

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	08/04/2019 21:38
Date Of Accident	06/04/2019 22:30
Exact Location Of Accident	ALONG AIRPORT BLVD
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SLN4169E
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 1.8 CVT
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	A29114756MKF
Cover Note Number	N.A

Driver

Name of Driver	CHUA ZI MIN
NRIC No	S1377923F
Date Of Birth	24/07/1959
Occupation	OUTDOOR
Date Of Driving Pass	18/05/1979
Driving Experience	39 YEARS AND 10 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-96812800
Fax Number	
Contact Number	
EEmail Address	NOEMAIL

Address	NA
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 (including own vehicle) involved in the accident	3
Was any body injured in the Accident?	YES
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?	YES
If Yes, Please state which Police Station	
Police Station Name	BISHAN NEIGHBOURHOOD POLICE CENTRE
Police Station Address	ROAD: 20 BISHAN STREET 23 , POSTCODE: 579757 , COUNTRY: SINGAPORE
Police Station Contact	TEL NO: 1800-5529999 - FAX NO: 65561905
Was notice of intended Prosecution given?	NO
If Yes, against whom?	

Circumstances of Accident

REFER TO POLICE REPORT: ON 06.04.19 AT ABOUT 2230HRS, I WAS TRAVELLING ALONG AIRPORT BOULEVARD ON THE SECOND LANE. THE TRAFFIC WAS QUITE HEAVY AT THAT POINT OF TIME AND I WAS WAITING FOR THE TRAFFIC INFRONT OF ME TO MOVE. WHEN THE TRAFFIC INFRONT STARTED MOVING, I PROCEEDED MOVE AS WELL. SUDDENLY, I FELT A STRONG IMPACT COMING FROM THE REAR OF MY VEHICLE. DUE TO THE IMPACT, MY VEHICLE MOVED FORWARD AND HIT THE VEHICLE INFRONT (SKG3361X). I ALIGHTED FROM MY VEHICLE AND NOTED THAT THE VEHICLE BEHIND ME (GBE2874G) HAD COLLIDED INTO THE REAR OF MY VEHICLE, CAUSING DAMAGE TO MY REAR BUMPER. I MANAGED TO EXCHANGE PARTICULARS WITH THE DRIVER BEHIND OF ME. I WISH TO STATE THAT THERE IS AN INBUILT CAMERA IN MY VEHICLE WHICH CAPTURED THE INCIDENT.

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	GBE2874G
Vehicle Make/Model/Colour	NISSAN / CABSTAR 3.0 5M/T ABS 2DR 2WD EURO 5
Details Of Properties	N.A
Vehicle Category	COMMERCIAL VEHICLE
Name of Driver	GNANASEKARAN

NRIC/Passport Number	G5327606M
Contact Number	
Address	
Postcode	
Insurance Company Name	
Nature Of Damage	
No. Of Passenger (Including Driver)	2
Passenger 1	NAME: : P1
	GENDER: :

DETAILS OF OTHER VEHICLE PROPERTY 2

Vehicle Registration Number	SKG3361X
Vehicle Make/Model/Colour	AUDI / A6 2.0 TFSI MU`
Details Of Properties	N.A
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 INJURED PERSON 1

Name	CHUA ZI MIN
Approximate Age	
Injuries Sustain	
Injured person in which vehicle?	SLN4169E
Were seat belts worn?	YES
Was this injured conveyed to hospital by ambulance?	NO
Address	
Postcode	

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.

