

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	19/07/2019 17:45
Date Of Accident	18/07/2019 22:30
Exact Location Of Accident	ALONG TAMPIN S AVE 10
Country/State of Loss	SINGAPORE
DETAILS OF OWN VEHICLE	
Vehicle Registration Number	SLM8458A
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 AND 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	TAN LYE PENG
NRIC No	S8130545E
Date Of Birth	24/09/1981
Occupation	OUTDOOR
Date Of Driving Pass	16/07/2002
Driving Experience	17 YEARS AND 0 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-87544581
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	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?	YES
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: : P1 GENDER: : MALE
Passenger 2	NAME: : P2 GENDER: : FEMALE
Passenger 3	NAME: : P3 GENDER: : FEMALE
Passenger 4	NAME: : P4 GENDER: : FEMALE

Details of Police Action

Was the accident reported to the police?	YES
If Yes, Please state which Police Station	
POLICE STATION NAME [OTHER]	TAMPINES N.P.C
Was notice of intended Prosecution given?	NO
If Yes, against whom?	

Circumstances of Accident

REFER TO POLICE REPORT NO: T/20190719/2013 (LODGED AT TAMPINES N.P.C) ON 18/07/2019 AT ABOUT 2230HRS, I WAS DRIVING MY VEHICLE, BEARING PLATE NUMBER SLM8458A ALONG TAMPINES AVENUE 10 . AT THAT TIME, TRAFFIC WAS MODE AND THE ROA SURFACE WAS DRY. I HAUH PASSENGERS ON BOARD MY VEHICLE AT THAT TIME. I WAS DRIVING ON THE FIRST LANE ALONG TAMPINES AVENUE 10, BEHIND V1, BEARING PLATE NUMBER SFU1669K. AT THE JUNCTION OF TAMPINES AVENUE 10 AND TAMPINES AVENUE 9, ONE VAN IN FRONT OF V1 ATTEMPTED TO MAKE AN ILLEGAL U-TURN, CAUSING V1 TO BRAKE IMMEDIATELY. I WISH TO STATE THAT I MANAGED TO BRAKE IN TIME AND COME TO A COMPLETE STOP BEHIND V1. SHORTLY AFTER STOPPING, I FELT IMPACT FROM THE REAR OF MY VEHICLE. THE IMPACT CAUSED MY VEHICLE TO INCH FORWARD AND COLLIDE INTO THE REAR BUMPER OF V1. UPON INSPECTION, I DISCOVERED V2, BEARING PLAT NUMBER SLM9965X, COLLIDED INTO THE REAR BUMPER OF MY VEHICLE. I WISH TO STATE THAT MY PASSENGERS WERE INJURED AND WERE CONVEYED TO HOSPITAL. I SUSTAINED INJURIES AND RECEIVED 3 DAYS OF MC. I WISH TO STATE THAT THERE IS IN CAMERA INSTALLED IN MY VEHICLE, AND I HAVE SUBMITTED THE SD CARD TO THE POLICE WHEN THEY ATTENDED TO ME AT SCENE.

Attachment(s)

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

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number SFU1668K
Vehicle Make/Model/Colour VOLVO / S60 T2 / WHITE
Details Of Properties
Vehicle Category PRIVATE CAR
Name of Driver DANIAL AIMAN BIN SHAMSUL BAHRIN
NRIC/Passport Number S9701023D
Contact Number 81571749
Address
Postcode
Insurance Company Name
Nature Of Damage
No. Of Passenger (Including Driver) 1

DETAILS OF OTHER VEHICLE PROPERTY 2

Vehicle Registration Number SLM9965X
Vehicle Make/Model/Colour MERCEDES BENZ / C 200 KOMPRESSOR
Details Of Properties
Vehicle Category PRIVATE CAR
Name of Driver LEW GUAN CHANG
NRIC/Passport Number S7325562G
Contact Number 94597703
Address
Postcode
Insurance Company Name
Nature Of Damage
No. Of Passenger (Including Driver) 1

DETAILS OF INJURED PERSON 1

Name TAN LYE PENG
Approximate Age
Injuries Sustain
Injured person in which vehicle? SLM8458A
Were seat belts worn? YES
Was this injured conveyed to hospital by ambulance? NO
Address
Postcode

DETAILS OF INJURED PERSON 2

Name PASSENGER 1
Approximate Age
Injuries Sustain
Injured person in which vehicle? SLM8458A
Were seat belts worn? YES
Was this injured conveyed to hospital by ambulance? YES
Address
Postcode

Sketch Plan

SKETCH PLAN

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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

Handwritten sketch plan on grid paper:

- Top: TAMPAKAS AVE 10
- Below TAMPAKAS AVE 10: 2ND CORNER
- Below 2ND CORNER: KICK A K B
- Below KICK A K B: A: SLM 8458A
- Below A: SLM 8458A: B: SLM 9966X
- Below B: SLM 9966X: C: SPV 1668K
- Below C: SPV 1668K: TAMPAKAS AVE 10
- Bottom left: X Q
- Bottom right: JOR