to hospital by

ambulance?

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

**Details of Police Action** 

Was the accident reported to the police?

YES

If Yes. Please state which Police Station

Police Station Name

JURONG EAST NEIGHBOURHOOD POLICE CENTRE

Police Station Address

ROAD: NO. 92 BOON LAY WAY, POSTCODE: 609962, COUNTRY:

SINGAPORE

Police Station Contact

TEL NO: 1800-8999999 - FAX NO: 66655791

Was notice of intended Prosecution given?

NO

If Yes, against whom?

Circumstances of Accident

Refer to Police Report T/20180202/2066

Attachment(s)

Are accident photos available for attachment?

YES

Was there any video captured by Car Camera?

YES

Was there any audio recorded?

NO

**DETAILS OF OTHER VEHICLE PROPERTY 1** 

Vehicle Registration Number

**SLU9975A** 

Vehicle Make/Model/Colour

**Details Of Properties** 

Vehicle Category

PRIVATE CAR

Name of Driver

NRIC/Passport Number

Contact Number

Address

Postcode

Insurance Company Name

Nature Of Damage

Page 2 of 19

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

#### Sketch Plan Pg. 1

### SKETCH PLAN

#### **IMPORTANT NOTICE**

- 1. Please report correctly the details of the accident to speed up the claims process.
- This Form must be completed by the Policyholder and/or the Authorised Driver.
- 3. Information provided must be as <u>truthful and accurate as possible</u>. Any wilful misrepresentation or withholding of material facts may allow insurance companies to <u>repudiate policy liability</u>.
- 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.
- 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 lodgment 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)

Lunderstand, 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:
  - 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.
- (d) my Personal Information will also be collected and used to compile claims history for the purpose of fraud detection, investigation and management in present and all future claims.
- (e) the information so collected under (d) above may be shared / disclosed:
  - (i) to all insurers and/or any other third parties that assist in evaluating, investigating, controlling or managing fraud, regulators, law enforcement and government agencies as reasonably required for the purposes stated, or
  - (ii) for complying with requirements under any regulations, laws or court orders.

Policyholder's Signature Date & Time: Driver's Signature

(If driver is not the policyholder)

Date & Time: 1025hrs

Reporting Centre-Rersonnel's Signature

Name:

NRIC/FIN No.: 18 17779W

## Sketch Plan Pg. 2

KETCH PLAN		1.1 - 1	
	/·/X/		
A : SLQ 791311	40/11/1		
B = SLW 9975A	7		IAI
5 - 3EW 13 H	4 1 1 1		
			B
Bulit Timb			
Road	Wayang Suta	Dutin In an	
	1st impact Flyour	Road	
			2nd impact
ESCRIBE CIRCUMSTANCES C		1	
	Refer to GIA Rep	ot-t	
<u> </u>			0
		day and a	
ECLARATION			- /
We declare the foregoing particu	lars are true in every respect.	(	1
	B/II.		//
The Analysis of the Committee of the Com	2411	Panarting C	enter Personnel's Signature
olicyholder's Signature ate & Time:	Driver's Signature (If driver is not the policyholder)	Name:	de -
	Date & Time: 1025hrs	NRIC/FIN N	string o

## Police Report Pg. 1





T/20180202/2066

1 of 3

Report No. T/20180202/2066



Police Station Of Origin: Jurong East N.P.C 92 Boon Lay Way SINGAPORE 609962 Tel No: 1800-8999999

REPORT OF A TRAFFIC ACCIDENT					
Date/Time Report Made: 02/02/2018 13:03			Vide Report No.:		Station Diary No.: 69
Informant	's Particu	ılars			
Name of Ir NG SENG			Address: APT BLK 263 JURONG EAST SINGAPORE 600263	STREET	24 #11-495
ID Type / I		12G	Contact No.: Home/Office:	Mobile: 9	96539324
Nationality		EN	Email:		
Sex: Male	Age:	Date of Birth: 30/06/1971.	Type of Informant: Driver		
Race: Chinese		1	Language:	Institution	n / School Name:
Occupation GRAB DR		15	Driving Licence Information: Class:	Date of E	Expiry:

Type of Accident:	Non-Injury Others	Drink Drive: No	Date/Time of Accident: 02/02/2018 09:40	Type of Location: Flyover
Location: Along Road 1 BUKIT TIMAH Weather: Clear		Road Surface:		Road Speed Limit:
Traffic Flow:		Traffic Control: Not Controlled		Traffic Volume: Light
One Way				Anyone conveyed by

Details of V Vehicle No.	The state of the state of the state of	Make	Model	Color	Condition	No of Passenger
THE RESERVE THE PROPERTY OF THE PARTY OF THE	Type	Iviano	WOOD	00101		A STATE OF THE PARTY OF THE PAR
SLQ7913M	Car				Slightly Damaged	1
SLU9975A	Car				Slightly Damaged	0

