## SINGAPORE ACCIDENT STATEMENT

## IMPORTANT NOTICE

Fax Number Contact Number EMail Address

- 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 <u>truthful and accurate</u> 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

aforesaid.	
	ACCIDENT STATEMENT
Date Of Report	25/03/2018 13:42
Date Of Accident	24/03/2018 15:40
Exact Location Of Accident	AYE/TUAS BEFORE NORMANTON EXIT
Country/State of Loss	SINGAPORE
C	DETAILS OF OWN VEHICLE
Vehicle Registration Number	SLT2725G
Insured/Policyholder	
Name Of Registered Owner	GRAB RENTALS PTE LTD
Co Reg No	201617200G
Email Address	NOEMAIL
Mobile Phone No	
Alternative Phone No	OFFICE-91811868
Vehicle Particulars	
Manufacturer	HONDA
Model	VEZEL HYBRID 1.5X AUTO
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	N.A.
Driver	
Name of Driver	WINSON CHUA
NRIC No	S8026082B
Date Of Birth	06/08/1980
Occupation	OUTDOOR
Date Of Driving Pass	25/02/2009
Driving Experience	9 YEARS AND 0 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-91811868

WINSON CHUA05@HOTMAIL.COM

Address

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 CHAIN COLLISION

Weather Conditions CLEAR
Road Surface WET

#### **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

soliciting/offering accident claims assistance.

NO 4

YES

# Details of Police Action

Was the accident reported to the police?

If Yes, Please state which Police Station

Number of Passengers (Including Driver)

Police Station Name PUNGGOL N.P.C

Police Station Address ROAD: 21A TEBING LANE, POSTCODE: 828837, COUNTRY:

SINGAPORE

Police Station Contact TEL NO: - FAX NO:

Was notice of intended Prosecution given? NO

If Yes, against whom?

## **Circumstances of Accident**

Driving along AYE/TUAS was on the extreme right lane going straight. Front vehicle braked and I manage to stop in time. After few seconds,I felt an impact from behind and saw a vehicle had hit onto my vehicle 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: PENDING FROM DRIVER

Was there any audio recorded? NO

## **DETAILS OF OTHER VEHICLE PROPERTY 1**

Vehicle Registration Number SLD417T

Vehicle Make/Model/Colour NISSAN/ NOTE/ GREY

Details Of Properties NA

Vehicle Category PRIVATE CAR

Name of Driver PEREIRA STEPHEN CONRAD

NRIC/Passport Number S7725758F Contact Number 94505188

Address Postcode Insurance Company Name

Nature Of Damage

No. Of Passenger (Including Driver)

# **DETAILS OF OTHER VEHICLE PROPERTY 2**

Vehicle Registration Number SJT5008R

Vehicle Make/Model/Colour UNKNOWN MODEL/ WHITE

**Details Of Properties** NA

PRIVATE CAR Vehicle Category Name of Driver MA HONGBIN

NRIC/Passport Number

Contact Number NA Address NA

Postcode

Insurance Company Name

Nature Of Damage

No. Of Passenger (Including Driver)

## **DETAILS OF INJURED PERSON 1**

WINSON CHUA Name

Approximate Age 37

Injuries Sustain **NECK AND BACK PAIN** 

Injured person in which vehicle? **SLT2725G** 

YES Were seat belts worn?

Was this injured conveyed to hospital by

ambulance?

Address Postcode

NO



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 of possessed by process my personal data/personal information set out in this [form] and any other personal information provided by me of possessed by process my personal data/personal information of all insurer(s) who have insured 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 shall be collectively referred to as the vehicle(s) involved in this accident (all insurers), who have insured vehicle(s) involved in this accident shall be collectively referred to as the vehicle(s) involved in this accident shall be collectively referred to as the vehicle(s) involved in this accident shall be collectively referred to as the vehicle(s) involved in this accident shall be collectively referred to as the vehicle(s) involved in this accident shall be collectively referred to as the vehicle(s) involved in this accident shall be collectively referred to as the vehicle(s) involved in this accident shall be collectively referred to as the vehicle(s) involved in this accident shall be collectively referred to as the vehicle(s) involved in this accident shall be collectively referred to as the vehicle(s) involved in this accident (all insurers).

