

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	06/07/2018 21:51
Date Of Accident	06/07/2018 15:10
Exact Location Of Accident	UPP PICKERING ST
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SLF8384R
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	PRIUS 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	LIM HWEE LIN
NRIC No	S8028718F
Date Of Birth	20/09/1980
Occupation	OUTDOOR
Date Of Driving Pass	29/11/2005
Driving Experience	12 YEARS AND 7 MONTHS
Gender	FEMALE
Mobile Number	(LOCAL) +65-91820454
Fax Number	
Contact Number	
EMail Address	NOEMAIL

Address	NIL
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	
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)	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 SLF8384R was driving along UPP PICKERING ST on the 2nd lane with a moderate traffic. While I was driving with a normal speed suddenly the other party SGV2268H from my left cut onto my lane and collide onto my front left side bumper. We manage to exchange particular and no injuries 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	SGV2268H
Vehicle Make/Model/Colour	TOYOTA/VIOS E AUTO/CHAMPAGNE
Details Of Properties	
Vehicle Category	PRIVATE CAR
Name of Driver	ELAINE TEO MUI HIANG
NRIC/Passport Number	S1523722H
Contact Number	81008005
Address	
Postcode	
Insurance Company Name	
Nature Of Damage	
No. Of Passenger (Including Driver)	1

Sketch Plan

IMPORTANT NOTICE

1. Please read carefully the details of my accident to assist in the claims process.
2. This form must be completed by the Policyholder under the Authorized Driver.
3. Information provided must be as truthful and accurate as possible. Any willful misrepresentation or withholding of material facts may cause insurance coverages to be voided or policy cancelled.
4. The above and acceptance of this form by insurance companies is not an admission of policy liability on the part of insurance companies.
5. Any false reporting may be referred to the Police for investigation.
6. The report will be forwarded by the insurers of the GIC Claims 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 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.
8. Consent under the Personal Data Protection Act (PDPA):
Understand, acknowledge, agree and consent that:
(a) My Insurer, my workplace and the General Insurance Association of Singapore ("GIA") may be permitted to collect, use, disclose and/or process my personal data (including information set out in this form) and any other personal information provided by me or possessed by me, including the "Personal Information" and provide and transfer such Personal Information to all Insurer(s) who have insured my vehicle involved in this accident (all Insurer(s) who have insured vehicles involved in this accident shall be collectively referred to as the "Insurers"), the Insurers' Representative Firm, the Monetary Authority of Singapore and any relevant government agency/authority (such as the police), for the purposes 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 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 all the essential cover of compensation, benefits, 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 vehicles involved in this accident and the Insurers' Representative Firm, 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 not be disclosed by any of the Insurers and/or GIA to their third party service providers or agents (including their Representative Firm), which may be also outside of Singapore, for one or more of the above Purposes.

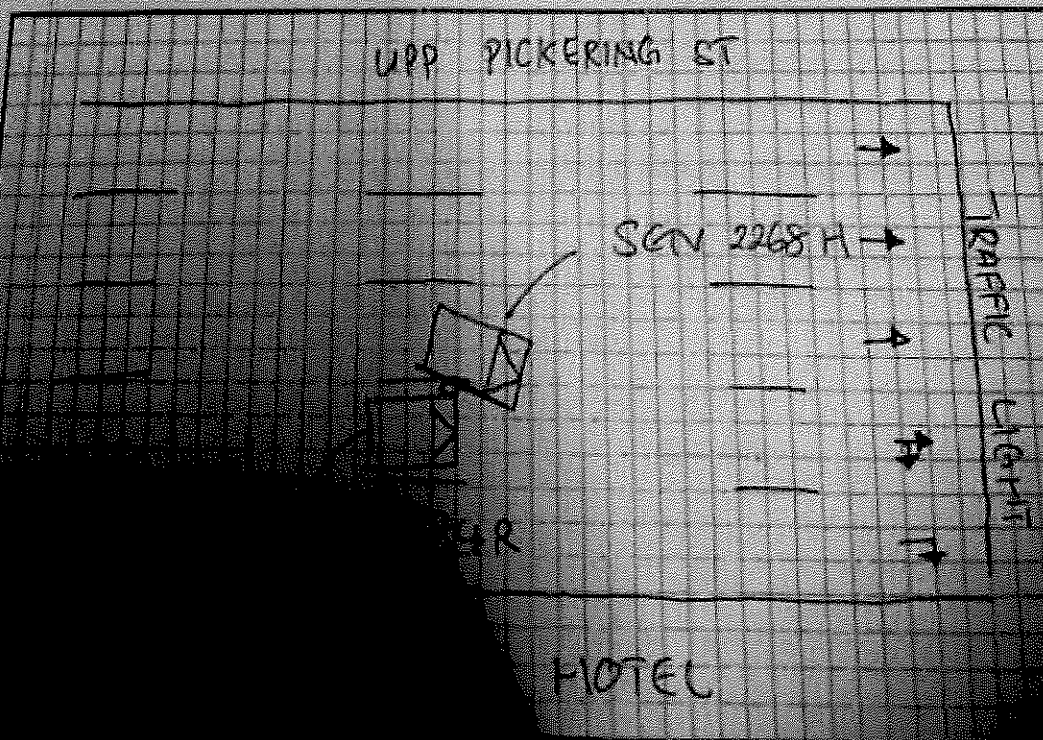
VERIFIED BY AJAX MARS
REPORTING OFFICER
MUHAMMAD SUMARDI BIN
MCHO AFFANDI

Policyholder's Signature / Date & Time

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

Witnessed by Reporting Centre
Personnel

Sketch Plan



ACCIDENT STATEMENT (2000 characters)

I SLF8384R was driving along UPP PICKERING ST on the 2nd lane with a moderate traffic. While I was driving with a normal speed suddenly the other party SGV2268H from my left cut onto my lane and collide onto my front left side bumper. We manage to exchange particular and no injuries 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 -
MUHAMMAD SUMARDI BIN MOHD AFFANDI

MARS Officer



Registered Owner or Driver's Signature

Job Complete Date/Time

6 July 2018 8:45 pm

Date/Time:

6 July 2018 8:46 pm