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

#### Police Report Pg. 2





T/20180202/2066

2 of 3

Report No. T/20180202/2066

Police Station Of Origin: Jurong East N.P.C 92 Boon Lay Way SINGAPORE 609962 Tel No: 1800-8999999

CONTINUATION OF REPORT

Driver						
Name	NG SENG HOE			ID No		S7122042G
Related Vehicle	NIL r			Conta	ct No.	96539324
Hospital/Clinic	NIL		Class Drivin Licent Expiry	g ce &	Class: NIL Date of Expiry: NIL	
Date Treatment	NIL		Date Disc	harge	NIL	
No. of Days gran	ted Medical Leave	NIL	Degree of	Injury	NIL	

#### **Brief Details.**

On the 02/02/2018 at about 0940hrs, I was driving my Dark Blue Mazda 3 Vehicle Plate No: SLQ7913M along Bukit Timah Road, Wayang Satu Flyover at the first lane on the left. All of a sudden, another White Mitsubishi Spacestar Model Vehicle No: SLU9975A came from a slip road (Lewis Road) and collided with my vehicle at the left area. Subsequently, I stopped my vehicle at the left side of the road to exchange particulars with the driver. The driver too stopped his vehicle behind my vehicle and alighted from his vehicle. All of a sudden, the vehicle roll and hit my vehicle's rear. My vehicle sustained slight scratch and slight dent at the bumper. Neither me nor my passenger were injured or required any medical attention. I wish to state that I have the video proof of the accident with me.

### Police Report Pg. 3





T/20180202/2066

3 of 3

Report No. T/20180202/2066

Police Station Of Origin: Jurong East N.P.C 92 Boon Lay Way SINGAPORE 609962 Tel No: 1800-8999999

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: D / Sgt 2 B KAARTHIKA	Signature Of Informant:
Signature Of Interpreter: Not applicable	Date/Time: 02/02/2018 13:03
Officer In Charge Of Case: TP / GIA / Staff Sgt TANG SIEW PING Contact No.: 65476430	Classification Of Case:
Authentication Stamp NP168 SINGAPORE POLICE FORCE	SN 34

# Enquire PARF/COE Rebate for Registered Vehicle

/ehicle Owner Particulars	
Owner ID Type:	Company
Owner ID:	1345N
/ehicle Details	
/ehicle No.:	SLQ7913M
/ehicle to be Exported:	Yes
ntended De-registration Date:	02 Feb 2018
/ehicle Make:	MAZDA
/ehicle Model:	MAZDA3 SEDAN 1.5 AT EU6
Primary Colour:	Blue
Manufacturing Year:	2017
Engine No.:	P520444780
Chassis No.:	JM6BN22A8H0153126
Maximum Power Output:	88.0 kW (118 bhp)
Open Market Value:	\$14,761.00
Original Registration Date:	24 Jul 2017
irst Registration Date:	24 Jul 2017
ransfer Count:	0
Actual ARF Paid:	\$9,761.00
ntended PARF Rebate Details	
ARF Eligibility:	Yes
ARF Eligibility Expiry Date:	23 Jul 2027
PARF Rebate Amount:	\$7,320.00
ntended COE Rebate Details	
OE Expiry Date:	23 Jul 2027
COE Category:	A - Car up to 1600cc & 97kW (130bhp)
COE Period(Years):	10
QP Paid:	\$42,801.00
OE Rebate Amount:	\$34,240.00
otal Rebate Amount:	\$41,560.00

The information contained herein is correct as at 02 Feb 2018

# Enquire PARF/COE Rebate for Registered Vehicle

Vehicle Owner Particulars		
Owner ID Type:	Company	
Owner ID:	1345N	
Vehicle Details		
Vehicle No.:	SLQ7913M	
Vehicle to be Exported:	No	
Intended De-registration Date:	05 Feb 2018	
Vehicle Make:	MAZDA	
Vehicle Model:	MAZDA3 SEDAN 1.5 AT EU6	
Primary Colour:	Blue	
Manufacturing Year:	2017	
Engine No.:	P520444780	
Chassis No.:	JM6BN22A8H0153126	
Maximum Power Output:	88.0 kW (118 bhp)	
Open Market Value:	\$14,761.00	
Original Registration Date:	24 Jul 2017	
First Registration Date:	24 Jul 2017	
Transfer Count:	0	
Actual ARF Paid:	\$9,761.00	
Intended PARF Rebate Deta	ails	
PARF Eligibility:	Yes	41:4
PARF Eligibility Expiry Date:	23 Jul 2027	
PARF Rebate Amount:	\$7,320.00	
Intended COE Rebate Detai	Is	S - P&157 7
COE Expiry Date:	23 Jul 2027	
COE Category:	A - Car up to 1600cc & 97kW (130bhp)	
COE Period(Years):	10	New Property Comments
QP Paid:	\$42,801.00	
COE Rebate Amount:	\$40,511.00	
Total Rebate Amount:	\$47,831.00	