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 <u>truthful and accurate</u> as possible. Any wilful misrepresentation or witholding 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

aforesaid.	
	ACCIDENT STATEMENT
Date Of Report	06/03/2019 17:48
Date Of Accident	05/03/2019 18:20
Exact Location Of Accident	CHINATOWN POINT PICK UP / DROP OFF
Country/State of Loss	SINGAPORE
	DETAILS OF OWN VEHICLE
Vehicle Registration Number	SLP2082Z
Insured/Policyholder	
Name Of Registered Owner	GRAB RENTALS PTE LTD
Co Reg No	201617200G
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-98002559
Alternative Phone No	OFFICE-66550005
Vehicle Particulars	
Manufacturer	MAZDA
Model	MAZDA 3
Exact Purpose for which vehicle was being used at time of accident	PRIVATE HIRE
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	A29114756MKF
Cover Note Number	
Driver	
Name of Driver	WANG HSIANG-HUNG

Name of Driver WANG HSIANG-HUNG

NRIC No S7176630F
Date Of Birth 27/06/1971
Occupation OUTDOOR
Date Of Driving Pass 10/01/1996

Driving Experience 23 YEARS AND 1 MONTH

Gender MALE

Mobile Number (LOCAL) +65-98002559

Fax Number

Contact Number

EMail Address NOEMAIL

955 HOUGANG AVENUE 9 #03-514 Address

Postcode 530955

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 - OPENING DOOR OF VEHICLE

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?

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

ON 05 MARCH 2019 AT ABOUT 1820HRS, AS I WAS WAITING FOR MY PASSENGER AT CHINATOWN POINT PICK UP / DROPOFF POINT, THE SECURITY GUARD PESTERED ME TO CLEAR THE AREA, AS I MOVED OFF SLOWLY, SUDDENLY VEHICLE B, FRONT LEFT PASSENGER DOOR OPENED AND HIT THE RIGHT FRONT PORTION OF MY VEHICLE. NOBODY WAS INJURED.

Attachment(s)

YES Are accident photos available for attachment? Was there any video captured by Car Camera? NO Was there any audio recorded? NO

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number SHC5479J

Vehicle Make/Model/Colour

Details Of Properties

TAXI Vehicle Category

LIM HOCK HUA Name of Driver NRIC/Passport Number S7416064F

Contact Number

Address Postcode

Insurance Company Name

Nature Of Damage

No. Of Passenger (Including Driver)

Sketch Plan

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DECLARATION		
/We declare the foregoing parti	culars are true in every respect.	
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- Usub Alder's Finantuse	Driver's Signature	Reporting Centre Personnel's Signature
olicyholder's Signature Date & Time:	(If driver is not the policyholder)	Name: 7-49 WY
are at tons	Date & Time: 16 BONG >	NRIC/FIN No.:
Judge and offerdate VI	06-03-2019	3.

Sketch Plan #2



IMPORTANT NOTICE

- 3. Please report generally the decials of the accident to spend up the plasms process.
- This Egymenium be completed by the Pulcyholder und/or the Authorized School
- j information provided must be as tryphful and assurate as peoples. Any will all more presentation or withholding of muturial facts may allow insurance completions to repudiate solicy lightly.
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- By the lodgment 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.
- Consent under the Personal Data Protection Act (PDPA)

I understand, acknowledge, agree and consent that

- (a) My insurer, my workship and the General Insurance Association of Singapore ("GIA") may/are permitted to collect, use, disclose and/or protest 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 website(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
 - 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,
 - (lii) 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 parkages); 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.
- (d) my Personal information will also be collected and used to compile claims history for the purpose of fraud detection, investigation and management in present and all future claims.
- (e) the information so collected under (d) above may be shared / disclosed:
 - to all insurers and/or any other third parties that assist in evaluating, investigating, controlling or managing fraud, regulators, law enforcement and government agencies as reasonably required for the purposes stated, or
 - (ii) for complying with requirements under any regulations, laws or court orders.

Policyholder's Signature Date & Time:

Driver's Signature

(If driver is not the policyholder)
Date & Time: (6304/3

06-03-2019

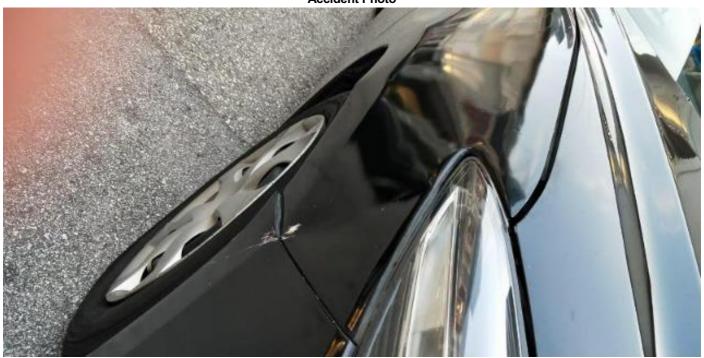
Reporting Centre Personnel's Signature

Name: そらいい NRIC/FIN No.:

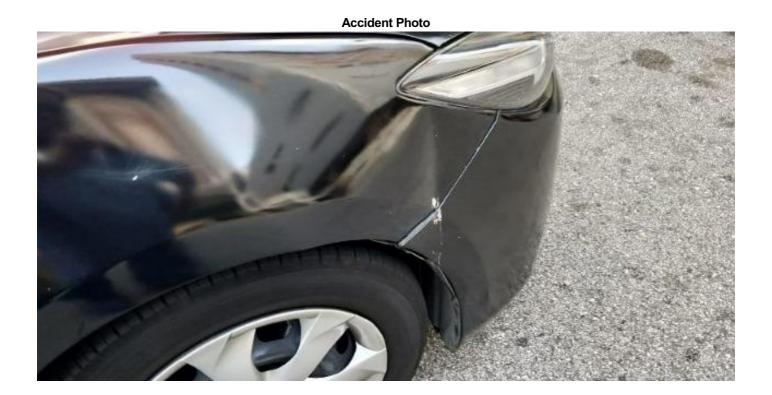










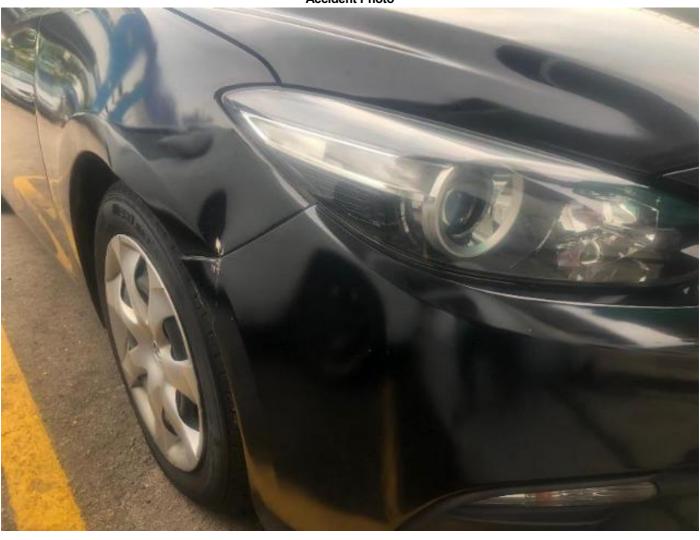




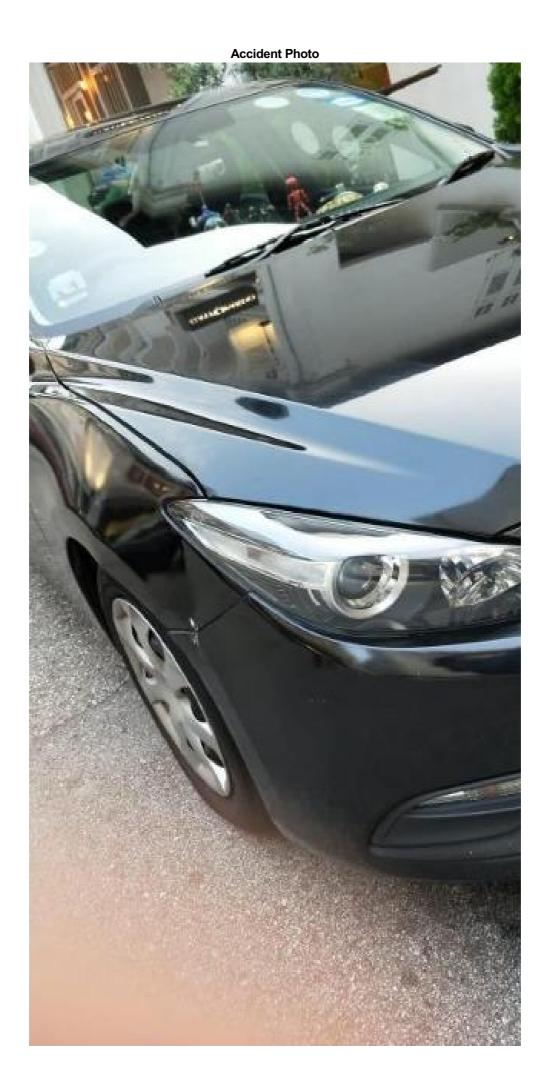




















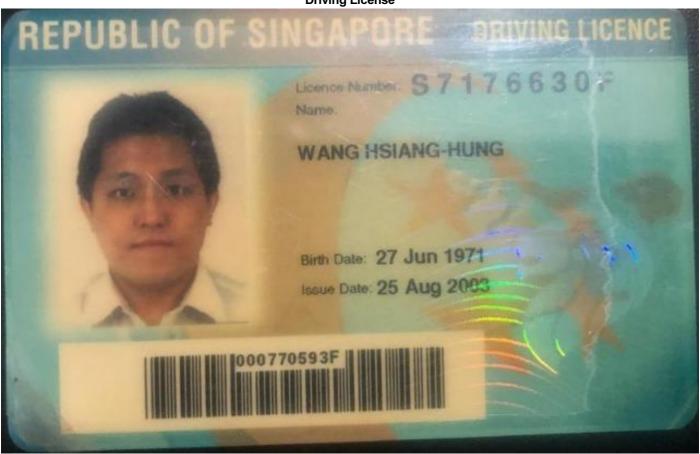
