

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 liability.
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	19/12/2018 05:24
Date Of Accident	17/12/2018 11:10
Exact Location Of Accident	ALONG NEIL ROAD
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SLL1849G
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	MAZDA 3
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	N.A.

Driver

Name of Driver	CHUA HOON HAI
NRIC No	S1684391A
Date Of Birth	27/03/1965
Occupation	OUTDOOR
Date Of Driving Pass	10/01/1984
Driving Experience	34 YEARS AND 11 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-98246035
Fax Number	
Contact Number	OFFICE-98246035
Email Address	CHUAHOONHAI@GMAIL.COM

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	COLLISION - HEAD TO REAR
Weather Conditions	CLEAR
Road Surface	DRY

Other Information

Was any foreign vehicle involved in this accident?	NO
Number of vehicles (including own vehicle) involved in the accident	2
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?	YES
If Yes, Please state which Police Station	
Police Station Name	TRAFFIC POLICE DIVISION HQ - SINGAPORE CITY
Police Station Address	ROAD: 10 UBI AVENUE 3 , POSTCODE: 408865 , COUNTRY: SINGAPORE
Police Station Contact	TEL NO: 65470000 - FAX NO:
Was notice of intended Prosecution given?	NO
If Yes, against whom?	

Circumstances of Accident

AS PER POLICE REPORT LODGED ON LINE , VIDE REPORT NO A/20181217/7025 lodged at Police station of Origin Central Division HQ Brief Details My car was stationary while giving way to a motorcycle and the lorry behind bang me. Location at Neil Road.

----- SENT TO MARS HQ. I WAS INJURED IN THE ACCIDENT AND WAS SENT TO HOSPITAL BY AMBULANCE AND RECEIVED SEVEN DAYS OF MEDICAL LEAVE. MY VEHICLE WAS SINCE TOWED TO TRAFFIC POLICE POUND. STATEMENT AS READ TO ME AND I ACKNOWLEDGED.

Attachment(s)

Are accident photos available for attachment?	NOT AVAILABLE DUE TO CIRCUMSTANCES OF ACCIDENT
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	YP9232H
Vehicle Make/Model/Colour	MITSUBISHI/FUSO/WHI
Details Of Properties	
Vehicle Category	COMMERCIAL VEHICLE
Name of Driver	TIEN CHIEW NAM

NRIC/Passport Number

S1268417G

Contact Number

96537211

Address

Postcode

Insurance Company Name

Nature Of Damage

No. Of Passenger (Including Driver)

Sketch Plan

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/are 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/are 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.

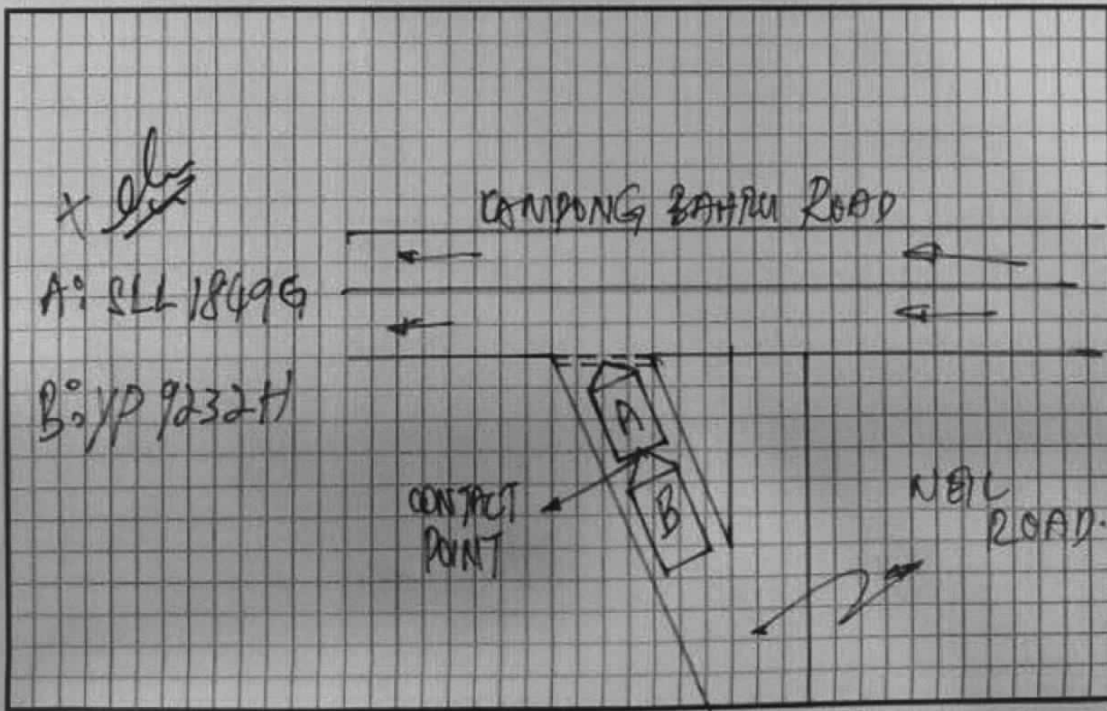
VERIFIED BY AJAX MARS
REPORTING OFFICER
Hashim Kamari

