

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	11/06/2018 20:32
Date Of Accident	11/06/2018 11:20
Exact Location Of Accident	IN FRONT OF MARINA MARDIAIN
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SLR8347K
Insured/Policyholder	
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	HONDA
Model	VEZEL HYBIRD
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	LOO CHING WAH
NRIC No	S1398062D
Date Of Birth	19/05/1959
Occupation	OUTDOOR
Date Of Driving Pass	08/06/1981
Driving Experience	37 YEARS AND 0 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-92313188
Fax Number	
Contact Number	
EEmail 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	CHAIN COLLISION
Weather Conditions	CLEAR
Road Surface	DRY

Other Information

Was any foreign vehicle involved in this accident?	NO
Number of vehicles involved in the accident	3
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: : FEMALE
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

REFER TO POLICE REPORT NO: (T/20180611/2096) ON 11/06/2018 AT ABOUT 1120AM, I WAS DRIVING MY VEHICLE BEARING REGISTRATION NUMBER SLR8347K ON THE FIRST LANE ALONG RAFFLES BOULEVARD. SUDDENLY, A MOTORCYCLE BEARING REGISTRATION UMBER FBL8655X COLLIDED IN TO THE LEFT IDE OF MY VEHICLE. I THEN CAME OUT F MY VEHICLE TO MAKE A CHECK ND FOUND OUT THAT SHE SAID MOTORCYCLE HAD GOTTEN IN TO AN ACCIDENT WITH ANOTHER VEHICLE BEARING REGISTRATION NUMBER SJQ2338E ON THE 2ND 3RD LANE, AND AFTER WHICH THE MOTORCYCLE THEN KNOCKED IN TO THE LEFT OF MY VEHICLE. TRAFFIC POLICE AND AMBULANCE ARRIVED AT SCENE. THE RIDER OF THE MOTORCYCLE WAS THEN CONVEYED BY THE AMBULANCE. WAS TO STATE THAT I DID NOT SUFFER ANY INJURIES. I AM LODGING THIS REPORT AS REQUESTED BY THE TRAFFIC POLICE, MY IN CAR CAMERA'S MEMORY CAR HAD ALREADY BEEN HAND OVER TO THE TRAFFIC POLICE OFFICER.

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	FBL8655X
Vehicle Make/Model/Colour	HONDA/NC750XA (LED)
Details Of Properties	
Vehicle Category	MOTORCYCLE
Name of Driver	UNKNOWN DRIVER

NRIC/Passport Number
Contact Number
Address
Postcode
Insurance Company Name
Nature Of Damage
No. Of Passenger (Including Driver)

1

DETAILS OF OTHER VEHICLE PROPERTY 2

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

SJQ2338E
HYUNDAI/AVANTE (HD) 1.6

PRIVATE CAR

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 my 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.

