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.

By the lodgement of this report to the insurers, you hereby consaforesaid.	ent to the archiving of this report at the centre and to copies of the report being made available
AND RESIDENCE OF THE PARTY OF T	ACCIDENT STATEMENT
Date Of Report	10/03/2018 11:55
Date Of Accident	09/03/2018 18:20
Exact Location Of Accident	SEMBAWANG ROAD
Country/State of Loss	SINGAPORE
	DETAILS OF OWN VEHICLE
Vehicle Registration Number	SLP5852Z
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	VIOS 1.5E 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?

If No, Please state action to be taken Vehicle Category

THIRD PARTY 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 N.A

Driver

Name of Driver CHUA KOK HWEE

NRIC No S1836248A Date Of Birth 25/09/1966 Occupation **OUTDOOR** Date Of Driving Pass 11/06/1991

26 YEARS AND 8 MONTHS **Driving Experience**

MALE Gender

(LOCAL) +65-90017338 Mobile Number

Fax Number

Contact Number

NOEMAIL **EMail Address**

HDB JURONG WEST, 739 JURONG WEST STREET 73 #09-58 Address

640739 Postcode

Was driver an employee of the Insured's Company NO

OTHER - HIRER

If No, Relationship of the Driver with the Insured

Vehicle Registration Number of Driver's Own

Vehicle

Insurance Company of Driver's Own Vehicle

General Information of the Accident

CHAIN COLLISION

Weather Conditions

Type Of Accident

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?

NO

Was any other material or property damaged?

I have been approached by unknown person(s)

YES NO

soliciting/offering accident claims assistance.

1

Details of Police Action

Was the accident reported to the police?

Number of Passengers (Including Driver)

NO

If Yes, Please state which Police Station

Was notice of intended Prosecution given?

NO

If Yes, against whom?

Circumstances of Accident

Driving along SEMBAWANG RD towards SEMBAWANG was on the centre lane going straight and traffic flows was heavy. Front vehicle stopped, followed by my vehicle. Suddenly I felt an impact from behind and saw a vehicle had hit onto my rear portion. When I came out from my vehicle, I discovered it was chain collision with 3 vehicles 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 SLE5165G

TOYOTA SIENTA 1.5G CVT / RED Vehicle Make/Model/Colour

NIL **Details Of Properties**

Vehicle Category PRIVATE CAR

Name of Driver MOHAMMAD FAIRUZ BIN HALID

NRIC/Passport Number S8123381J Contact Number 82989587

Address Postcode

Insurance Company Name

Nature Of Damage

No. Of Passenger (Including Driver)

DETAILS OF OTHER VEHICLE PROPERTY 2

Vehicle Registration Number Vehicle Make/Model/Colour

Details Of Properties Vehicle Category

Name of Driver

NRIC/Passport Number

Contact Number

Address

Postcode

Insurance Company Name

Nature Of Damage

No. Of Passenger (Including Driver)

SLK9785J

MAZDA / MAZDA3 4-DOOR SEDAN 1.5L / BLACK

NIL

PRIVATE CAR

ABDULLAH RAHMAN BIN HARON

S1588749D

82981435

SKETCH PLAN

IMPORTANT NOTICE

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- 6. The report will be forwarded by the insurers of the GIA Records Management Centre established by the General Insurance Association of Singapore (GIA) for any later and the GIA Records Management Centre established by the insurers of the GIA Records Management Centre established by the insurers of the GIA Records Management Centre established by the insurers of the GIA Records Management Centre established by the insurers of the GIA Records Management Centre established by the General Insurance Association of Singapore (GIA) for any later and the GIA Records Management Centre established by the insurers of the GIA Records Management Centre established by the General Insurance Association of Singapore (GIA) for any later and the GIA Records Management Centre established by the Insurers of the GIA Records Management Centre established by the Insurers of the GIA Records Management Centre established by the Insurers of the GIA Records Management Centre established by the Insurers of the GIA Records Management Centre established by the Insurers of the GIA Records Management Centre established by the Insurers of the GIA Records Management Centre established by the Insurers of the GIA Records Management Centre established by the Insurers of the GIA Records Management Centre established by the Insurers of the GIA Records Management Centre established by the Insurers of the GIA Records Management Centre established by the Insurers of the GIA Records Management Centre established by the Insurers of the GIA Records Management Centre established by the Insurers of the GIA Records Management Centre established by the Insurers of the GIA Records Management Centre established by the Insurers of the GIA Records Management Centre established by the Insurers of the GIA Records Management Centre established by the Insurers of Singapore (GIA) for archiving and that copies of this report will for a fee be made available application by interested parties. By the loggerment of this report will for a fee be made available application by interested parties. 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 application by interested parties.
- being made available aforesaid
- 8 Consent under the Personal Data Protection Act (PDPA) (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.
- process my personal data/personal information set out in this [form] and any other personal information provided by me or possessed by my insurer (collection). my insurer (collectively the "Personal Information") and disclose and transfer such Personal Information to all insurer(s) who have insured vehicle(s) involved in the 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 of the insurers "Insurers"), the insurers lawyers/law firms, the Monetary Authority of Singapore and any relevant government agency/authority (such as the police), for 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.
- (A) administering my claims (including the mailing of correspondence, statements, involces, 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.

