

## 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	02/07/2018 15:24
Date Of Accident	02/07/2018 08:35
Exact Location Of Accident	503 BEDOK NORTH AVENUE 3 CARPARK
Country/State of Loss	SINGAPORE

### DETAILS OF OWN VEHICLE

Vehicle Registration Number	SLM851A
<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	TOYOTA VIOS 1.5E CVT
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	NUR ERICA HERIYANTI BINTE HAMZAH
NRIC No	S9242039F
Date Of Birth	18/11/1992
Occupation	OUTDOOR
Date Of Driving Pass	04/08/2015
Driving Experience	2 YEARS AND 10 MONTHS
Gender	FEMALE
Mobile Number	(LOCAL) +65-92370837
Fax Number	
Contact Number	
Email Address	ERICAHERIYANTI@GMAIL.COM

Address	HDB BUKIT BATOK, 422 BUKIT BATOK WEST AVENUE 2 650422
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	2
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: : P1 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

I (SLM0851A) was driving in the driveway of carpark 503 Bedok north ave 3 when a car (SLF9735E) suddenly came out from a lot and hit onto me. The front left side of the car make contact with the right side of my car. No injuries involved.

#### Attachment(s)

Are accident photos available for attachment?	YES
Was there any video captured by Car Camera?	YES
Remarks/ Reasons:	RETRIEVING
Was there any audio recorded?	NO

#### DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	SLF9735E
Vehicle Make/Model/Colour	MAZDA / MAZDA3 4-DOOR SEDAN 1.5L SP.6EAT
Details Of Properties	
Vehicle Category	PRIVATE CAR
Name of Driver	MUHAMMAD FARHAN BIN KAMARUDIN
NRIC/Passport Number	S9016839H
Contact Number	97770771
Address	
Postcode	
Insurance Company Name	
Nature Of Damage	

No. Of Passenger (Including Driver)

## Sketch Plan

1. Please read the following instructions carefully.
2. This Form must be completed by the Policyholder or the Insurer.
3. Information provided must be as truthful and accurate as possible. Any wilful misstatement or omission may lead to the insurance companies to repudiate policy liability.
4. The issue and acceptance of this form by insurance companies is not an admission of liability.
5. Any false reporting may be referred to the Police for investigation.
6. The report will be forwarded by the Insurers of the GIA Records Management Centre and will be made available to the Police for investigation by the Police.
7. By the lodgement of this report to the Insurers, you hereby consent to the archiving of the report and the report being made available aforesaid.
8. Consent under the Personal Data Protection Act (PDPA)
  - (i) I understand, acknowledge, agree and consent that:
  - (a) My insurer, my workshop and the General Insurance Association of Singapore ("GIA") may be permitted to collect, use and/or process my personal data/personal information set out in this Form and any other personal information provided by me, or by any other person, to all insurers, my workshop and the GIA. My personal data/personal information may be collectively referred to as the "Personal Information".
  - (b) I have insured vehicle(s) involved in this accident (all insurers) who have insured vehicle(s) involved in this accident (all insurers), the insurers' lawyers/law firms, the Monetary Authority of Singapore and any relevant agency/authorities may be permitted to collect, use and/or process my Personal Information for one or more of the above Purposes; and
  - (c) my Personal Information may/ may not 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.
- (i) processing, handling and/or dealing with my claims including the settlement of the claims and any other matters 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 making 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").