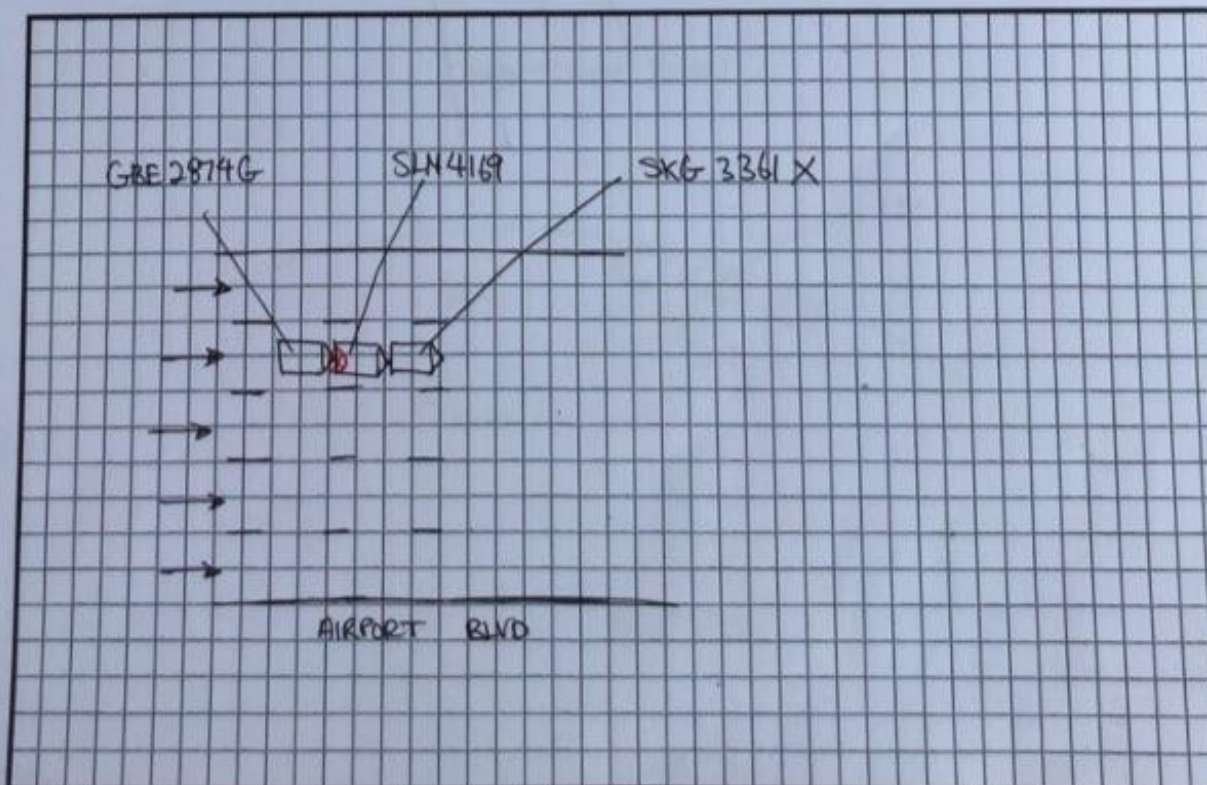
VERIFIED BY AJAX MARS
REPORTING OFFICER
MOHD FADZLY BIN ISMAIL

Policyholder's Signature / Date & Time

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

Witnessed by Reporting Centre
Personnel

Sketch Plan



Sketch Plan #2



**SINGAPORE
POLICE FORCE**



T/20190408/2042

1 of 3

Police Station Of Origin:
Bishan N.P.C
20 Bishan Street 23 SINGAPORE 579757
Tel No: 1800-5529999

Report No. T/20190408/2042

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 08/04/2019 11:55	Vide Report No.:	Station Diary No.: 61
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Informant's Particulars

Name of Informant: CHUA ZI MIN			Address: APT BLK 104 JALAN RAJAH #04-61 SINGAPORE 321104	
ID Type / ID No.: NRIC NO / S1377923F			Contact No.:	Mobile: 96812800
Nationality: SINGAPORE CITIZEN			Email:	
Sex: Male	Age: 59	Date of Birth: 24/07/1959	Type of Informant: Driver	
Race: Chinese			Language: English	Institution / School Name:
Occupation: GRAB DRIVER			Driving Licence Information: Class: 3	Date of Expiry:

