

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	11/07/2018 14:54
Date Of Accident	11/07/2018 07:30
Exact Location Of Accident	PUNGGOL RD JUNC OF PUNGGOL FIELD
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SLR4263U
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 HYBRID
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	ABDUL WAHAB BIN AWANG
NRIC No	S1136569H
Date Of Birth	07/07/1955
Occupation	OUTDOOR
Date Of Driving Pass	20/09/1978
Driving Experience	39 YEARS AND 9 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-98630879
Fax Number	
Contact Number	
Email Address	NOEMAIL

Address	BLK 524 JURONG WEST STREET 52 #03-245
Postcode	640524
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	
Was any body injured in the Accident?	YES
Was any injured conveyed to hospital by ambulance?	YES
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: : FEMALE

Details of Police Action

Was the accident reported to the police?	YES
If Yes, Please state which Police Station	
POLICE STATION NAME [OTHER]	TAMPINES NPC
Was notice of intended Prosecution given?	NO
If Yes, against whom?	

Circumstances of Accident

REFER TO POLICE REPORT - T/20180711/2026 LODGED AT TAMPINES NPC. ON THE ABOVE MENTIONED DATE TIME AND LOCATION, I WAS ON THE MOST RIGHT LANE MAKING A TURN TOWARDS PUNGGOL FIELD. THE TRAFFIC LIGHT TURN RED, SO I STOPPED BEHIND THE LINE FOR A SHORT WHILE AND SUBSEQUENTLY THE GREEN RIGHT ARROW APPEAR. I THEN MAKE A TURN AND SUDDENLY I NOTICED ANOTHER MOTORVEHICLE COMING FROM THE ONCOMING TRAFFIC HEADING STRAIGHT TO ME. I TRIED TO AVOID BUT IT WAS TOO LATE AS THE OTHER PARTY HAD ALREADY COLLIDED ONTO THE LEFT SIDE OF MY VEHICLE. THE IMPACT CAUSE MY LEFT SIDE OF THE CENTER DOOR TO BE BADLY DAMAGED. AFTERWHICH, AMBULANCE CAME AND CONVEY THE OTHER PARTY AND MY VEHICLE WAS TOW AWAY. TRAFFIC POLICE ALSO CAME AND I GAVE THEM MY ONBOARD CCTV FOOTAGE.

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	FBL3293P
Vehicle Make/Model/Colour	YAMAHA/SNIPER T150/BLACK
Details Of Properties	
Vehicle Category	MOTORCYCLE
Name of Driver	UNKNOWN RIDER
NRIC/Passport Number	

Contact Number
Address
Postcode
Insurance Company Name
Nature Of Damage
No. Of Passenger (Including Driver)
Passenger 1

2
NAME: : HANISAH
GENDER: : FEMALE

DETAILS OF INJURED PERSON 1

Name UNKNOWN RIDER
Approximate Age
Injuries Sustain
Injured person in which vehicle? FBL3293P
Were seat belts worn? NO
Was this injured conveyed to hospital by ambulance? YES
Address
Postcode

DETAILS OF INJURED PERSON 2

Name HANISAH
Approximate Age
Injuries Sustain
Injured person in which vehicle? FBL3293P
Were seat belts worn? NO
Was this injured conveyed to hospital by ambulance? YES
Address
Postcode

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 be 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;
 - (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 be 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

