

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	07/04/2019 09:33
Date Of Accident	06/04/2019 12:05
Exact Location Of Accident	GLENEAGLES MEDICAL CENTRE
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SLU1102E
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	
Driver	
Name of Driver	NEO SYE POON
NRIC No	S8131725I
Date Of Birth	09/10/1981
Occupation	OUTDOOR
Date Of Driving Pass	13/02/2012
Driving Experience	7 YEARS AND 1 MONTH
Gender	MALE
Mobile Number	(LOCAL) +65-83996467
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 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? 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) 5

Passenger 1 NAME: : PASSENGER 1
 GENDER: : FEMALE
 Passenger 2 NAME: : PASSENGER 2
 GENDER: : FEMALE
 Passenger 3 NAME: : PASSENGER 3
 GENDER: : FEMALE
 Passenger 4 NAME: : PASSENGER 4
 GENDER: : MALE

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 was at Gleneagles Medical Centre drop off/pick up point. After picking up my passenger, i checked for traffic on my right before moving off when car SMD6492Z from behind, collided onto my car right rear side. Damages to my car were on the right rear side. No injuries were 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 SMD6492Z
 Vehicle Make/Model/Colour TOYOTA/COROLLA 1.6

Details Of Properties

Vehicle Category	PRIVATE CAR
Name of Driver	NG LEE HIANG
NRIC/Passport Number	S0119701J
Contact Number	91523189
Address	
Postcode	
Insurance Company Name	
Nature Of Damage	
No. Of Passenger (Including Driver)	2
Passenger 1	NAME: : PASSENGER 1 GENDER: : MALE

Sketch Plan

SKETCH PLAN

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4. The issue 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 to the GSA (Accident 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.
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 be 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 the accident (all insurer(s) who have insured vehicle(s) involved in the 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 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 (includes) 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 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/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.



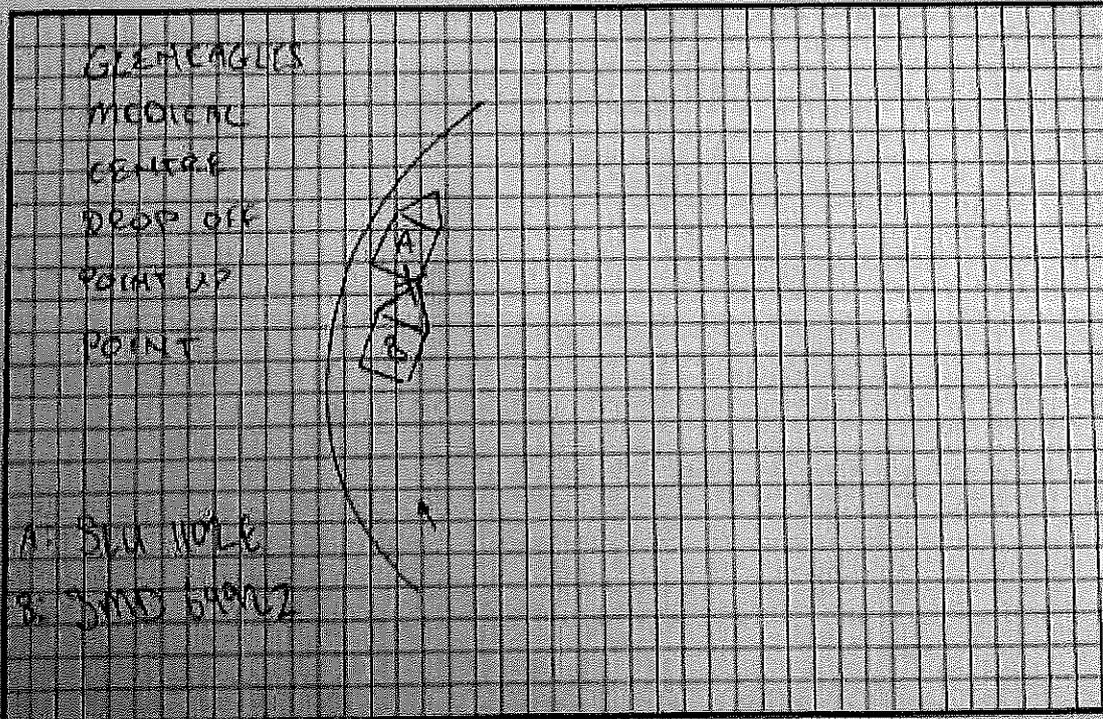
**VERIFIED BY AJAX MARS
REPORTING OFFICER
Muhammad Faizal
Bin Pabla**

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 was at Gleneagles Medical Centre drop off/pick up point. After picking up my passenger, i checked for traffic on my right before moving off when car SMD6492Z from behind, collided onto my car right rear side. Damages to my car were on the right rear side. No injuries were 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 FAIZAL BIN PABILA

MARS Officer



Registered Owner or Driver's Signature

Job Complete Date/Time

6 April 2019 at 2:11 PM

Date/Time:

6 April 2019 at 2:11 PM

> Back to OneMotoring



Land Transport Authority

10 Sin Ming Drive

Singapore 575701

GST Registration No. : M4-0006529-2

Print Date/Time : 08 Apr 2019 / 16:48:01

Receipt Date/Time : 08 Apr 2019 / 16:48:01

Tax Invoice/Receipt

Receipt No. : ITNET-00000-190408-002707

Previous Receipt No. :

S/N	Item Description/ Business Transaction Reference No.	Amount Before GST (S\$)	GST Amount (S\$)	Amount After GST (S\$)	
Result of Insurance Enquiry - GBE2874G As at 06 Apr 2019/22:30:00 Insurance Co: LONPAC INSURANCE BHD					
1	Insurance Enquiry - GBE2874G Enquiry Fee 20190408164708572147	7.00	0.49	7.49	
Sub-Total		7.00	0.49	7.49	
Result of Insurance Enquiry - SKF6316M As at 08 Apr 2019/07:03:00 Insurance Co: EQ INSURANCE COMPANY LTD					
2	Insurance Enquiry - SKF6316M Enquiry Fee 20190408164708626016	7.00	0.49	7.49	
Sub-Total		7.00	0.49	7.49	
Result of Insurance Enquiry - SLP9802S As at 08 Apr 2019/14:45:00 Insurance Co: MSIG INSURANCE (SINGAPORE) PTE LTD					
3	Insurance Enquiry - SLP9802S Enquiry Fee 20190408164708667522	7.00	0.49	7.49	
Sub-Total		7.00	0.49	7.49	
Result of Insurance Enquiry - SMD6492Z <i>See note E</i> As at 06 Apr 2019/12:05:00 Insurance Co: AXA INSURANCE PTE LTD					
4	Insurance Enquiry - SMD6492Z Enquiry Fee 20190408164708719062	7.00	0.49	7.49	
Sub-Total		7.00	0.49	7.49	
		Total Before Rounding	28.00	1.96	29.96
		Rounding Difference			0.01
		Total Amount Payable			29.95
Paid By					
	20190408164720983	Direct Debit: eNETS Debit (Internet Banking)		29.95	
		Total			29.95
		Cash Change			0.00
		Tendered Amount			29.95
		Excess Refundable Amount			0.00

THANK YOU AND HAVE A NICE DAY!