

## 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	21/02/2018 20:38
Date Of Accident	21/02/2018 03:30
Exact Location Of Accident	INTERCONTINENTAL HOTEL 80 MIDDLE ROAD 188966
Country/State of Loss	SINGAPORE

### DETAILS OF OWN VEHICLE

Vehicle Registration Number	SLK7209U
<b>Insured/Policyholder</b>	
Name Of Registered Owner	GRAB RENTALS PTE LTD
Co Reg No	201617200G
Email Address	STTAN85@OUTLOOK.COM
Mobile Phone No	
Alternative Phone No	OFFICE-94754545

### Vehicle Particulars

Manufacturer	MAZDA
Model	3 4-DOOR SEDAN
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	NA

### Driver

Name of Driver	TAN SWEE THIAM TIMOTHY
NRIC No	S8523613Z
Date Of Birth	24/07/1985
Occupation	OUTDOOR
Date Of Driving Pass	24/02/2014
Driving Experience	3 YEARS AND 11 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-94754545
Fax Number	
Contact Number	
Email Address	STTAN85@OUTLOOK.COM

Address	HDB CANTONMENT TOWERS, 12 CANTONMENT CLOSE #14-11
Postcode	080012
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 - CHANGE/CROSS LANE
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?	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)	1

#### 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, WHEN VEHICLE B, COMING FROM THE SECOND LANE FROM THE LEFT CUT THROUGH INFRONT OF MY VEHICLE AND WENT ALL THE WAY TO THE LEFT WITH THE INTENTION TO GO INTO THE HOTEL. WHEN I SAW THAT I APPLIED MY BRAKES BUT NOT ABLE TO STOP IN TIME AND TO AVOID HITTING THE REAR LEFT PORTION OF VEHICLE B. NO BODY WAS INJURED, BUT I WENT TO SEE A DOCTOR AFTER THE INCIDENT AND WAS GIVEN 3 DAYS OF MEDICAL LEAVE. 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?	YES
Was there any audio recorded?	NO

#### DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	SHD7212T
Vehicle Make/Model/Colour	TOYOTA / PRIUS HYBRID
Details Of Properties	
Vehicle Category	TAXI
Name of Driver	TENG KING GUAN
NRIC/Passport Number	S7119182F
Contact Number	
Address	
Postcode	
Insurance Company Name	
Nature Of Damage	
No. Of Passenger (Including Driver)	

**DETAILS OF INJURED PERSON 1**

Name	TAN SWEE THIAM TIMOTHY
Approximate Age	
Injuries Sustain	
Injured person in which vehicle?	SLK7209U
Were seat belts worn?	YES
Was this injured conveyed to hospital by ambulance?	NO
Address	
Postcode	

## Sketch Plan

### SKETCH PLAN

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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.
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.