Policyholder's Signature / Date & Time

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

Witnessed by Reporting Centre
Personnel

Sketch Plan



Common Statement

ACCIDENT STATEMENT (2000 characters)

AS PER POLICE REPORT LODGED ON LINE , VIDE REPORT NO 20181217/7025, SENT TO MARS HQ.	A/
I WAS INJURED IN THE ACCIDENT AND WAS SENT TO HOSPITAL BY AMBULANCE AND RECEIVED SEVEN DAYS OF MEDICAL LEAVE. MY VEHICLE WAS SINCE TOWED TO TRAFFIC POLICE POUND.	
STATEMENT AS READ TO ME AND I ACKNOWLEDGED.	

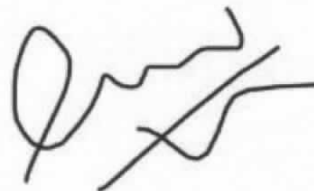
Taxi Voucher No.:

DECLARATION

I/We declare that the above particulars & information provided above are true in every aspect

VERIFIED BY AJAX MARS REPORTING OFFICER -
HASHIM BIN KAMARI

MARS Officer



Registered Owner or Driver's Signature

Job Complete Date/Time

18 December 2018 at 5:22 PM

Date/Time:

18 December 2018 at 5:22 PM

POLICE REPORT



**SINGAPORE
POLICE FORCE**



A/20181217/7025

1 of 2

POLICE REPORT (NP299)

Report No. A/20181217/7025

Police Station Of Origin
Central Division HQ
A 391 New Bridge Road #03-112 Police
Cantonment Complex SINGAPORE 088762
Tel No: 1800-2240000

Date/Time Report Made 17/12/2018 17:45	Vide Report No.	Station Diary No.	
Name Of Informant CHUA HOON HAI	Address APT BLK 334 SEMBAWANG CLOSE #16-447 SINGAPORE 750334		
ID Type / ID No. NRIC NO / S1684391A	Contact No. Home/Office:	Mobile: 98246035	
Nationality SINGAPORE CITIZEN	Email Address chuahoonhai@gmail.com		
Occupation Taxi driver	Sex Male	Age 53	Date of Birth 27/03/1965
			Race Chinese
Institution/School Name	Language English		
Date/Time Of Incident 17/12/2018 11:15 - 17/12/2018 12:00	Location Of Incident NEIL ROAD		

Brief details.

My car was stationary while giving way to a motorcycle and the lorry behind bang me. Location at Neil Road.

Subjects Involved			
Suspect			
Person Name	Tien Chiew Nam		
ID Type	NRIC NO	ID No	S1268417G

Signature Of Officer Recording The Report: Not applicable	Signature Of Informant: The identity of the person making this report has been authenticated by SingPass. No signature is required.
Signature Of Interpreter: Not applicable	Date/Time: 17/12/2018 17:45
Officer In-Charge Of Case:	Classification Of Case:
Authentication Stamp	

POLICE REPORT



**SINGAPORE
POLICE FORCE**



A/20181217/7025

2 of 2

POLICE REPORT (NP299)

CONTINUATION OF REPORT

Report No. A/20181217/7025

Gender	Male	Age	60-62	
Race	Chinese	Language	Chinese	
Occupation	Chauffeur	Address	217 Bedok North street 1 SINGAPORE 460217	
Mobile No	96537211	Relation To Informant	Unrelated	
Victim				
Person Name	CHUA HOON HAI			
ID Type	NRIC NO	ID No	S1684391A	
Gender	Male	Age	53	
Race	Chinese	Language	English	
Occupation	Taxi driver	Address Type		
Address	APT BLK 334 SEMBAWANG CLOSE #16-447 SINGAPORE 750334		Mobile No	98246035
Is Informant A Victim?	Yes			
Person Name	CHUA HOON HAI (Informant)			

Signature Of Officer Recording The Report:

Not applicable

Signature Of Interpreter:

Not applicable

Officer In-Charge Of Case:

Authentication Stamp

Signature Of Informant:

The identity of the person making this report has been authenticated by SingPass. No signature is required.

Date/Time:

17/12/2018 17:45

Classification Of Case: