

## 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	12/06/2018 13:44
Date Of Accident	12/06/2018 02:40
Exact Location Of Accident	CHANGI RD TOWARDS JLN WAKAFF IN FRONT OF HOTEL 81
Country/State of Loss	SINGAPORE

### DETAILS OF OWN VEHICLE

Vehicle Registration Number	SLM1602X
<b>Insured/Policyholder</b>	
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	VIOS 1.5E
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?	YES
If No, Please state action to be taken	
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	CHOW MING FATT
NRIC No	S1233503B
Date Of Birth	18/05/1957
Occupation	OUTDOOR
Date Of Driving Pass	10/08/1983
Driving Experience	34 YEARS AND 10 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-85526517
Fax Number	
Contact Number	
Email Address	NOEMAIL

Address	NIL
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)	2
Passenger 1	NAME: : PASSENGER 1
	GENDER: : MALE

#### 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 WAS DRIVING ALONG CHANGI RD TOWARD JLN WAKAFF AND I WAS DRIVING AT THE THIRD LANE. WHEN IM ABOUT TO REACH THE JUNCTION TO MAKE A LEFT TURN INTO JLN WAKAFF, VEHICLE B WAS STOP AT THE MOST LEFT LANE, AND I SAW VEHICLE B PICKING UP HIS PASSENGER. SUDDENLY, VEHICLE B MOVE FORWARDS WHEN I WAS TURNING LEFT. WE MANAGED TO TOOK PHOTO AND EXCHANGED PARTICULARS. NO INJURIES INVOLVED.

#### Attachment(s)

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

#### DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	SHC2819G
Vehicle Make/Model/Colour	TOYOTA/PRIUS HYBRID/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



Common Statement Pg. 1

ACCIDENT STATEMENT (2000 characters)

I WAS DRIVING ALONG CHANGI RD TOWARD JLN WAKAFF AND I WAS DRIVING AT THE THIRD LANE. WHEN IM ABOUT TO REACH THE JUNCTION TO MAKE A LEFT TURN INTO JLN WAKAFF, VEHICLE B WAS STOP AT THE MOST LEFT LANE, AND I SAW VEHICLE B PICKING UP HIS PASSENGER. SUDDENLY, VEHICLE B MOVE FORWARDS WHEN I WAS TURNING LEFT. WE MANAGED TO TOOK PHOTO AND EXCHANGED PARTICULARS. NO INJURIES INVOLVED.

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 -  
NG CHIN CHUN

MARS Officer



Registered Owner or Driver's Signature

Job Complete Date/Time

12 June 2018 1:45 pm

Date/Time:

12 June 2018 1:45 pm