

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 14:53
Date Of Accident	16/03/2018 16:30
Exact Location Of Accident	ALONG PIE(CHANGI) BEFORE WHITLEY RD EXIT
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SLU5300Z
Insured/Policyholder	
Name Of Registered Owner	GRAB RENTALS PTE LTD
Co Reg No	A29069766MKF
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-97696342
Alternative Phone No	OFFICE-97696342

Vehicle Particulars

Manufacturer	HONDA
Model	VEZEL HYBR
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	LEONG YINGMIN, JASMINE
NRIC No	S8234296F
Date Of Birth	10/10/1982
Occupation	OUTDOOR
Date Of Driving Pass	07/11/2001
Driving Experience	16 YEARS AND 4 MONTHS
Gender	FEMALE
Mobile Number	(LOCAL) +65-97696342
Fax Number	
Contact Number	
EEmail Address	JASLIANG82@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	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	2
Was any body injured in the Accident?	NO
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)	3
Passenger 1	NAME: : FYE GENDER: : FEMALE
Passenger 2	NAME: : P2 GENDER: : FEMALE

Details of Police Action

Was the accident reported to the police?	YES
If Yes, Please state which Police Station	
Police Station Name	CHOA CHU KANG NPC
Police Station Address	ROAD: 20 CHOA CHU KANG ST 52 #01-02 , POSTCODE: 689286 , COUNTRY: SINGAPORE
Police Station Contact	TEL NO: - FAX NO:
Was notice of intended Prosecution given?	NO
If Yes, against whom?	

Circumstances of Accident

REFER TO POLICE REPORT NO: (T/20180317/2085) ON 16/03/2018 AT ABOUT 1630HRS, I WAS DRIVING MY VEHICLE (SLU5300Z) ALONG PIE NEXT STEVEN ROAD EXIT SENDING MY PASSENGER TO HIS DESTINATION. AT THAT POINT OF TIME, THE TRAFFIC VOLUME WERE HEAVY AND CARS ARE MOVING SLOWLY. SUBSEQUENTLY, THERE IS THIS VEHICLE IN FRONT OF ME JAM BRAKE BUT I MANAGED TO STOP MY VEHICLE (SLU5300Z) IN TIME BUT THE VEHICLE (SLN2906H) UNABLE TO STOP HIS VEHICLE (SLN2906H) IN TIME. HENCE, HIS VEHICLE (SLN2906H) FRONT HIT ON TO MY VEHICLE (SLU5300Z) REAR. BOTH OF US CAME OUT OF OUR VEHICLES AND EXCHANGED PARTICULARS AND LEFT THE LOCATION. NOBODY WAS INJURED. NO POLICE NOR AMBULANCE WAS AT SCENE. NO GOVERNMENT PROPERTY DAMAGE.

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	SLN2906H
Vehicle Make/Model/Colour	MITSUBISHI/ LANCER EX
Details Of Properties	
Vehicle Category	PRIVATE CAR
Name of Driver	HASSAN BIN BORHAN
NRIC/Passport Number	
Contact Number	83481122
Address	
Postcode	
Insurance Company Name	
Nature Of Damage	
No. Of Passenger (Including Driver)	1

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.

[Handwritten Signature]

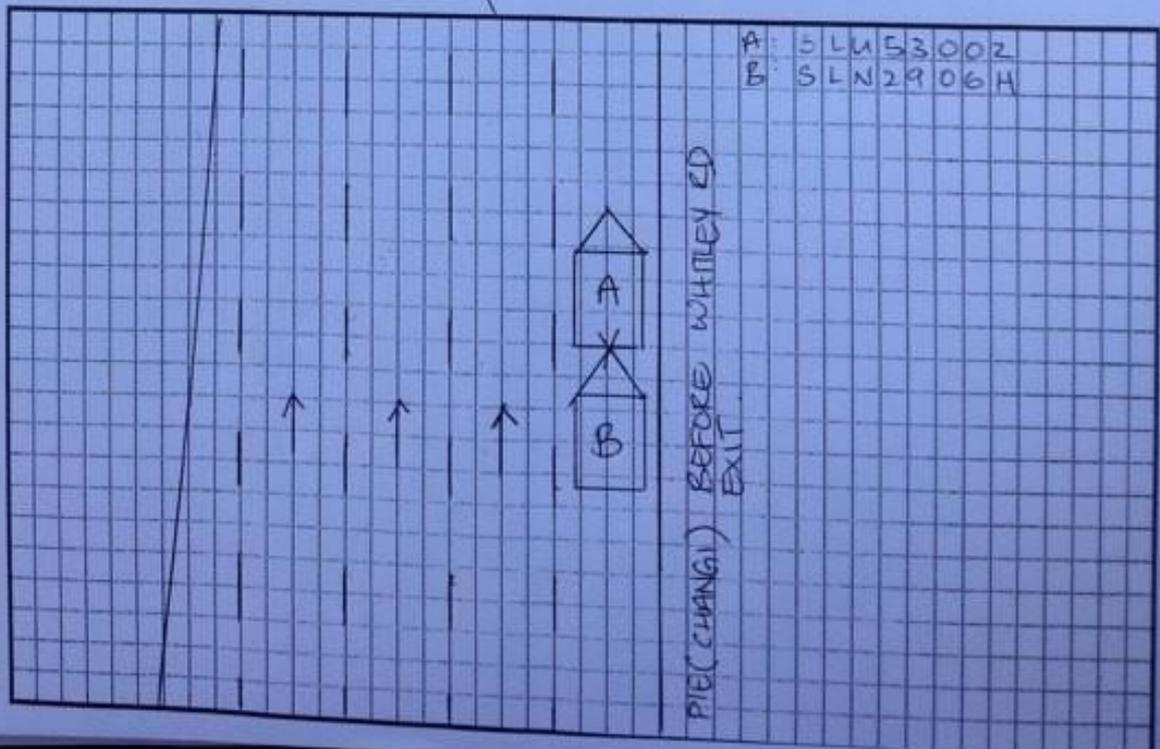
 Driver's Signature (if driver is not the policyholder) / Date & Time

