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 <u>truthful and accurate</u> 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 aforesaid.

	ACCIDENT STATEMENT
Date Of Report	29/06/2018 14:29
Date Of Accident	29/06/2018 12:00
Exact Location Of Accident	COMMONWEALTH DRIVE AND COMMONWEALTH CRESCENT
Country/State of Loss	SINGAPORE
	DETAILS OF OWN VEHICLE
Vehicle Registration Number	SLM9814Z
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	TOYOTA
Model	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	TEO KEE LEONG
NRIC No	S1696647I

 Name of Driver
 TEO KEE LEONG

 NRIC No
 \$1696647I

 Date Of Birth
 27/12/1965

 Occupation
 OUTDOOR

 Date Of Driving Pass
 30/01/1993

 Driving Experience
 25 YEARS AND 4 MONTHS

Diving Exponence

Gender MALE

Mobile Number (LOCAL) +65-98239932

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 **COLLISION - CROSS JUNCTION**

Weather Conditions RAINING Road Surface WET

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 NO ambulance?

Was any other material or property damaged? YES I have been approached by unknown person(s) NO soliciting/offering accident claims assistance.

Number of Passengers (Including Driver)

Passenger 1

: P1 NAME: 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

Driving along COMMONWEALTH DRIVE going straight. Suddenly a vehicle just dashed out from COMMONWEALTH CRESCENT and as a result bumped onto my vehicle front right portion.

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 SLX1720E

NISSAN/QASHQAI/WHITE Vehicle Make/Model/Colour

Details Of Properties

PRIVATE CAR Vehicle Category KIM CHEOL SOON Name of Driver G3352671M NRIC/Passport Number

82847050 Contact Number

Address Postcode

Insurance Company Name

Nature Of Damage

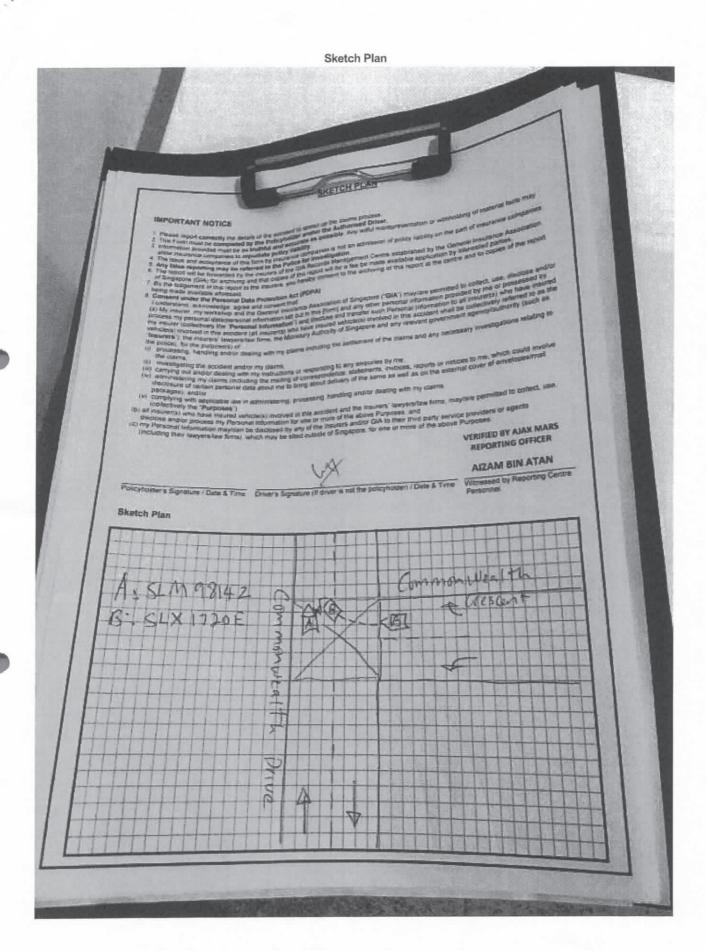
No. Of Passenger (Including Driver)

Passenger 1

2

NAME: : P1

GENDER: : MALE



Sketch Plan #2 Pg. 1

CCIDENT STATEMENT (2000 characters)	
	VE going straight. Suddenly a vehicle just CRESCENT and as a result bumped onto my
Taxì Voucher No.:	
ECLARATION Ve declare that the above particulars & information prov	vided above are true in every aspect
ERIFIED BY AJAX MARS REPORTING OFFICER - IZAM BIN ATAN	
	W
MARS Officer	Registered Owner or Driver's Signature
b Complete Date/Time	Date/Time:
9 June 2018 at 1:30 PM	29 June 2018 at 1:30 PM

> Back to OneMotoring

Enquire PARF/COE Rebate for Registered Vehicle

Vehicle Owner Particulars		
Owner ID Type:	Company	
Owner ID: Vehicle Details	7200G	
Vehicle No.:	SLM9814Z	
Vehicle to be Exported:	Yes	
Intended De-registration Date:	30 Jun 2018	
Vehicle Make:	TOYOTA	
Vehicle Model:	VIOS 1.5E CVT	
Primary Colour:	Grey	
Manufacturing Year:	2017	
Engine No.:	2NRX143380	
Chassis No.:	MHFB29F3802009501	
Maximum Power Output:	79.0 kW (105 bhp)	
Open Market Value:	\$12,946.00	
Original Registration Date:	19 Apr 2017	
First Registration Date:	19 Apr 2017	
Transfer Count:	0	
Actual ARF Paid: Intended PARF Rebate Details	\$7,946.00	
PARF Eligibility:	Yes	
PARF Eligibility Expiry Date:	18 Apr 2027	
PARF Rebate Amount: Intended COE Rebate Details	\$5,959.00	
COE Expiry Date:	18 Apr 2027	
COE Category:	A - Car up to 1600cc & 97kW (130bhp)	
COE Period(Years):	10	
QP Paid:	\$51,765.00	
COE Rebate Amount:	\$41,412.00	
Total Rebate Amount:	\$47,371.00	

The information contained herein is correct as at 30 Jun 2018