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 | 08/04/2019 09:52 |
| Date Of Accident | 06/04/2019 14:40 |
| Exact Location Of Accident | 177 TOA PAYOH CENTRAL |
| Country/State of Loss | SINGAPORE |
| D | DETAILS OF OWN VEHICLE |
| Vehicle Registration Number | SLJ6366K |
| Insured/Policyholder | |
| Name Of Registered Owner | GRAB RENTALS PTE LTD |
| Co Reg No | 201617200G |
| Email Address | NOEMAIL |
| Mobile Phone No | (LOCAL) +65-98362251 |
| Alternative Phone No | OFFICE-66550005 |
| Vehicle Particulars | |
| Manufacturer | MAZDA |
| Model | 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 | MOHAMMAD SHAMEER ALI S/O MOHD NASSIM |
| | |

NRIC No S7626439B
Date Of Birth 26/08/1976
Occupation OUTDOOR
Date Of Driving Pass 26/04/2010

Driving Experience 8 YEARS AND 11 MONTHS

Gender MALE

Mobile Number (LOCAL) +65-98362251

Fax Number
Contact Number

EMail Address NOEMAIL

106 PASIR RIS STREET 12 #07-107 Address

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

NO

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?

NO

If Yes, Please state which Police Station

Was notice of intended Prosecution given?

NO

If Yes, against whom?

Circumstances of Accident

ON 06 APRIL 2019 AT ABOUT 1440HRS, I WAS DRIVING MY VEHICLE, SLJ6366K, ALONG BLOCK 177 TOA PAYOH CENTRAL. AS I WAS AT THE GANTRY HEADING OUT, SUDDENLY THERE WAS A THUD FROM THE REAR PORTION OF MY VEHICLE. NOBODY WAS INJURED.

Attachment(s)

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

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number SMD6704M

Vehicle Make/Model/Colour

Details Of Properties

VOLVO

PRIVATE CAR Vehicle Category

Name of Driver **FOO HWA MING**

NRIC/Passport Number S7311323G **Contact Number** +6596716643

Address Postcode

Insurance Company Name

Nature Of Damage

No. Of Passenger (Including Driver)

Sketch Plan

SKETCH PLAN

IMPORTANT NOTICE

- Please report <u>correctly</u> 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
- 5. Any false reporting may be referred to the Police for investigation.
- 6. The 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 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.
- 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
 - (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
 - 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.
 - 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:
 - (i) 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 & fime:

Reporting Centre Personnel's Signature

Name: ZAINI NRIC/FIN No .:

| TCH PLAN | | |
|-----------------------|---|--|
| | | |
| | TOU PAYOH CENTRAL | |
| | | |
| | | |
| | Block WA | |
| | 177 (A | A= 5LJ 6366K |
| | 207 | B = 5MO 6704 M |
| | B | |
| | | |
| DESCRIBE CIRCUMSTA | ANCES OF THE ACCIDENT | |
| On 06/04/19 | of about 1440Ms I was driving my rehi | de SLJ 6366K along |
| Block 177 To | A PAYOH CENTRAL. As I was at the gant | ry heodina art cuddenly |
| there was a thin | ach from the near portion of my vehicle. no | shooty was injured |
| 1.010 0000 8 100 | ac tibili the lest portion of my vehicle . No | sead mes influent. |
| | | |
| | | |
| | | |
| | | |
| 1 | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| DECLARATION | | |
| | egoing particulars are true in every respect. | |
| | egoing particulars are true in every respect. | |
| | egoing particulars are true in every respect. | A |
| | egoing particulars are true in every respect. | A |
| I/We declare the fore | XI | Reporting Centre Personnel's Signature |
| | XI | Reporting Centre Personnel's Signature |
| I/We declare the fore | Driver's Signature | Reporting Centre Personnel's Signature Name: Zawol NRIC/FIN No.: |



















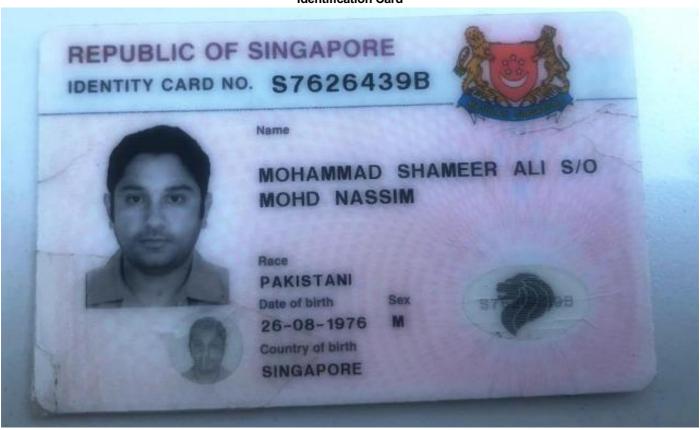








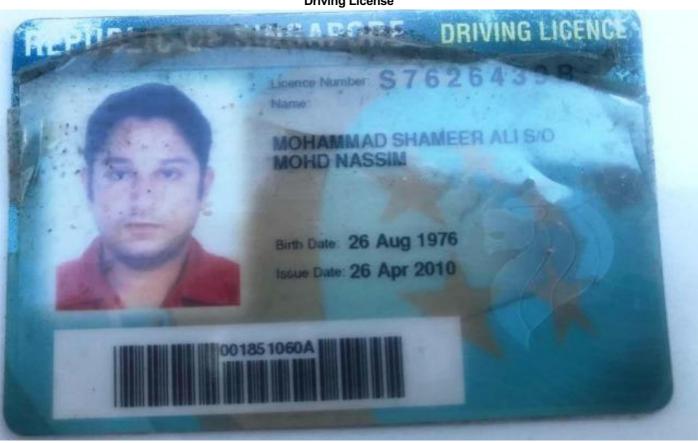
Identification Card



Identification Card



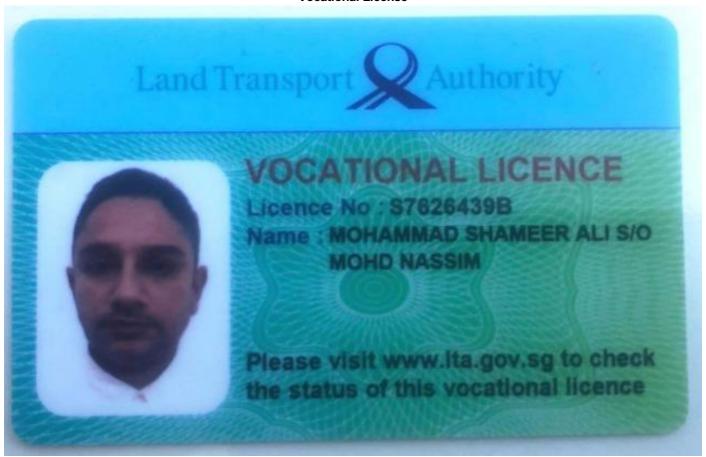
Driving License



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 LTA on request. If found, please return to LTA, 10 Sin Ming Drive, Singapore 575701.

Type Description Issue Date

13 PRIVATE HIRE CAR VL 22/01/2019