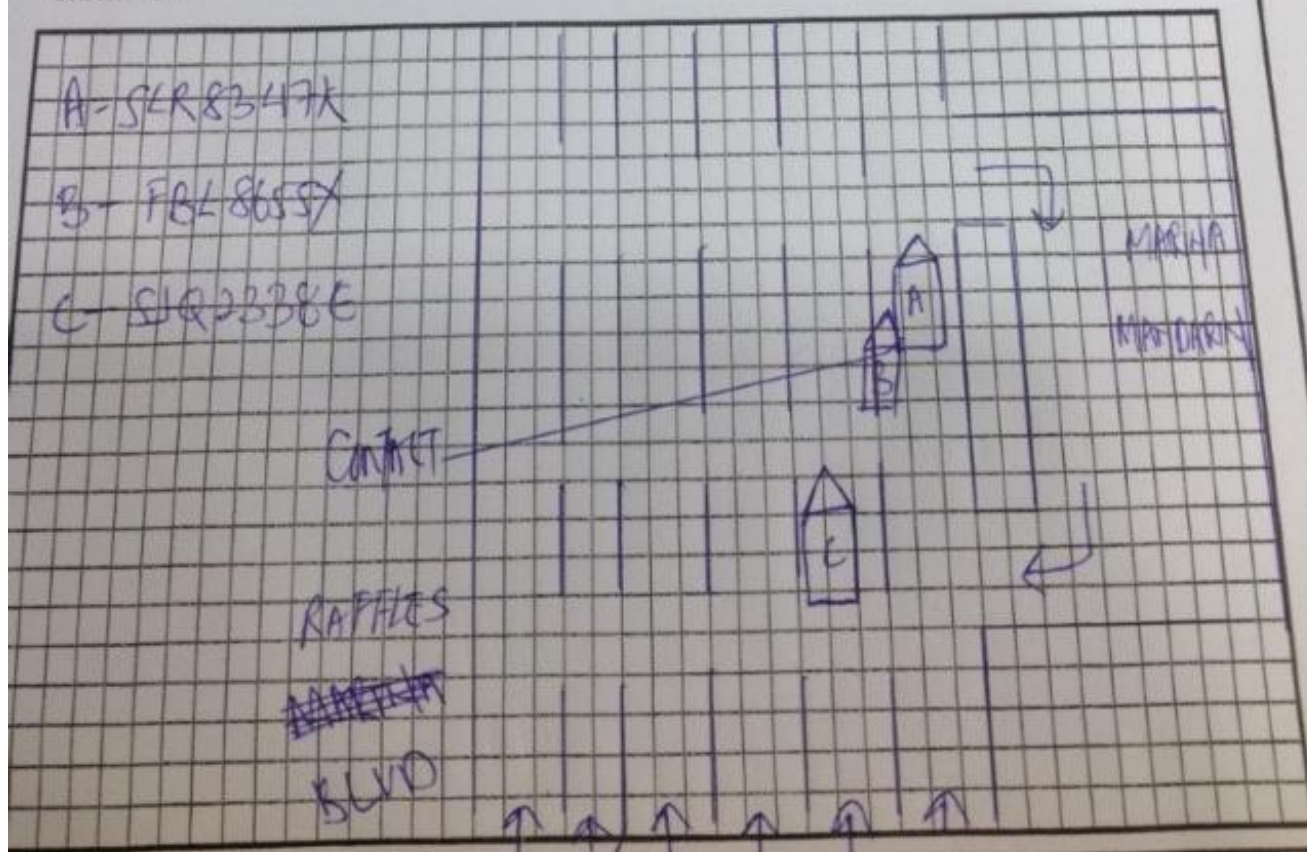
VERIFIED BY AJAX MARS
REPORTING OFFICER
MOHAMED SHARIL
BIN SATAR

Policyholder's Signature / Date & Time:

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

Witnessed by Reporting Centre
Personnel

Sketch Plan



POLICE REPORT



**SINGAPORE
POLICE FORCE**

Police Station Of Origin:
Ang Mo Kio South N.P.C
81 Ang Mo Kio Avenue 3 SINGAPORE
569929
Tel No: 1800-4519999



T/20180611/2096

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Report No. T/20180611/2096

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made:
11/06/2018 15:40

Vide Report No.:
A/20180611/0066

Station Diary No.:
106

Informant's Particulars

Name of Informant:
LOO CHING WAH

Address:
APT BLK 135 BEDOK RESERVOIR ROAD #10-1255
SINGAPORE 470135

ID Type / ID No.:
NRIC NO / S1398062D

Contact No.:
Home/Office: Mobile: 92313188

Nationality:
SINGAPORE CITIZEN

Email:

Sex: Male Age: 59 Date of Birth: 19/05/1959

Type of Informant:
Driver

Race:
Chinese

Language:

Institution / School Name:

Occupation:
GRAB DRIVER

Driving Licence Information:
Class: 3,4 Date of Expiry:

General Information of the Accident

Type of
Accident:

Injury
Conveyed By Ambulance

Drink
Drive:
No

Date/Time of
Accident:
11/06/2018 11:20

Type of Location:
Straight Road

Location:
Along Road 1
RAFFLES BOULEVARD

Weather:
Clear

Road Surface:
Dry

Road Speed Limit:

Traffic Flow:

Traffic Control:

Traffic Volume:

Type of Collision:
Between Moving Vehicles - Side Swipe - Same Direction

Anyone conveyed by
ambulance:
Yes

Details of Vehicle Involved

Vehicle No.	Type	Make	Model	Color	Condition	No of Passenger
FBL8655X	Motorcycle	HONDA		Blue	Slightly Damaged	0
SJQ2338E	Car	HONDA		Silver	Slightly Damaged	0
SLR8347K	Car	HONDA		Black	Slightly Damaged	1

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T/20180611/2096

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Report No. T/20180611/2096

CONTINUATION OF REPORT

Details of Person Involved

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

Driver

Name	NG CHEE KIONG EDMUND	ID No.	S7635258E
Related Vehicle	SJQ2338E (Car)	Contact No.	98711013
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	LOO CHING WAH	ID No.	S1398062D
Related Vehicle	SLR8347K (Car)	Contact No.	92313188
Hospital/Clinic	NIL	Class of Driving Licence & Expiry Date	Class: 3,4 Date of Expiry: NIL

Date Treatment	NIL	Date Discharge	NIL
No. of Days granted Medical Leave	NIL	Degree of Injury	NIL

Brief Details.

On 11/06/2018 at about 11.20am, I was driving my vehicle bearing registration number SLR8347K on the first lane along Raffles Boulevard. Suddenly, a motorcycle bearing registration number FBL8655X collided into the left side of my vehicle. I then came out of my vehicle to make a check and found out that the said motorcycle had gotten into an accident with another vehicle bearing registration number SJQ2338E on the 2nd and 3rd lane, and after which the motorcycle then knocked into the left of my vehicle. Traffic Police and Ambulance arrived at scene. The rider of the motorcycle was then conveyed by the Ambulance.

I wish to state that I did not suffer any injuries. I am lodging this report as requested by the Traffic Police, my in car camera's memory card had already been hand over to the Traffic Police officer.

POLICE REPORT



SINGAPORE
POLICE FORCE

Police Station Of Origin:
Ang Mo Kio South N.P.C
81 Ang Mo Kio Avenue 3 SINGAPORE
569929
Tel No: 1800-4519999



T/20180611/2096

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Report No. T/20180611/2096

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:

F /

Sgt 2 JORY POH SHOU REN

Signature Of Informant:

Signature Of Interpreter:

Not applicable

Date/Time:

11/06/2018 15:40

Officer In Charge Of Case:

TP / GIT /

Sr Staff Sgt IRMAN BIN MOHAMAD SAID

Contact No.: 65476365

Classification Of Case:

Authentication Stamp

NP168

Signature

Singapore Police

Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo

