

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	31/07/2018 18:37
Date Of Accident	28/07/2018 16:00
Exact Location Of Accident	PIE TOWARD AIRPORT
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SLN6185U
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
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	REPORTING ONLY
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	MUHD HAIM
NRIC No	S7465997G
Date Of Birth	17/10/1974
Occupation	OUTDOOR
Date Of Driving Pass	10/11/2006
Driving Experience	11 YEARS AND 8 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-91086786
Fax Number	
Contact Number	
EMail Address	ASLAM712514@GMAIL.COM

Address	APT BLK 201E TAMPINES STREET 23 #01-58
Postcode	527201
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 - HEAD TO REAR
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?	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)	4
Passenger 1	NAME: : P1 GENDER: : MALE
Passenger 2	NAME: : P2 GENDER: : MALE
Passenger 3	NAME: : P3 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

REFER TO POLICE REPORT NO: T/20180728/2118 I AM A GRAB DRIVER. ON 28/07/2018 AT ABOUT 1600 HRS, I WAS DRIVING MY VEHICLE(SLN6185U) ALONG PIE AND WAS SENDING 3 PASSENGERS TO MBS. BEFORE THE EXIT TO LOR 6 TOA PAYOH, THE VEHICLE IN FRONT SUDDENLY BRAKE AS SUCH I FOLLOW SUIT AND MANAGED TO STOP IN TIME. HOWEVER, THE VEHICLE(SLB8377H) BEHIND MINE WAS NOT ABLE TO STOP IN TIME AND COLLIDED INTO THE REAR OF MY VEHICLE. AFTER THE ACCIDENT, I GOT OUT TO CHECK AND NOTICE THAT THERE WERE SOME DENTS ON THE REAR PORTION OF MY VEHICLE. I CHECKED WITH MY PASSENGERS AND ALL OF THEM INFORMED THAT THEY WERE NOT INJURED. I DID NOT FELT ANY PAIN AT THAT POINT OF TIME AS SUCH I EXCHANGED PARTICULARS WITH THE DRIVER OF SLB8377H AND CONTINUE MY WORK. AFTER SENDING THE PASSENGERS, I FELT SOME PAIN FROM MY BACK AND NECK, AND MY LEFT LEG AREA AS SUCH I PROCEED TO SEEK TREATMENT AND WAS GIVEN 5 DAYS OF MEDICAL CERTIFICATE BY THE DOCTOR.

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	SLB8377H
Vehicle Make/Model/Colour	TOYOTA / TOYOTA COROLLA / RED
Details Of Properties	
Vehicle Category	PRIVATE CAR
Name of Driver	TAN KIAM PENG
NRIC/Passport Number	S7045868C
Contact Number	92717189
Address	
Postcode	
Insurance Company Name	
Nature Of Damage	
No. Of Passenger (Including Driver)	1