

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	29/03/2018 17:25
Date Of Accident	29/03/2018 14:30
Exact Location Of Accident	AMARA HOTEL LOBBY
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SLS4229P
Insured/Policyholder	
Name Of Registered Owner	GRAB RENTALS 2 PTE LTD
Co Reg No	201701345N
Email Address	NOEMAIL
Mobile Phone No	
Alternative Phone No	OFFICE-68014188

Vehicle Particulars

Manufacturer	MAZDA
Model	3-1.5 SEDAN EU6 (A)
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

Name of Insurance Company	MSIG INSURANCE (SINGAPORE) PTE. LTD.
Type Of Coverage	COMPREHENSIVE
Fleet Policy	YES
Policy Number	A29069774MKF
Cover Note Number	

Driver

Name of Driver	KWEK KHENG WHEE
NRIC No	S1467479I
Date Of Birth	12/10/1961
Occupation	OUTDOOR
Date Of Driving Pass	19/01/1983
Driving Experience	35 YEARS AND 2 MONTHS
Gender	MALE
Mobile Number	
Fax Number	
Contact Number	
Email Address	KENTKWEK485@GMAIL.COM

Address	BLOCK 807 YISHUN RING ROAD #03-4209
Postcode	760807
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 - OPENING DOOR OF VEHICLE
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.	YES
Number of Passengers (Including Driver)	2

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

On 29.03.2018 at about 1430hours, I was driving my vehicle (A: SLS4229P) along AMARA hotel lobby. Suddenly, a vehicle (B:SH9035Z) on my left opened the rear passenger door which result in a hit on my front left portion. Vehicle A (SLS4229P) : 1 male passenger onboard. Vehicle B (SH9035Z) : 1 male passenger onboard.

Attachment(s)

Are accident photos available for attachment?	YES
Was there any video captured by Car Camera?	YES
Was there any audio recorded?	NO

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	SH9035Z
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	
Name of Driver	CHOA KIM CHWEE
NRIC/Passport Number	S1245498H
Contact Number	93835057
Address	
Postcode	
Insurance Company Name	
Nature Of Damage	
No. Of Passenger (Including Driver)	2

SKETCH PLAN

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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.
- (d) my Personal Information will also be collected and used to compile claims history for the purpose of fraud detection, investigation and management in present and all future claims.
- (e) the information so collected under (d) above may be shared / disclosed:
 - (i) to all insurers and/or any other third parties that assist in evaluating, investigating, controlling or managing fraud, regulators, law enforcement and government agencies as reasonably required for the purposes stated, or
 - (ii) for complying with requirements under any regulations, laws or court orders.

Policyholder's Signature
Date & Time:

Driver's Signature
(If driver is not the policyholder)
Date & Time:

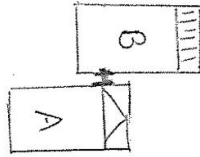
29/03/18
3.50pm

Reporting Centre Personnel's Signature
Name: *Raymond Ow*
NRIC/FIN No.: *G 285 9646X*

Sketch Plan Page 1 of 3

SKETCH PLAN

AMARA hotel lobby



A: SL84229P

B: SH 9035Z

165 Tanjong Pagar Road

DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

refer to GIA report.

DECLARATION

I/We declare the foregoing particulars are true in every respect.

Policyholder's Signature
Date & Time:

Driver's Signature
(If driver is not the policyholder)
Date & Time:

Date & Time:
29/03/18
3:50 PM

Reporting Centre Personnel's Signature
Name: Cayman On
NRIC/FIN No.: G2859646X

Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo





Accident Photo



Accident Photo



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: 566550020G / GST Reg. No.: M400017735

ADDENDUM

Original Report No : MTLM18042661 Vehicle Registration No: SLS4229P

Name(as shown in NRIC) : Kwek Kheng Whee NRIC/FIN/Passport No : S1467479I

(*Vehicle Driver / Vehicle Owner) (*) Please delete as appropriate

Address : Block 807 Yishun Ring Road #03-4209 Singapore(160807)

Contact (Tel) : Nophone Mobile No. : Nophone

Email Address : Kentkwek485@gmail.com

Date of Accident : 29/03/2018 Time of Accident : 1430 hours

Place of Accident : AMARA hotel lobby

Insurance Company: MSIG Insurance (Singapore) Pte Ltd

Attached the damaged photos of vehicle.

Reporting Centre Personnel's Signature
Name: *aymen*
NRIC/FIN No.: *G2859646X*
Date: *02/04/18*