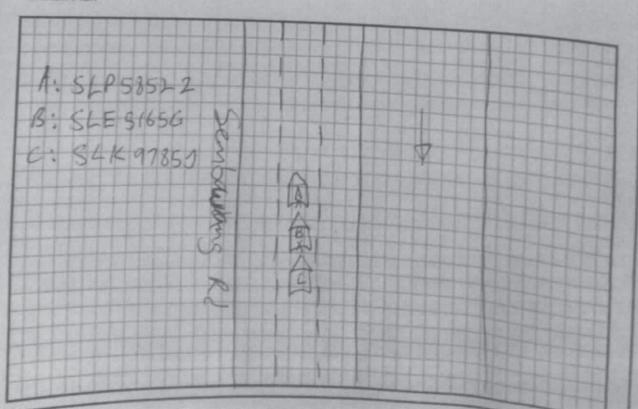
VERIFIED BY AJAX MARS REPORTING OFFICER

AIZAM BIN ATAN

allen Policybolder's Signature / Date & Time Driver's Signature (If driver is not the policybolder) / Date & Time

Witnessed by Reporting Centra

Sketch Plan



Common Statement Pg. 1

ACCIDENT STATEMENT (2000 c	haracters)
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straight and traffic flows was heavy. Fro Suddenly I felt an impact from behind a	ds SEMAWANG was on the centre lane going ont vehicle stopped, followed by my vehicle. and saw a vehicle had hit onto my rear portion. covered it was chain collision with 3 vehicles
Taxi Voucher No.: Are you claiming your own insurance policy for the repair of your vehicle?	
DECLARATION I/We declare that the above particulars & information prov VERIFIED BY AJAX MARS REPORTING OFFICER - AIZAM BIN ATAN	rided above are true in every aspect
MARS Officer	
	Registered Owner or Driver's Signature
Job Complete Date/Time	Date/Time:
10 March, 2018 10:30 am	10 March, 2018 10:30 am

Enquire PARF/COE Rebate for Registered Vehicle

Vehicle Owner Particulars		
Owner ID Type:	Company	
Owner ID:	7200G	
Vehicle Details		
Vehicle No.:	SLP5852Z	
Vehicle to be Exported:	Yes	
Intended De-registration Date:	12 Mar 2018	
Vehicle Make:	TOYOTA	
Vehicle Model:	VIOS 1.5E CVT	
mary Colour:	Grey	
Manufacturing Year:	2017	
Engine No.:	2NRX160116	
Chassis No.:	MHFB29F3102012112	
Maximum Power Output:	79.0 kW (105 bhp)	
Open Market Value:	\$12,785.00	
Original Registration Date:	12 Jun 2017	
First Registration Date:	12 Jun 2017	
Transfer Count:	0	
Actual ARF Paid:	\$7,785.00	
Intended PARF Rebate Deta	ails	
RF Eligibility:	Yes	
PARF Eligibility Expiry Date:	11 Jun 2027	
PARF Rebate Amount:	\$5,838.00	
Intended COE Rebate Detai	ls	
COE Expiry Date:	11 Jun 2027	
COE Category:	A - Car up to 1600cc & 97kW (130bhp)	
COE Period(Years):	10	
QP Paid:	\$51,600.00	
COE Rebate Amount:	\$41,280.00	
Total Rebate Amount:	\$47,118.00	

The information contained herein is correct as at 12 Mar 2018