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 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

12/06/2018 13:44		
12/06/2018 02:40		
CHANGI RD TOWARDS JLN WAKAFF IN FRONT OF HOTEL 81		
SLM1602X		
GRAB RENTALS PTE LTD		
5 N		

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
 \$1233503B

 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?

Number of vehicles involved in the accident

Was any body injured in the Accident?

NO

Was any injured conveyed to hospital by

NO

ambulance?

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?

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

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;

1. 4.

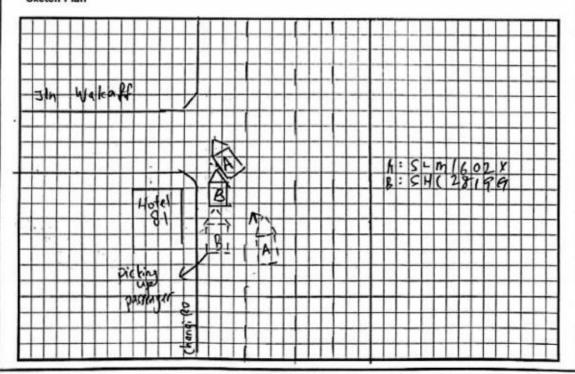
- (iii) carrying out and/or dealing with my instructions or responding to any enquiries by me;
 (iv) administering my claims (including the mailing of correspondence, statements, invoices, reports or notices to me, which could involve disclosure of certain personal data about me to bring about delivery of the same as well as on the external cover of envelopes/mail
- (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, maylare 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.

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

VERIFIED BY AJAX MARS REPORTING OFFICER THOMAS NG CHIN CHUN

Witnessed by Reporting Centre Personnel

Sketch Plan



Common Statement Pg. 1

ACCIDENT	STATEMENT	(2000)	characters

CCIDENT STATEMENT (2000 characters)	
AT THE THIRD LANE. WHEN IM ABOU LEFT TURN INTO JLN WAKAFF, VEHI AND I SAW VEHICLE B PICKING UP I	TOWARD JLN WAKAFF AND I WAS DRIVING JT TO REACH THE JUNCTION TO MAKE A CLE B WAS STOP AT THE MOST LEFT LANE, HIS PASSENGER. SUDDENLY, VEHICLE B RNING LEFT. WE MANAGED TO TOOK LARS. NO INJURIES INVOLVED.
Taxi Voucher No.:	
DECLARATION I/We declare that the above particulars & information prov	ided above are true in every aspect
VERIFIED BY AJAX MARS REPORTING OFFICER - NG CHIN CHUN	Mz
MARS Officer	Registered Owner or Driver's Signature
Job Complete Date/Time	Date/Time:
12 June 2018 1:45 pm	12 June 2018 1:45 pm
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