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

atoresaid.	
	ACCIDENT STATEMENT
Date Of Report	20/03/2018 16:14
Date Of Accident	20/03/2018 11:50
Exact Location Of Accident	ALONG GEYLANG LOR 22
Country/State of Loss	SINGAPORE
D	ETAILS OF OWN VEHICLE
Vehicle Registration Number	SLS4761T
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	

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
 LIANG KAI KIAT

 NRIC No
 \$1701009C

 Date Of Birth
 13/01/1965

 Occupation
 OUTDOOR

 Date Of Driving Pass
 31/01/1984

Driving Experience 34 YEARS AND 1 MONTH

Gender MALE

Mobile Number (LOCAL) +65-81003926

Fax Number Contact Number

EMail Address LIANGKK33@GMAIL.COM

Address

APT BLK 255 ANG MO KIO AVENUE 4 #10-119 SINGAPORE 560255

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 - HEAD TO REAR

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 SLS4761T was driving along Lorong 22 Geylang towards Guillemard rd on the Center lane and there's a Malaysia vehicle cut into my lane, so I slow down my vehicle to avoid hitting the Malaysia vehicle. Suddenly the other party SLQ4449G bang onto my vehicle from the back. We manage to exchange particular no injuries involved.

Attachment(s)

Are accident photos available for attachment?

YES

Was there any video captured by Car Camera?

YES

Remarks/ Reasons:

RETRIEVING

Was there any audio recorded?

NO

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number

SLQ4449G

Vehicle Make/Model/Colour

TOYOTA/PRIUS HYBRID 1.8 CVT /WHITE

Details Of Properties

Vehicle Category

PRIVATE CAR

Name of Driver

LAI SHIN WEI DESMOND

NRIC/Passport Number

S7118952Z

Contact Number

90932248

Address

Postcode

Insurance Company Name

Nature Of Damage

No. Of Passenger (Including Driver)

SKETCH PLAN

IMPORTANT NOTICE

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- 8 Consent under the Personal Data Protection Act (PDPA)
- I understand, scknowledge, agree and consent that

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 (a) My insurer, my workshop and the General insurance Association of Singapore ("GIA") may/are permitted to collect, use, disclose and/or

 (b) My insurer, my workshop and the General insurance Association of Singapore ("GIA") may/are permitted to collect, use, disclose and/or

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 (c) My insurer, my workshop and the General insurance Association of Singapore ("GIA") may/are permitted to collect, use, disclose and/or

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- (i) processing, handling and/or dealing with my claims including the settlement of the claims and any necessary investigations relating to
- the claims

- the carrs.

 it investigating the socident and/or my claims.

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 it carrying out and/or dealing with my instructions or respondence, statements, invoices, reports or notices to me, which could involve 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
- 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 addident 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 G/A to their third party service providers or agents (including their lawyers/law firms), which may be shed outside of Singapore, for one or more of the above Purposes

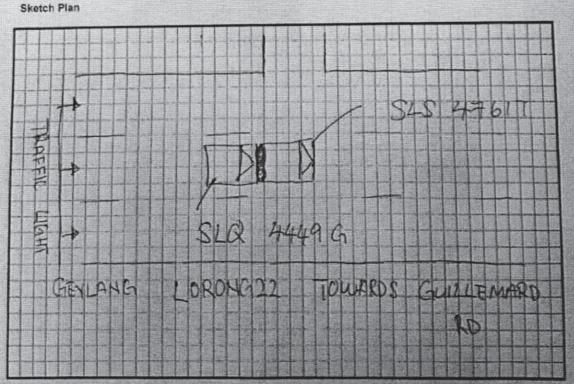
VERIFIED BY AJAX MARS REPORTING OFFICER MUHAMMAD SUMARDI BIN

MOHD AFFANDI

ailan

Policyholder's Signature / Date & Time Driver's Signature (Edinver is not the policyholder) / Date & Time

Witnessed by Reporting Centre Personnel



Common Statement Pg. 1

ACCIDENT STATEMENT (2000 characters)	
I SLS4761T was driving along Lorong 22 Geylang towards Guillemard rd on the Collane and there's a Malaysia vehicle cut into my lane, so I slow down my vehicle to a hitting the Malaysia vehicle. Suddenly the other party SLQ4449G bang onto my vehicle to the back. We manage to exchange particular no injuries involved.	avoid
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: Date/Time:	

20 March 2018 3:04 pm

20 March 2018 3:04 pm

Enquire PARF/COE Rebate for Registered Vehicle

Vehicle Owner Particulars	-
Owner ID Type:	Company
Owner ID:	7200G
Vehicle Details	
Vehicle No.:	SLS4761T
Vehicle to be Exported:	No
Intended De-registration Date:	21 Mar 2018
Vehicle Make:	TOYOTA
Vehicle Model:	PRIUS HYBRID 1.8 CVT
Primary Colour:	Silver
Manufacturing Year:	2017
Engine No.:	2ZRS088523
Chassis No.:	JTDKB3FU503570833
Maximum Power Output:	90.0 kW (120 bhp)
Open Market Value:	\$31,008.00
Original Registration Date:	26 Sep 2017
First Registration Date:	26 Sep 2017
Transfer Count:	0
Actual ARF Paid:	\$5,412.00
Intended PARF Rebate Details	
PARF Eligibility:	Yes
PARF Eligibility Expiry Date:	25 Sep 2027
PARF Rebate Amount:	\$4,059.00
Intended COE Rebate Details	
COE Expiry Date:	25 Sep 2027
COE Category:	B - Car above 1600cc or 97kW (130bhp)
COE Period(Years):	10
QP Paid:	\$53,711.00
COE Rebate Amount:	\$51,085.00
Total Rebate Amount:	\$55,144.00

The information contained herein is correct as at 21 Mar 2018

ОК