

## 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	19/03/2018 17:12
Date Of Accident	19/03/2018 14:20
Exact Location Of Accident	TAKASHIMAYA SHOPPING CENTRE DROP OFF POINT
Country/State of Loss	SINGAPORE

### DETAILS OF OWN VEHICLE

Vehicle Registration Number	SLJ1302C
<b>Insured/Policyholder</b>	
Name Of Registered Owner	GRAB RENTALS PTE LTD
Co Reg No	201617200G
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-97535098
Alternative Phone No	OFFICE-97535098

### 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	CHOO THIAM HUAT
NRIC No	S1608667C
Date Of Birth	16/10/1963
Occupation	OUTDOOR
Date Of Driving Pass	17/06/1982
Driving Experience	35 YEARS AND 9 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-97535098
Fax Number	
Contact Number	
Email Address	6363ETALAN@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	SIDE SWIPE
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)	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

I SLJ1302C was picking up my passenger from tower B and enter the Ngee Ann city pick up and drop off area, while was in the queue one the left lane suddenly the other party SLD7044P from my right enter towards my lane and collided onto my right driver door. 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?	NO

#### DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	SLD7044P
Vehicle Make/Model/Colour	HONDA/ VEZEL 1.5X
Details Of Properties	
Vehicle Category	TAXI
Name of Driver	MR NORAZMI
NRIC/Passport Number	S7219447J
Contact Number	83992499
Address	
Postcode	
Insurance Company Name	
Nature Of Damage	
No. Of Passenger (Including Driver)	1

# Sketch Plan

## SKETCH PLAN

### IMPORTANT NOTICE

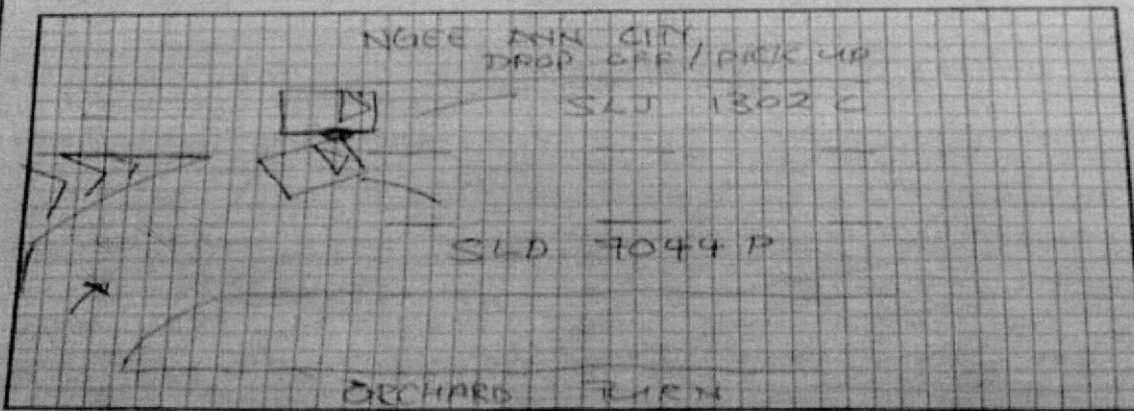
1. Please report correctly the nature of the accident to assist in the claims process.
2. This form must be completed by the Police Officer and the Authorized Driver.
3. Information provided must be as accurate and complete as possible. Any willful misrepresentation or withholding of material facts may result in insurance companies to repudiate policy validity.
4. The issue and acceptance of this form by the Police Officer is not an endorsement of being liability on the part of insurance companies.
5. Any facts impacting may be referred to the Police for investigation.
6. The report will be reviewed by the members of the Civilian Complaint Management Centre established by the National Insurance Association of Singapore (NIA) for ensuring and that copies of this report will for a free of charge available application by interested parties.
7. By the respondent of this report to the insured, you hereby consent to the contents of this report at the date and is copies of the report being made available to the insured.
8. Consistent under the Personal Data Protection Act (PDPA):  
I, the insured, acknowledge, agree and consent that:  
(a) I have read my rights and the Civilian Complaint Management Centre established by the National Insurance Association of Singapore (NIA) may have provided to collect, use, disclose and/or disseminate my personal data (personal information and data in this form) and any other personal information provided by me or provided by my insurer (collectively the "Personal Information") and disclose and transfer such Personal Information to an insurer(s) who have provided services related to this accident (all insurers) who have insured vehicles involved in this accident when he/she/they referred to as the "Insurers"; the Insurers (except the Insurer) the Monetary Authority of Singapore and any relevant government agency/authority (collectively the "Authorities") for the purpose 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 obligations or responding to any enquiries by me;  
(iv) administering the claims (including the making of payments, disbursements, advances, reports or notices to me, which could involve disclosure of certain personal data about me to third party service providers of the same as used as for the actual order of administration); and/or  
(v) complying with regulatory law in administering, processing, handling and/or dealing with my claims.  
(b) I do consent that I have insured vehicles involved in this accident and the Insurers (except the Insurer) may have provided to collect, use, disclose and/or disseminate my Personal Information for one or more of the above purposes; and  
(c) my Personal Information may/ may not be disclosed by any of the Insurers (except the Insurer) to third party service providers or agents (including their subsidiaries/branches), which may be used outside of Singapore, for one or more of the above purposes.