(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 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

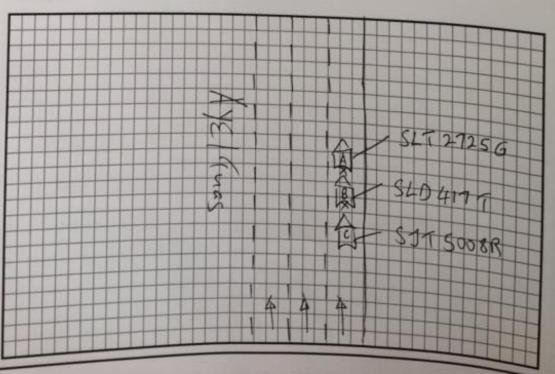
(c) my Personal Information may/can be disclosed by any of the insurers and/or GIA to their third party service providers or agents (including their lawyers/law firms), which may be sited outside of Singapore, for one or more of the above Purposes.

VERIFIED BY AJAX MARS REPORTING OFFICER

Mr Policyholder's Signature / Date & Time Driver's Signature (If driver is not the policyholder) / Date & Time Witnessed by Reporting Centre

AIZAM BIN ATAN

#### Sketch Plan



## Sketch Plan #2

# ACCIDENT STATEMENT (2000 characters)

braked and I manage to stop in time. At	treme right lane going straight. Front vehicle ter few seconds,I felt an impact from behind cle rear portion. When I came out from my on with 3 vehicles involved.
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 provi  VERIFIED BY AJAX MARS REPORTING OFFICER - AIZAM BIN ATAN	ded above are true in every aspect
MARS Officer  Job Complete Date/Time  25 March, 2018 1:30 pm	Registered Owner or Driver's Signature  Date/Time:  25 March, 2018 1:30 pm

## **POLICE REPORT**



REPORT OF A TRAFFIC ACCIDENT

Occupation: GRAB DRIVER



Date of Expiry:

Police Station Of Origin: Punggol N.P.C 21A Tebing Lane SINGAPORE 828837 Tel No: 1800-6049999 1 of 4 Report No. T/20180325/2068

Date/Time Report Made: 25/03/2018 13:39			Vide Report No.: Station Diar 55			
Informa	int's Partic	ulars		THE RESERVE THE PROPERTY OF THE PERSON OF TH		
	f Informant: N CHUA		Address: APT BLK 305A PUNG 821305	GOL ROAD #05-707 SINGAPORE		
	/ ID No.: O / \$80260	82B	Contact No.: Home/Office:	Mobile: 86841818		
National SINGAF	ity: PORE CITIZ	EN	Email:			
Sex: Male	Age:	Date of Birth: 06/08/1980	Type of Informant:			
Race:		Language:	Institution / School Name;			

Driving Licence Information:

Class: 3

Type of Accident:	Injury Others	Drink Drive; No	Date/Time of Accident: 24/03/2018 15:40	Type of Location Straight Road	
AYER RAJAH	Traveling Toward F				
Weather: Clear	Service Harrison	Road Surface; Wet		Road Speed Limit:	
		Traffic Control: Not Controlled		Traffic Volume: Moderate	
AND ROOMS AND ADDRESS OF THE PARTY OF THE PA	ion:			Anyone conveyed by	

Details of V	-					
Vehicle No.	Туре	Make	Model	Color	Condition	No of Passenger
SJT5008R	Car					0
SLD417T	Car	-				2
SLT2725G	Car					3

## POLICE REPORT





Police Station Of Origin Punggol N.P.C 21A Tebing Lane SINGAPORE 828837 Tel No: 1800-6049999 2 of 4 Report No. T/20180325/2068