General Information of the Accident

Type of Accident:	Injury Others	Drink Drive: No	Date/Time of Accident: 06/04/2019 22:30	Type of Location: Straight Road
Location: Along Road 1 AIRPORT BOULEVARD				
Weather: Clear		Road Surface: Dry	Road Speed Limit:	
Traffic Flow: One Way		Traffic Control: Not Controlled	Traffic Volume: Heavy	
Type of Collision: Between Moving Vehicles - Head To Rear			Anyone conveyed by ambulance: No	

Details of Vehicle Involved

Vehicle No.	Type	Make	Model	Color	Condition	No of Passengers
GBE2874G	Lorry				Seriously Damaged	1
SKG3361X	Car				Slightly Damaged	0
SLN4169E	Car				Seriously Damaged	0

Details of Person Involved

Any Pedestrian Involved: No	Use of Pedestrian Crossing: NA
No. of Pedestrians Injured: NIL	

Sketch Plan #3



**SINGAPORE
POLICE FORCE**



T/20190408/2042

2 of 3

Police Station Of Origin:
Bishan N.P.C
20 Bishan Street 23 SINGAPORE 579757
Tel No: 1800-5529999

Report No. T/20190408/2042

CONTINUATION OF REPORT

Driver			
Name	GNANASEKARAN MANIKANDAN	ID No.	G5327606M
Related Vehicle	GBE2874G (Lorry)	Contact No.	NIL
Hospital/Clinic	NIL	Class of Driving Licence & Expiry Date	Class: NIL Date of Expiry: NIL
Date Treatment	NIL	Date Discharge	NIL
No. of Days granted Medical Leave	NIL	Degree of Injury	NIL
Driver			
Name	CHUA ZI MIN	ID No.	S1377923F
Related Vehicle	SLN4169E (Car)	Contact No.	96812800
Hospital/Clinic	TAN TOCK SENG HOSPITAL	Class of Driving Licence & Expiry Date	Class: 3 Date of Expiry: NIL
Date Treatment	07/04/2019	Date Discharge	07/04/2019
No. of Days granted Medical Leave	03	Degree of Injury	Slight

Brief Details.

On 06.04.19 at about 2230hrs, I was travelling along Airport Boulevard on the second lane. The traffic was quite heavy at that point of time and I was waiting for the traffic in front of me to move. When the traffic in front started moving, I proceeded move as well. Suddenly, I felt a strong impact coming from the rear of my vehicle. Due to the impact, my vehicle moved forward and hit the vehicle in front (SKG3361X).

I alighted from my vehicle and noted that the vehicle behind of me (GBE2874G) had collided into the rear of my vehicle, causing damage to my rear bumper. I managed to exchange particulars with the driver behind of me.

I wish to state that there is an inbuilt camera in my vehicle which captured the incident.

Sketch Plan #4



POLICE FORCE

T/20190408/2042

3 of 3

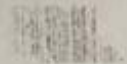
Police Station Of Origin:
Bishan N.P.C
20 Bishan Street 23 SINGAPORE 579757
Tel No: 1800-5529999

Report No. T/20190408/2042

CONTINUATION OF REPORT

Sketch Plan

Informant is not able to provide sketch plan



3 of 3

T/20190408/2042

IMPORTANT: Please attach a copy of your vehicle's Insurance Certificate to this report. If you don't have the certificate with you now, please fax a copy to 65474885 stating the report number as reference.

Signature Of Officer Recording The Report:

E /

Sgt 3 LIYANA BINTE MOHD RAZALI

Signature Of Informant:

Signature Of Interpreter:

Not applicable

Date/Time:

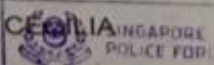
08/04/2019 11:55

Officer In Charge Of Case:

TP / AEIT /

SSI 2 YEO GEAK ENG

Contact No.: 65476404



Classification Of Case:

SN 061

Authentication Stamp

NP168

Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo

