

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	08/06/2018 15:31
Date Of Accident	07/06/2018 14:55
Exact Location Of Accident	JUNC OF YISHUN AVE 7 AND AVE 8
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SLR5043G
Insured/Policyholder	
Name Of Registered Owner	GRAB RENTALS PTE LTD
Co Reg No	201617200G
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-96603709
Alternative Phone No	OFFICE-96603709

Vehicle Particulars

Manufacturer	HONDA
Model	VEZEL
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	NO
Policy Number	A29069766MKF
Cover Note Number	

Driver

Name of Driver	SALLEH BIN AMIR
NRIC No	S1161792A
Date Of Birth	30/07/1956
Occupation	OUTDOOR
Date Of Driving Pass	09/12/1980
Driving Experience	37 YEARS AND 5 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-96603709
Fax Number	
Contact Number	
EMail Address	NOEMAIL

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?	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: : P1
	GENDER: : MALE
Passenger 2	NAME: : P2
	GENDER: : FEMALE

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 THE DATE AND TIME MENTIONED, I WAS DRIVING AT THE SAID LOCATION, AND WHEN WAS MAKING A RIGHT TURN IN TO YISHUN AVE 8. ON THE EXTREME RIGHT LANE, VEHICLE B, COMING FROM MY LEFT, CUT IN TO MY PATH AND COLLIDED ON TO THE POINT LEFT PORTION OF MY VEHICLE. THIS INCIDENT WAS CAPTURED BY THE IN-CAR VIDEO WATCH WAS SUBMITTED TO THE N51 WORKSHOP. THE DRIVER OF VEHICLE B, DID NOT GIVE HIS PARTICULARS AND I WAS ADVISED BY HIM TO LODGE A REPORT. STATEMENT WAS READ TO ME AND I ACKNOWLEDGE IT. Upon collision, vehicle was pushed and the right rear wheel went up the curb.

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	SHC8390K
Vehicle Make/Model/Colour	HYUNDAI/I40/BLUE
Details Of Properties	
Vehicle Category	TAXI
Name of Driver	UNKNOWN DRIVER
NRIC/Passport Number	

Contact Number

Address

Postcode

Insurance Company Name

Nature Of Damage

No. Of Passenger (Including Driver)

1

Sketch Plan

1. Please insert correctly the details of the accident to spread up the claim process.
2. The form must be completed by the Policyholder and/or the Authorized Officer.
3. Information provided must be as truthful and accurate as possible. Any willful misrepresentation or withholding of material facts may
a. render the insurance company to repudiate policy liability.
4. The denial and acceptance of this form by insurance companies is not an admission of policy liability on the part of insurance companies.
5. Any false reporting may be referred to the Police for investigation.
6. The report will be forwarded by the insurers to the GLA Records Management Centre established by the General Insurance Association of Singapore (GIAS) for archiving and that copies of this report will for a fee be made available upon application by interested parties.
7. By the submission 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)
- (a) I understand, acknowledge, agree and consent that:
- (i) My insurer, my workshop and the General Insurance Association of Singapore ("GIA") may/are permitted to collect, use, disclose and/or process my personal and 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 persons who have named and/or involved in this accident (all "third parties") who have insured vehicles involved in this accident shall be collectively referred to as the "Insurers", the "Insurer's" 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 my motor vehicle registration); and/or
- (v) complying with applicable law in administering, processing, handling and/or dealing with my claims.
- (collectively the "Purposes")
- (b) all persons who have insured vehicles 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/are 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 third parties of Singapore, for one or more of the above Purposes.