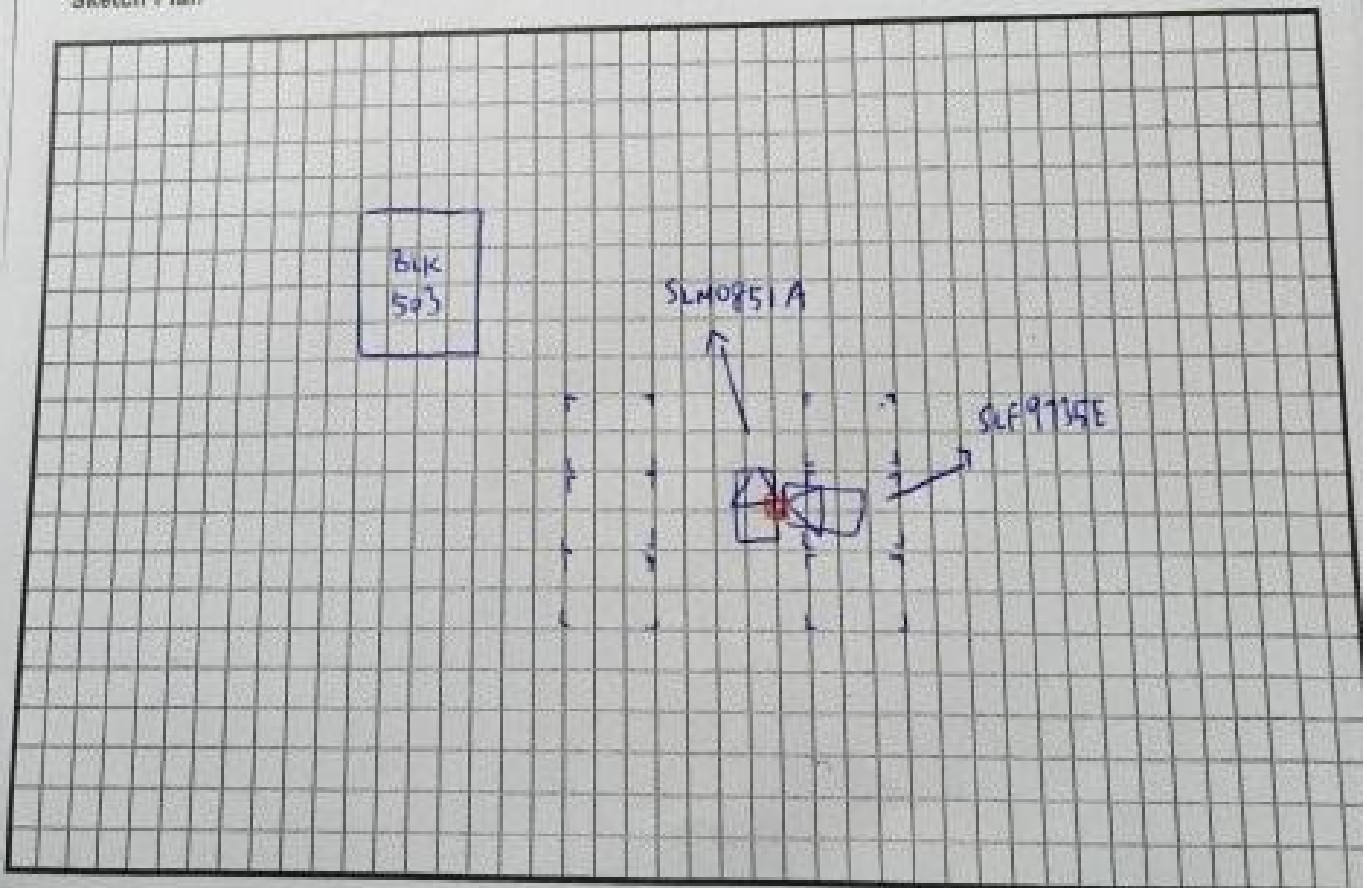
VERIFIED BY AJAX MARS  
REPORTING OFFICER  
MOHAMMAD SULHANDI BIN  
MOHD AFFANDI

Policyholder's Signature / Date & Time

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

Witnessed by Reporting Centre  
Personnel

## Sketch Plan



**ACCIDENT STATEMENT (2000 characters)**

I (SLM0851A) was driving in the driveway of carpark 503 Bedok north ave 3 when a car (SLF9735E) suddenly came out from a lot and hit onto me. The front left side of the car make contact with the right side of my car. 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 -  
MOHAMMAD SULHANDI BIN MOH AFFANDI

MARS Officer



Registered Owner or Driver's Signature

Job Complete Date/Time

2 July 2018 at 1:06 PM

Date/Time:

2 July 2018 at 1:06 PM

Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



**Accident Photo**



Accident Photo



**Accident Photo**



Accident Photo



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