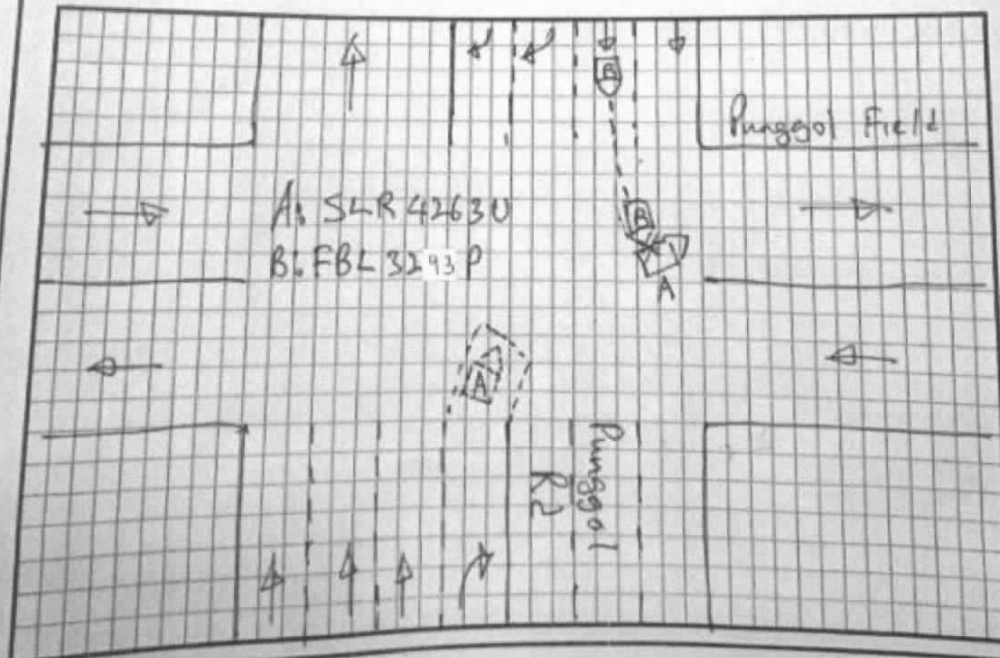
AIZAM BIN ATAN

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**



T/20180711/2026

1 of 3

Report No. T/20180711/2026

Police Station Of Origin:
Tampines N.P.C
6 Tampines Avenue 4 SINGAPORE 529682
Tel No: 1800-5871999

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 11/07/2018 10:42	Vide Report No.: F/20180711/0044	Station Diary No.: 40
Informant's Particulars		
Name of Informant: ABDUL WAHAB BIN AWANG		Address: APT BLK 524 JURONG WEST STREET 52 #03-245 SINGAPORE 640524
ID Type / ID No.: NRIC NO / S1136569H	Contact No.: Home/Office:	Mobile: 98630879
Nationality: SINGAPORE CITIZEN		Email:
Sex: Male	Age: 63	Date of Birth: 07/07/1955
Type of Informant: Driver		
Race: Malay	Language:	Institution / School Name:
Occupation: GRAB DRIVER	Driving Licence Information: Class:	Date of Expiry:

General Information of the Accident

Type of Accident:	Injury Conveyed By Ambulance	Drink Drive: No	Date/Time of Accident: 11/07/2018 07:30	Type of Location:
Location: Along Road 1 PUNGGOL ROAD				
Turning towards punggol field				
Weather: Clear	Road Surface: Dry	Road Speed Limit:		
Traffic Flow:	Traffic Control:	Traffic Volume: Heavy		
Type of Collision: Between Moving Vehicles - Head On			Anyone conveyed by ambulance: Yes	

Details of Vehicle Involved

Vehicle No.	Type	Make	Model	Color	Condition	No of Passenger
FBL3293P	Motorcycle					0
SLR4263U	Car					0

Police Report



**SINGAPORE
POLICE FORCE**



1/20180711/2525

Police Station Of Origin:
Tampines N.P.C
6 Tampines Avenue 4 SINGAPORE 529682
Tel No: 1800-5671999

Report No. T/20180711/2525

CONTINUATION OF REPORT

Brief Details.

On the above mentioned date time and location, I was on the most right lane making a turn towards Punggol Field. The traffic light turn red, so I stopped behind the line for a short while and subsequently the green right arrow appear. I then make a turn and suddenly I noticed another motorvehicle coming from the oncoming traffic heading straight to me. I tried to avoid but it was too late as the other party had already collided onto the left side of my vehicle. The impact cause my left side of the center door to be badly damaged.

Afterwhich, ambulance came and convey the other party and my vehicle was tow away. Traffic police also came and I gave them my onboard CCTV footage.

Police Report



SINGAPORE
POLICE FORCE



120180711/2026

3 of 3

Police Station Of Origin:
Tampines N P C
8 Tampines Avenue 4 SINGAPORE 529682
Tel No: 1800-5871999

Report No: TQ0180711/2026

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:

G /

Sgt 2 HO CHUN HAO, PATRICK

Signature Of Informant:

Signature Of Interpreter:

Not applicable

Date/Time:

11/07/2018 10:42

Officer In Charge Of Case:

TP / GIT /

Insp TAN CHIN YONG

Contact No.: 65476178



SINGAPORE
POLICE FORCE

Classification Of Case:

Authentication Stamp

NP158

SIGNATURE