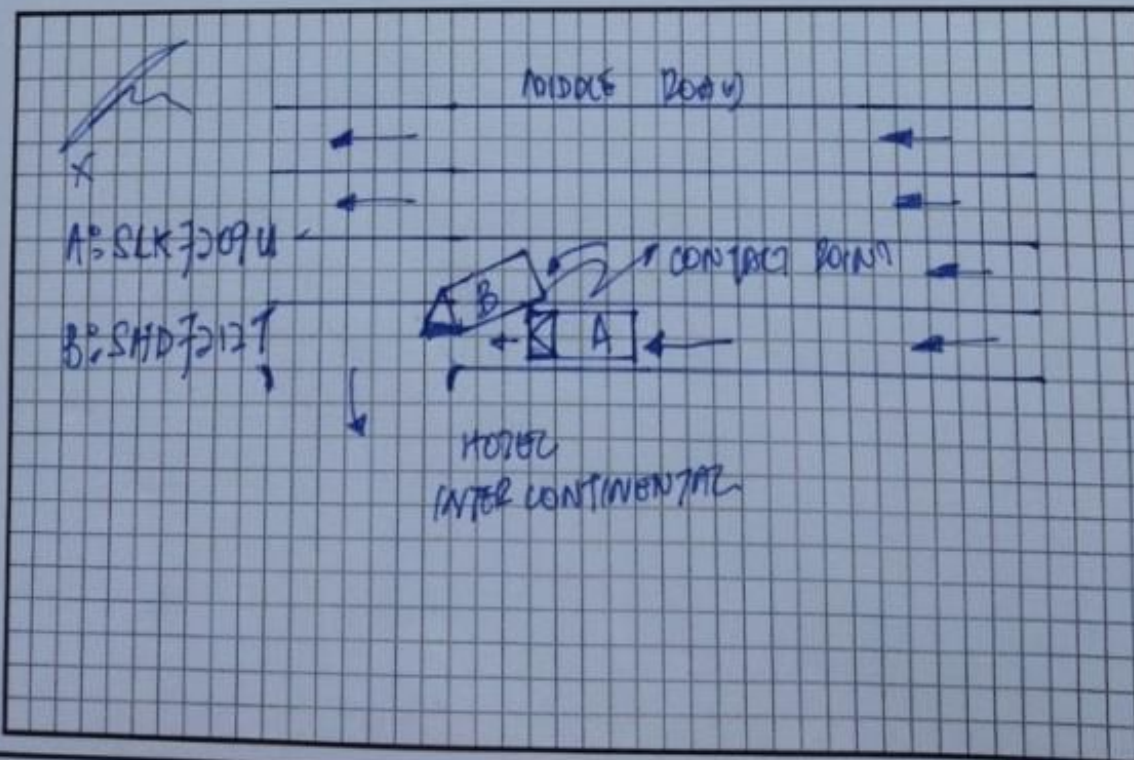
VERIFIED BY AJAX MARS  
REPORTING OFFICER  
Hashim Kamari

Policyholder's Signature / Date & Time

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

Witnessed by Reporting Centre  
Personnel

#### Sketch Plan



## Common Statement

### ACCIDENT STATEMENT (2000 characters)

ON THE DATE AND TIME MENTIONED I WAS DRIVING ALONG THE SAID MENTIONED ROAD ON THE EXTREME LEFT LANE, WHEN VEHICLE B, COMING FROM THE SECOND LANE FROM THE LEFT CUT THROUGH INFRONT OF MY VEHICLE AND WENT ALL THE WAY TO THE LEFT WITH THE INTENTION TO GO INTO THE HOTEL. WHEN I SAW THAT I APPLIED MY BRAKES BUT NOT ABLE TO STOP IN TIME AND TO AVOID HITTING THE REAR LEFT PORTION OF VEHICLE B. NO BODY WAS INJURED, BUT I WENT TO SEE A DOCTOR AFTER THE INCIDENT AND WAS GIVEN 3 DAYS OF MEDICAL LEAVE.

STATEMENT WAS READ TO ME AND I ACKNOWLEDGED IT

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

21 February 2018 at 5:49 PM

Date/Time:

21 February 2018 at 5:50 PM



Accident Photo



Accident Photo



**Accident Photo**





**Accident Photo**



**Accident Photo**



Accident Photo



Accident Photo





Driving License

REPUBLIC OF SINGAPORE  
IDENTITY CARD NO. S8523613Z



Name  
TAN SWEE THIAM, TIMOTHY  
(CHEN RUITIAN)  
陳 瑞 添

Race  
CHINESE

Date of birth  
24-07-1985

Sex  
M

Country/Place of birth  
SINGAPORE

S8523613Z

REPUBLIC OF SINGAPORE DRIVING LICENCE



Licence Number S8523613Z

Name  
TAN SWEE THIAM, TIMOTHY  
(CHEN RUITIAN)

Birth Date 24 Jul 1985

Issue Date 24 Apr 2014

002298131C



Driving License

3565982



NRIC No. S8523613Z



Date of issue  
24-02-2016

Address  
APT BLK 12 CANTONMENT CLOSE  
#14-11  
SINGAPORE 080012

YOU ARE LICENSED TO DRIVE VEHICLES IN THE FOLLOWING CLASS(ES)

	EFFECTIVE DATE
Class 3 Motor Cars= $\leq$ 3000kg with $\leq$ 7 passengers, exclusive of the driver; and other motor vehicles $\leq$ 2500kg	24 Apr 2014