VERIFIED BY AJAX MARS
 REPORTING OFFICER
 Ammar Hamizan Bin
 Khalrudin

 Policyholder's Signature / Date & Time

Witnessed by Reporting Centre
 Personnel

Sketch Plan



POLICE REPORT



**SINGAPORE
POLICE FORCE**



T/20180317/2085

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Report No. T/20180317/2085

Police Station Of Origin:
Choa Chu Kang N.P.C
20 Choa Chu Kang Street 52 #01-02
SINGAPORE 689286
Tel No: 1800-7659999

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 17/03/2018 14:35	Vide Report No.:	Station Diary No.: 135
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Informant's Particulars

Name of Informant: LEONG YINGMIN, JASMINE		Address: APT BLK 150 JALAN TECK WHYE #13-49 SINGAPORE 680150	
ID Type / ID No.: NRIC NO / S8234296F		Contact No.:	Mobile: 97696342
Nationality: SINGAPORE CITIZEN		Email:	
Sex: Female	Age: 35	Date of Birth: 10/10/1982	Type of Informant: Driver
Race: Chinese		Language:	Institution / School Name:
Occupation: GRAB DRIVER		Driving Licence Information: Class: 3	Date of Expiry:

General Information of the Accident

Type of Accident:	Non-Injury	Drink Drive: No	Date/Time of Accident: 16/03/2018 16:30	Type of Location: Straight Road
Location: Along Road 1 PAN ISLAND EXPRESSWAY Along PIE next Steven road exit				
Weather: Clear		Road Surface: Dry	Road Speed Limit:	
Traffic Flow: One Way		Traffic Control: Not Controlled	Traffic Volume: Heavy	
Type of Collision: Between Moving Vehicles - Head To Rear				Anyone conveyed by ambulance: No

Details of Vehicle Involved

Vehicle No.	Type	Make	Model	Color	Condition	No of Passenger
SLN2906H	Car				No Damage	1
SLU5300Z	Car				No Damage	1

Details of Person Involved

Any Pedestrian Involved: No	
No. of Pedestrians Injured: NIL	Use of Pedestrian Crossing: NA

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Tel No: 1800-7659999



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Report No. T/20180317/2085

CONTINUATION OF REPORT

Driver			
Name	Hassan Bin Borhaut	ID No.	NIL
Related Vehicle	SLN2906H (Car)	Contact No.	83481122
Hospital/Clinic	NIL	Class of Driving Licence & Expiry Date	Class: NIL Date of Expiry: NIL
Date Treatment	NIL	Date Discharge	NIL
No. of Days granted Medical Leave	NIL	Degree of Injury	NIL
Driver			
Name	LEONG YINGMIN, JASMINE	ID No.	S8234296F
Related Vehicle	SLU5300Z (Car)	Contact No.	97696342
Hospital/Clinic	NIL	Class of Driving Licence & Expiry Date	Class: 3 Date of Expiry: NIL
Date Treatment	NIL	Date Discharge	NIL
No. of Days granted Medical Leave	NIL	Degree of Injury	NIL
Passenger			
Name	Fye	ID No.	NIL
Related Vehicle	SLU5300Z (Car)	Contact No.	82075367
Hospital/Clinic	NIL	Class of Driving Licence & Expiry Date	Class: NIL Date of Expiry: NIL
Date Treatment	NIL	Date Discharge	NIL
No. of Days granted Medical Leave	NIL	Degree of Injury	NIL

Brief Details.

On 16/03/2018 at about 1630hrs, I was driving my vehicle (SLU5300Z) along PIE next Steven road exit sending my passenger to his destination. At that point of time, the traffic volume were heavy and cars are moving slowly. Subsequently, there is this vehicle in front of me jam brake but I managed to stop my vehicle (SLU5300Z) in time but the vehicle (SLN2906H) unable to stop his vehicle (SLN2906H) in time. Hence, his vehicle (SLN2906H) front hit onto my vehicle (SLU5300Z) rear. Both of us came out of our vehicles and exchanged particulars and left the location. Nobody is injured. No police nor ambulance was at scene. No government property damage.

POLICE REPORT



**SINGAPORE
POLICE FORCE**



T/20180317/2085

Police Station Of Origin:
Choa Chu Kang N.P.C
20 Choa Chu Kang Street 52 #01-02
SINGAPORE 689286
Tel No: 1800-7659999

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Report No. T/20180317/2085

CONTINUATION OF REPORT

POLICE REPORT



SINGAPORE
POLICE FORCE



T/20180317/2085

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Report No. T/20180317/2085

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20 Choa Chu Kang Street 52 #01-02
SINGAPORE 689286
Tel No: 1800-7659999

CONTINUATION OF REPORT

Sketch Plan

Informant is not able to provide sketch plan

IMPORTANT: Please attach a copy of your vehicle's Insurance Certificate to this report. If you don't have the certificate with you now, please fax a copy to 65474885 stating the report number as reference.

Signature Of Officer Recording The Report:

J/
Sgt 2 SOO AU EN

Signature Of Informant:

Signature Of Interpreter:
Not applicable

Date/Time:
17/03/2018 14:35

Officer In Charge Of Case:
TP / GIA /
Staff Sgt TANG SIEW PING
Contact No: 65476430

Classification Of Case:

Authentication Stamp
NP168

Singapore Police Force

Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo