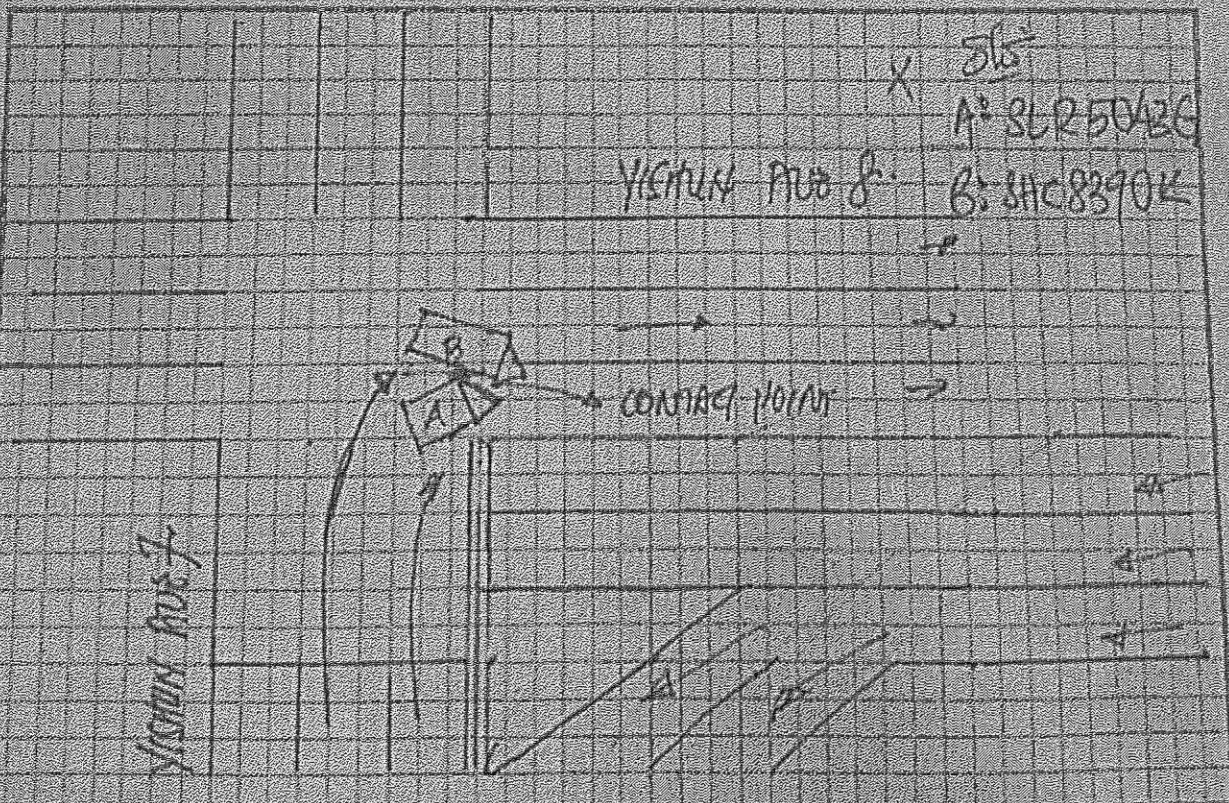
VARIFIED BY
MARS AGENT
HASHIM

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

Witnessed by Reporting Center
Perpared *M. J. J.*

Sketch Plan



Describe Circumstances of the Accident

ON THE DATE & TIME MENTIONED I WAS DRIVING AT THE SHOP JUNCTION, AND WHEN I WAS MAKING A RIGHT TURN INTO VICTOR AVE E, ON THE EXTREME RIGHT LANE, VEHICLE B, COMING FROM MY LEFT, CUT INTO MY PATH AND COLLIDED ON TO THE FRONT LEFT PORTION OF MY VEHICLE. THIS INCIDENT WAS CAPTURED BY THE IN-CAR VIDEO WHICH WAS SUBMITTED TO THE NSI WORKSHOP. THE DRIVER OF VEHICLE B, DID NOT GIVE HIS PARTICULARS & I WAS ASKED BY HIM TO LOGIC A REPORT.

STATEMENT WAS READ TO ME & I ACKNOWLEDGED IT.

SL
X

Declaration

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

VERIFIED BY
MARS AGENT
HASHIM

Policyholder's Signature / Date & Time

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

Witnessed by Reporting Officer
(Personal)