NP 428A

Licence No: S8523613Z



PICS BY HIRER







PICS BY HIRER













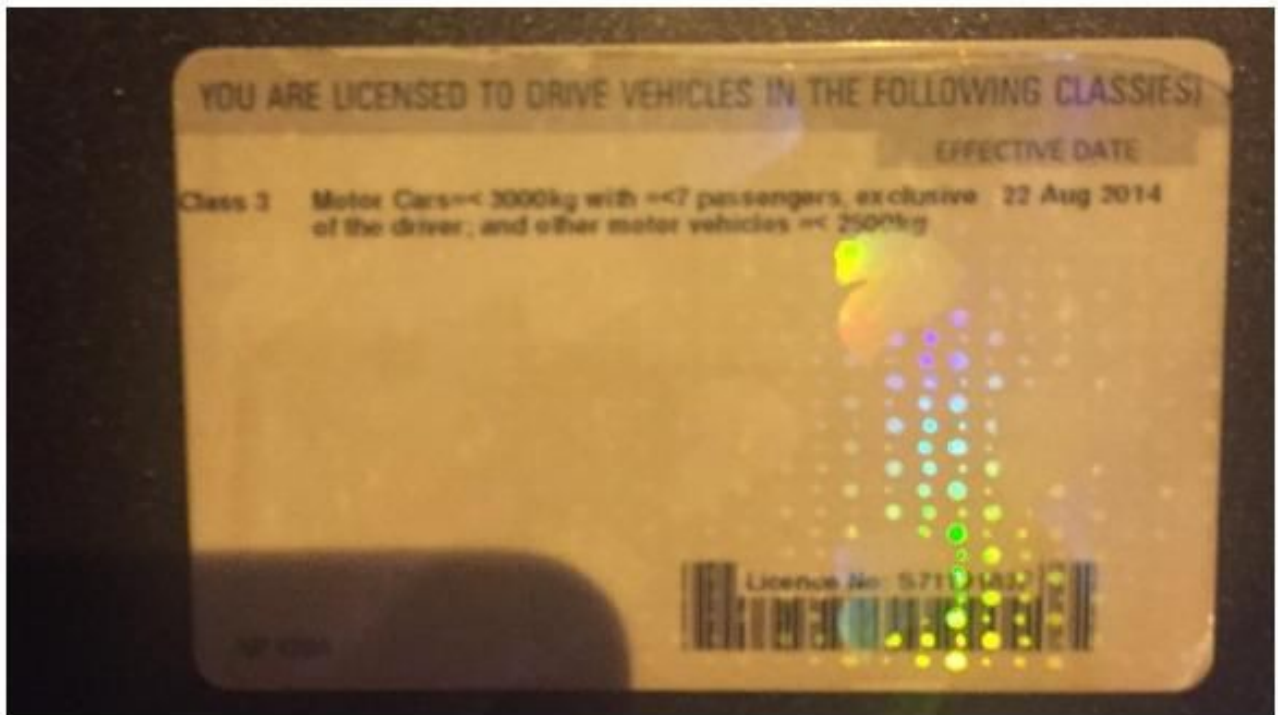
PICS BY HIRER



PICS BY HIRER



PICS BY HIRER



## Addendum Sheet



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: S66550020G / 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 : MBHH18025416 Vehicle Registration No: SLK7209U  
Name(as shown in NRIC) : TAN SWEE THIAM TIMOTHY NRIC/FIN/Passport No : S8523613Z  
(\*Vehicle Driver / Vehicle Owner) (\*) Please delete as appropriate  
Address : \_\_\_\_\_ Singapore( )  
Contact (Tel) : \_\_\_\_\_ Mobile No. : 94754545  
Email Address : sttan85@outlook.com  
Date of Accident : 21/02/2018 Time of Accident : 03:30  
Place of Accident : INTERCONTINENTAL HOTEL 80 MIDDLE ROAD 188966  
Insurance Company: MSIG INSURANCE (SINGAPORE) PTE. LTD.

#### (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:

\_\_\_\_\_  
\_\_\_\_\_  
ATTACHED VIDEO FOOTAGE & PICS BY HIRER  
\_\_\_\_\_  
\_\_\_\_\_  
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\_\_\_\_\_

\_\_\_\_\_  
Policyholder / Driver's Signature  
Date:

SUSAN  
\_\_\_\_\_  
Reporting Centre Personnel's Signature  
Name: F S NEO  
NRIC/FIN No.:  
Date: 22/02/2018