

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	06/02/2018 15:40
Date Of Accident	02/02/2018 07:50
Exact Location Of Accident	BEFORE LOYANG TUA PEK KONG TEMPLE TRAFFIC JUNCTION
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SLK7271M
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 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	A29069766MKF
Cover Note Number	

Driver

Name of Driver	TAN CHIN PENG RICKY
NRIC No	S1524288D
Date Of Birth	28/06/1962
Occupation	OUTDOOR
Date Of Driving Pass	18/08/1983
Driving Experience	34 YEARS AND 5 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-98978023
Fax Number	
Contact Number	
EEmail Address	TAN_RICKY2003@YAHOO.COM.SG

Address	APT BLK 331 WOODLANDS AVENUE 1 #07-409 SINGAPORE 730331
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	CHAIN COLLISION
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?	YES
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: : MALE

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 UBI
Was notice of intended Prosecution given?	NO
If Yes, against whom?	

Circumstances of Accident

Refer to police report no: T/20180202/7015 lodged at Traffic Police Division HQ Ubi. Before coming to traffic light at Loyang Ave towards Changi, Front car (SFZ4556D) stop. I (SLK7271M) stop n car behind (SLC6429A) also stop. Suddenly felt a bang and my car move forward n hit front car. Went down to investigate and found a lorry YM9268X had crashed into car (SLC69429A), resulting in car crashing onto my car and me hitting another car in front. Myself and driver of car (SLC6429A) was injured n conveyed to CGH in ambulance. I suffer pain in neck, back and leg and was given 3 days medical leave by the hospital. My car was damaged front n rear. I am lodging this report to claim damages to car, loss of earning and my injuries suffered.

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	SLC6429A
Vehicle Make/Model/Colour	MAZDA/MAZDA3 4-DOOR SEDAN 1.5L SP.6EAT
Details Of Properties	
Vehicle Category	PRIVATE CAR
Name of Driver	HO YOON CHAN
NRIC/Passport Number	S7104826H

Contact Number 94368718
Address
Postcode
Insurance Company Name
Nature Of Damage
No. Of Passenger (Including Driver)

DETAILS OF OTHER VEHICLE PROPERTY 2

Vehicle Registration Number SFZ4556D
Vehicle Make/Model/Colour TOYOTA/COROLLA 1.6
Details Of Properties
Vehicle Category PRIVATE CAR
Name of Driver QUAH KEE DING
NRIC/Passport Number S0107585C
Contact Number UNKNOWN
Address
Postcode
Insurance Company Name
Nature Of Damage
No. Of Passenger (Including Driver)

DETAILS OF OTHER VEHICLE PROPERTY 3

Vehicle Registration Number YM9268X
Vehicle Make/Model/Colour MITSUBISHI/FE84BE6SRDEA
Details Of Properties
Vehicle Category COMMERCIAL VEHICLE
Name of Driver ZAHARI BIN HARON
NRIC/Passport Number S1324304B
Contact Number
Address
Postcode
Insurance Company Name
Nature Of Damage
No. Of Passenger (Including Driver)

DETAILS OF INJURED PERSON 1

Name TAN CHIN PENG RICKY
Approximate Age
Injuries Sustain PAIN IN NECK, BACK AND LEG
Injured person in which vehicle? SLK7271M
Were seat belts worn? YES
Was this injured conveyed to hospital by ambulance? YES
Address
Postcode

DETAILS OF INJURED PERSON 2

Name HO YOON CHAN
Approximate Age
Injuries Sustain
Injured person in which vehicle? SLC6429A
Were seat belts worn? YES
Was this injured conveyed to hospital by ambulance? YES

Address
Postcode

SKETCH PLAN

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8. Consent under the Personal Data Protection Act (PDPA)

I understand, acknowledge, agree and consent that:

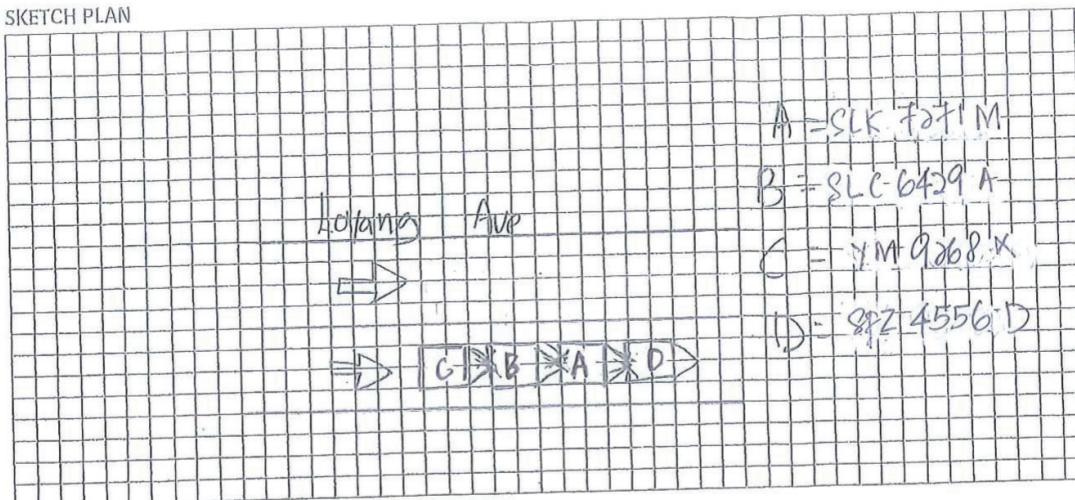
- (a) My insurer, my workshop and the General Insurance Association of Singapore ("GIA") may/are permitted to collect, use, disclose and/or process my personal data/personal information set out in this [form] and any other personal information provided by me or possessed by my insurer (collectively the "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 (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: 2/2/18 @ 13:00

Reporting Centre Personnel's Signature
Name: Carmen Kim
NRIC/FIN No.: G8278146W

SKETCH PLAN



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

on 2/2/18 @ 7:30am, when I was travelling on Lotang Ave

And I was stop at infront traffic light. All of sudden, vehicle behind of me

SLC 6429 A hit onto my Rear portion and Push my vehicle hit onto

infront vehicle SFZ 4556 D.

DECLARATION

I/We declare the foregoing particulars are true in every respect.

Policyholder's Signature
Date & Time:

GIARMC SketchPlanForm_V3

Driver's Signature
(If driver is not the policyholder)
Date & Time: 2/2/18 @ 13:00

Reporting Centre Personnel's Signature
Name: Camren Kim
NRIC/FIN No.: G8278146W