Identification Card



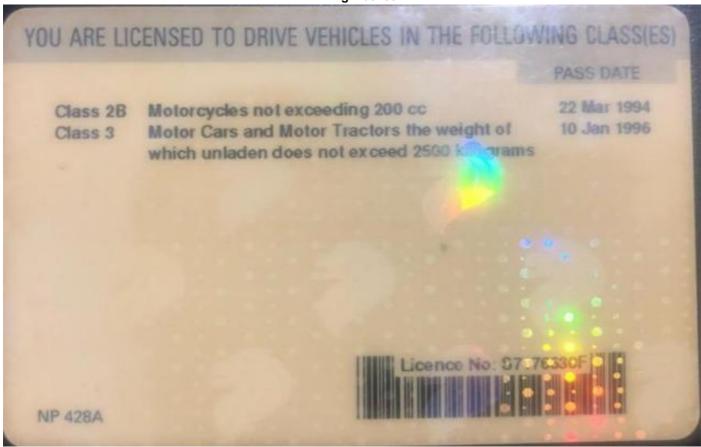
Identification Card



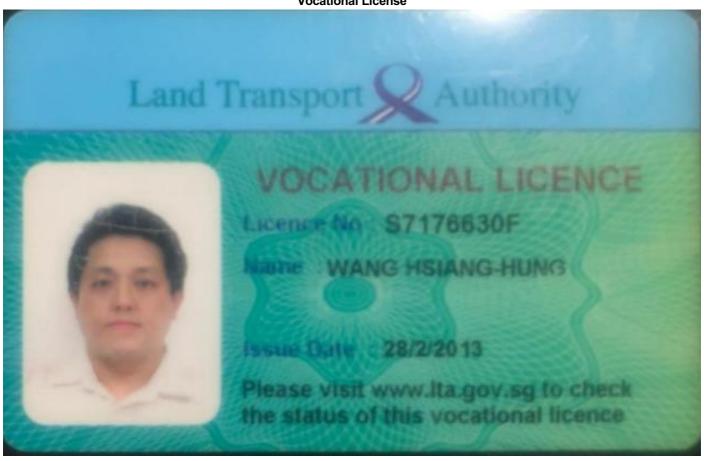
Driving License



Driving License



Vocational License



Vocational License

This card is not transferable and is the property of the Land Transport Authority (LTA). It must be surrendered to the LTA on request. If found, please return to LTA, 10 Sin Ming Drive, Singapore 575701.

Type Description Issue Date 28/02/2013