

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	16/07/2018 20:45
Date Of Accident	16/07/2018 11:35
Exact Location Of Accident	KPE TOWARDS PUNGOL
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SLM7184X
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	3 SEDAN 1.5 AT EU6
Exact Purpose for which vehicle was being used at time of accident	HIRE AND 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	N.A

Driver

Name of Driver	CHUA LI MIN EUNICE
NRIC No	S8425453C
Date Of Birth	25/08/1984
Occupation	OUTDOOR
Date Of Driving Pass	27/06/2008
Driving Experience	10 YEARS AND 0 MONTHS
Gender	FEMALE
Mobile Number	(LOCAL) +65-88583860
Fax Number	
Contact Number	
Email Address	NOEMAIL

Address	NAHDB ATRINA, 273C COMPASSVALE LINK 543273
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	
Was any body injured in the Accident?	NO
Was any injured conveyed to hospital by ambulance?	
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)	1

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 was driving along KPE .vehicle in front of me slow down and stop.therefore I slow down and stop too. Suddenly veh b hit against my rear. Impact push my car forward and knock against veh c. My front and rear was damage and INJURIES WERE 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	SLF9690A
Vehicle Make/Model/Colour	MAZDA / 3 4-DOOR SEDAN 1.5L SP.6EAT / BLACK
Details Of Properties	
Vehicle Category	PRIVATE CAR
Name of 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	SJB6807X
Vehicle Make/Model/Colour	TOYOTA / VIOS J AUTO
Details Of Properties	
Vehicle Category	PRIVATE CAR
Name of Driver	
NRIC/Passport Number	
Contact Number	
Address	
Postcode	
Insurance Company Name	
Nature Of Damage	
No. Of Passenger (Including Driver)	1

Sketch Plan

SKETCH PLAN

IMPORTANT NOTICE

- Please report accurately the details of the accident to speed up the claims process.
- The Form must be completed by the Policyholder and/or the Authorized Driver.
- Information provided must be as truthful and accurate as possible. Any false misrepresentation or withholding of material facts may allow insurance companies to repudiate policy liability.
- The issue and acceptance of this form by insurance companies is not an admission of policy liability on the part of insurance companies.
- Any false reporting may be referred to the Police for investigation.
- The report will be forwarded by the insurers to the Civil Resource Management Centre established by the General Insurance Association of Singapore (GIA) for archiving and that copies of the report will for a fee be made available upon request by interested parties.
- By the submission 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 elsewhere.
- Consent under the Personal Data Protection Act (PDPA):
 I understand, acknowledge, agree and consent that:
 (a) my insurer, my advocate 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 insurers who have insured vehicles involved in this accident (all insurers) with have insured vehicles involved in this accident shall be collectively referred to as the "Insurers". The Insurers may also use the Personal Information for the purpose of settling the claims and any necessary investigations relating to the claims;
 (b) investigating the accident and/or my claims;
 (c) carrying out and/or dealing with my instructions or responding to any enquiries by me;
 (d) 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 sums as well as on the external cover of envelopes/packets) and/or
 (e) complying with applicable law in administering, processing, handling and/or dealing with my claims (collectively the "Purposes").
 (f) all insurers who have insured vehicles involved in this accident and the Insurers' lawyers/claim firms, may be permitted to collect, use, disclose and/or process my Personal Information for one or more of the above Purposes; and
 (g) my Personal Information may also be disclosed by any of the Insurers and/or GIA to their third party service providers or agents (including their lawyers/claim firms), which may be used outside of Singapore, for one or more of the above Purposes.

Policyholder's Signature / Date & Time

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

VERIFIED BY AJAX MARS
REPORTING OFFICER
Md Sharil

Witnessed by Reporting Centre
Personnel

Sketch Plan

A - SLN7184X
B - STE9600W
C - SJB6607X

Ampl.

↑

KPE

A
B
↑
↑
↑

Contact

ACCIDENT STATEMENT (2000 characters)

I was driving along KPE .vehicle infront of me slow down and stop.therefore I slow down and stop too. Suddenly veh b hit against my rear. Impact push my car forward and knock against veh c. My front and rear was damage and INJURIES WERE 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 -
MOHAMED SHARIL BIN SATAR

MARS Officer



Registered Owner or Driver's Signature

Job Complete Date/Time

16 July 2018 at 2:59 PM

Date/Time:

16 July 2018 at 2:59 PM

> Back to OneMotoring

Enquire PARF/COE Rebate for Registered Vehicle

Vehicle Owner Particulars	
Owner ID Type:	Company
Owner ID:	7200G
Vehicle Details	
Vehicle No.:	SLM7184X
Vehicle to be Exported:	No
Intended De-registration Date:	16 Jul 2018
Vehicle Make:	MAZDA
Vehicle Model:	MAZDA3 SEDAN 1.5 AT EU6
Primary Colour:	White
Manufacturing Year:	2017
Engine No.:	P520443533
Chassis No.:	JM6BN22A8H0152001
Maximum Power Output:	88.0 kW (118 bhp)
Open Market Value:	\$14,476.00
Original Registration Date:	06 Apr 2017
First Registration Date:	06 Apr 2017
Transfer Count:	0
Actual ARF Paid:	\$9,476.00
Intended PARF Rebate Details	
PARF Eligibility:	Yes
PARF Eligibility Expiry Date:	05 Apr 2027
PARF Rebate Amount:	\$7,107.00
Intended COE Rebate Details	
COE Expiry Date:	05 Apr 2027
COE Category:	A - Car up to 1600cc & 97kW (130bhp)
COE Period(Years):	10
QP Paid:	\$51,765.00
COE Rebate Amount:	\$45,143.00
Total Rebate Amount:	\$52,250.00

The information contained herein is correct as at 16 Jul 2018

OK