#### CONTINUATION OF REPORT

Details of Perso	n Involved			LEU HAR			
Any Pedestrian II	nvolved: No						
No. of Pedestrian	s injured: NIL	and the second	Use of	Pedestrian	Cross	ing: NA	
Name	MA HONGBIN		ID No.		S7281713C		
Related Vehicle	SJT5008R (Car)		Conta	ct No.	91881674		
Hospital/Clinic	NIL			Class Driving Licens Expiry	g ce &	Class: NIL Date of Expiry: NIL	
Date Treatment	NII. Date Dis			ischarge	Electric Control Contr		
No. of Days gran				A Section Control of the Control	f Injury NIL		
Driver		Nasion a	STATE OF THE PARTY.		(HOS)	THE PARTY OF THE PARTY OF	
Name	PEREIRA STEPHEN CONRAD		ID No	40	S7725758F		
Related Vehicle	SLD417T (Car)		Conta	ct No.	94505188		
Hospital/Clinic	NIL		Class Drivin Licend Expiry	g ce &	Class: NIL Date of Expiry; NIL		
Date Treatment	NIL		Date D	scharge	NIL		
	ted Medical Leave	NIL		Degree of Injury NIL			
Driver					NAME OF TAXABLE PARTY.	BANGER OF THE	
Name	WINSON CHUA		ID No		S8026082B		
Related Vehicle	SLT2725G (Car)			Conta	ct No.	86841818	
Hospital/Clinic	PROHEALTH MEDICAL GROUP @PUNGGOL SPECTRA PTE, LTD.			Class Drivin Licent Expire	g	Class: 3 Date of Expiry: NIL	
Date Treatment	24/03/2018		Date D	ischarge			
	ted Medical Leave	03		of Injury	NIL		

#### Brief Details.

On 24/03/2018 at about 1540hrs, I was travelling along AYE towards Tuas on the right most lane when the vehicle traveiling in front of me had braked. Thus, I had managed to brake and did not hit into his rear. Shortly after, I felt an impact from the rear and there was a vehicle which had hit into the rear of my vehicle. I thus made a check and discovered that it was a chain collision involving 2 other vehicles. There were no immediate medical attention required at that point in time and no ambulance was activated. We exchanged the necessary details and left shortly after. After which, I felt pain on my neck and back and thus went to seek medical attention and was given 3 days of MC. That is all.

## **POLICE REPORT**





Police Station Of Origin: Punggol N.P.C 21A Tebing Lane SINGAPORE 828837 Tel No: 1800-6049999

3 of 4, Report No. T/20180325/2068

CONTINUATION OF REPORT

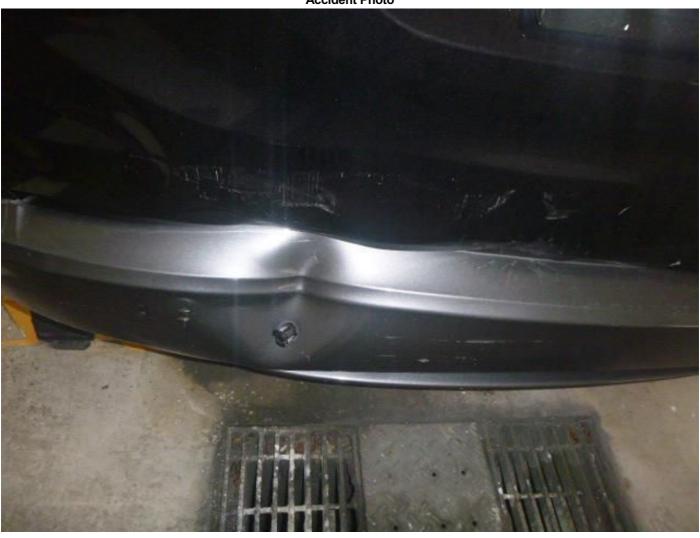






















#### **Addendum Sheet**



#### 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

<u>IMPORTANT NOTE</u>: Please submit the completed Addendum form to the <u>same</u> Authorised Reporting Centre with whom you submitted the Original Report.

# **ADDENDUM** (A) PARTICULARS OF PERSON MAKING THE AMENDMENTS: Original Report No : MBHH18040109 Vehicle Registration No: SLT2725G Name(asshownin NRIC): GRAB RENTALS PTE LTD NRIC/FIN/Passport No : 201617200G (\*Vehicle Driver / Vehicle Owner) (\*) Please delete as appropriate Address Singapore( Contact (Tel) \_\_\_\_Mobile No.:\_\_\_ Email Address Date of Accident : 24/03/2018 \_\_\_Time of Accident : \_15:40 Place of Accident : AYE/TUAS BEFORE NORMANTON EXIT Insurance Company: MSIG Insurance (Singapore) Pte. Ltd. (B) ADDITIONALINFORMATION / AMENDMENTS: I have made a report on the above mentioned accident and would like to include additional information or make the following amendments: Attach police report Amend injury details

Policyholder / Driver's Signature Date:

Name: May Mi (E-filer) NRIC/FINNo.: S9375043H

Reporting Centre Personnel's Signature

Date: 27/03/2018