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 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	18/02/2018 14:27	
Date Of Accident	18/02/2018 11:15	
Exact Location Of Accident	TAMPINES STREET 82 & TAMPINES AVENUE 3 JUNCTION	
Country/State of Loss	SINGAPORE	
DETAILS OF OWN VEHICLE		
Vehicle Registration Number	SLM9781J	
Insured/Policyholder		
Name Of Registered Owner	GRAB RENTALS	
Co Reg No	201617200G	
Email Address	NOEMAIL	
Mobile Phone No	(LOCAL) +65-81864944	
Alternative Phone No	OFFICE-81864944	
Vehicle Particulars		
Manufacturer	MAZDA	
Model	3	
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		
Driver		
Name of Driver	ONG HAN JIE	

Name of Driver ONG HAN JIL S9049708A NRIC No Date Of Birth 18/12/1990 Occupation **INDOOR** Date Of Driving Pass 19/11/2013

Driving Experience 4 YEARS AND 2 MONTHS

Gender MALE

Mobile Number (LOCAL) +65-81864944

Fax Number Contact Number

EMail Address HANJIEONG1990@GMAIL.COM Address NA

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 **COLLISION - CROSS JUNCTION**

Weather Conditions **CLEAR** Road Surface DRY

Other Information

Was any foreign vehicle involved in this accident? NO

Number of vehicles 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

: CHOY ASCLEPIUS PETER NAME:

GENDER: : MALE

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 SLM9781J was driving along Tampines ave 3 and have the right of way. As I approach the junction of ave3 and st82, suddenly the car SJZ6527C come out from Tampines st 82. I tried my best to stop my car but couldn't and collided with the other party.No injuries involved.

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?

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number SJZ6527C

Vehicle Make/Model/Colour CHEVROLET/CRUZE/DARK GRAY

Details Of Properties

Vehicle Category PRIVATE CAR

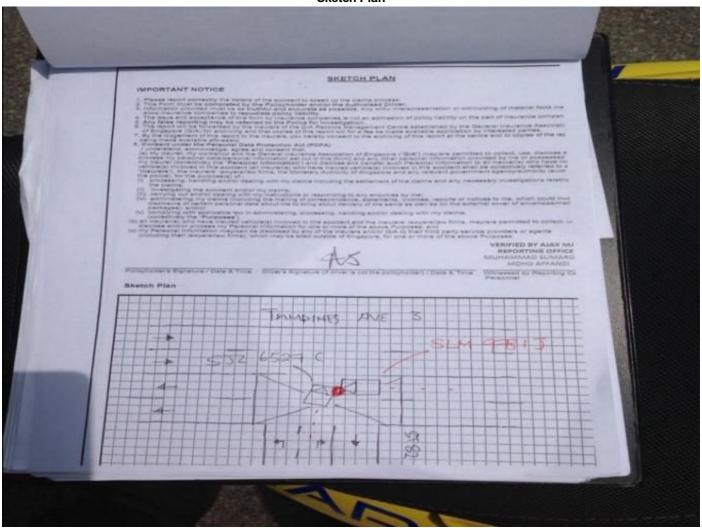
THESEIRA KLEVIN GERARD Name of Driver

NRIC/Passport Number S1551224E 90234282 **Contact Number**

Address Postcode

Insurance Company Name

Sketch Plan



Sketch Plan #2 Pg. 1

ACCIDENT STATEMENT (2000 characters)

	s ave 3 and have the right of way. As I ,suddenly the car SJZ6527C come out from my car but couldn't and collided with the other
Taxi Voucher No.:	
DECLARATION	
I/We declare that the above particulars & information provi	ded above are true in every aspect
VERIFIED BY AJAX MARS REPORTING OFFICER - MUHAMMAD SUMARDI BIN MOHD AFFANDI	
MARS Officer	Provintend Ourses and Deliverte Oissestant
Job Complete Date/Time	Registered Owner or Driver's Signature Date/Time:
18 February 2018 11:50 am	18 February 2018 11:50 am
,	,