VERIFIED BY AJAX MARS  
REPORTING OFFICER  
MUHAMMAD SUMARDI BIN  
MOHD ARFANDI

Policyholder's Signature / Date & Time: \_\_\_\_\_ Officer's Signature (if a fee is not the policyholder) / Date & Time: \_\_\_\_\_

Witnessed by Reporting Officer  
Present:

### Sketch Plan



ACCIDENT STATEMENT (2000 characters)

I SLJ1302C was picking up my passenger from tower B and enter the Ngee Ann city pick up and drop off area, while was in the queue on the left lane suddenly the other party SLD7044P from my right enter towards my lane and collided onto my right driver door. No injuries involved.

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 -  
MUHAMMAD SUMARDI BIN MOHD AFFANDI

MARS Officer



Registered Owner or Driver's Signature

Job Complete Date/Time

19 March 2018 4:03 pm

Date/Time:

19 March 2018 4:03 pm

Accident Photo



## Enquire PARF/COE Rebate for Registered Vehicle

<b>Vehicle Owner Particulars</b>	
Owner ID Type:	Company
Owner ID:	7200G
<b>Vehicle Details</b>	
Vehicle No.:	SLJ1302C
Vehicle to be Exported:	Yes
Intended De-registration Date:	20 Mar 2018
Vehicle Make:	MAZDA
Vehicle Model:	MAZDA3 4-DOOR SEDAN 1.5L SP.6EAT
Primary Colour:	Grey
Manufacturing Year:	2016
Engine No.:	P520401610
Chassis No.:	JM6BN22A8H0119419
Maximum Power Output:	88.0 kW (118 bhp)
Open Market Value:	\$17,091.00
Original Registration Date:	29 Nov 2016
First Registration Date:	29 Nov 2016
Transfer Count:	0
Actual ARF Paid:	\$12,091.00
<b>Intended PARF Rebate Details</b>	
PARF Eligibility:	Yes
PARF Eligibility Expiry Date:	28 Nov 2026
PARF Rebate Amount:	\$9,068.00
<b>Intended COE Rebate Details</b>	
COE Expiry Date:	28 Nov 2026
COE Category:	A - Car up to 1600cc & 97kW (130bhp)
COE Period(Years):	10
QP Paid:	\$50,991.00
COE Rebate Amount:	\$40,792.00
<b>Total Rebate Amount:</b>	<b>\$49,860.00</b>

The information contained herein is correct as at 20 Mar 2018

OK