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 aforesaid.

ACCIDENT STATEMEN	l
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Date Of Report 26/06/2018 21:41

Date Of Accident 26/06/2018 09:00

Exact Location Of Accident JALAN TOA PAYOH

Country/State of Loss SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number SLL3797J

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 MAZDA

Model MAZDA3 4-DOOR SEDAN 1.5L SP.6EAT

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 ZAINUDDIN BIN MOHAMED SALIM

 NRIC No
 \$1395730D

 Date Of Birth
 07/04/1959

 Occupation
 OUTDOOR

 Date Of Driving Pass
 09/05/1978

Driving Experience 40 YEARS AND 1 MONTH

Gender MALE

Mobile Number (LOCAL) +65-97644733

Fax Number

Contact Number

EMail Address NOEMAIL

Address

HDB JURONG EAST, 332 JURONG EAST AVENUE 1. (S)600332 #06-1770

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 NO Was any body injured in the Accident? 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

NAME:

: P1

GENDER: : FEMALE

Details of Police Action

Was the accident reported to the police?

NO

2

If Yes, Please state which Police Station

Was notice of intended Prosecution given?

NO

If Yes, against whom?

Circumstances of Accident

I was on the left lane along the said location, it was two lane road. As I was driving I suddenly felt a nudge coming from my rear right. Vehicle b drove past my vehicle, I pull over along the the road, noticing the driver of vehicle b did not stopped. I drove over in front of him to notified him about the incident.

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

SKU8940T

Vehicle Make/Model/Colour

TOYOTA/CAMRY 2.0 AUTO

Details Of Properties

Vehicle Category

PRIVATE CAR

Name of Driver TAN TAI CHIEW NRIC/Passport Number S1303037E

Contact Number

96899867

Address Postcode

Insurance Company Name

Nature Of Damage No. Of Passenger (Including Driver)

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 6. Consent under the Personal Data Protection Act (PDPA)

 1. understand, acknowledge, agree and consent that

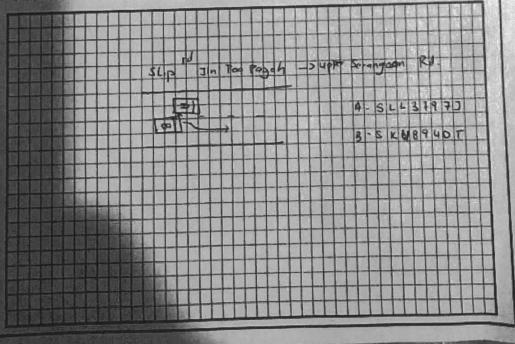
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REPORTING OFFICER MOHAMAD HELMY BIN ALEHAM

Policynologies Signature / Date & Time Driver's Signature (if driver is not the policynology) / Date & Time Witnessed by Reporting Centra

Sketch Plan



Sketch Plan #2 Pg. 1

suddenly felt a nudge coming from my	ocation, it was two lane road. As I was driving I y rear right. Vehicle b drove past my vehicle, I pul driver of vehicle b did not stopped. I drove over in noident.
Taxi Voucher No.:	
DECLARATION	muided ahove are time in every aspect
DECLARATION	ovided above are true in every aspect
DECLARATION I/We declare that the above particulars & information pr VERIFIED BY AJAX MARS REPORTING OFFICER-	ovided above are true in every aspect Registered Owner or Driver's Signature