

## 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	05/10/2019 12:53
Date Of Accident	05/10/2019 07:15
Exact Location Of Accident	DUNEAN RD TOWARDS TURF CITY NEAR HUA GUAN AVE
Country/State of Loss	SINGAPORE

### DETAILS OF OWN VEHICLE

Vehicle Registration Number	SLT3421B
<b>Insured/Policyholder</b>	
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
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	LIM CHIAH CHEW
NRIC No	S1665957F
Date Of Birth	15/09/1984
Occupation	OUTDOOR
Date Of Driving Pass	18/10/1984
Driving Experience	34 YEARS AND 11 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-81028299
Fax Number	
Contact Number	OFFICE-81028299
E-Mail 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	SIDE SWIPE
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?	
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)	2
Passenger 1	NAME: : PASSENGER 1 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

AS PER ATTACHED POLICE REPORT LODGED AT CLEMENTI NPC, VIDE REPORT NO. T/20191005/2018 Brief Details On 05/10/2019 at about 0715hrs, I was driving my rented vehicle SLT3421B with one passenger on board of my vehicle along Dunearn Road on the most left lane towards Turf City when a black-coloured vehicle bearing the registration number SJR2008C filtered from the middle lane towards my lane without checking. The said vehicle subsequently side swiped my vehicle. We then stopped our vehicle on the side Dunearn Road and I checked my vehicle for the damages. The impact has caused some damages on the right side of my vehicle which I do not know how much is the cost of the repair. I then checked on my passenger and the passenger informed me that he is not injured but he is rushing to reach his destination which is Turf City. The driver and the passenger came out of the vehicle and they only exchanged contact number with me and I did not have the opportunity to take the necessary photos of the other vehicle's damages. The other vehicle driver and passenger then left after a few minutes as they claimed that they were rushing off. The driver of the other vehicle then messaged me her NRIC details (Image of front NRIC) and her vehicle number. Details of driver of SJR2008C : - Name: Yu Min NRIC : S7589573I DOB : 24/05/1978 HP : 91810415 I did not suffer any injury from that incident and I will contact "GRAB" for further instruction from them. I have an in-car camera installed in my rented car. I am lodging this report as I intend to claim insurance for the car damages and I experienced trauma from the accident. I will consult medical attention from my family doctor.

### 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	SJR2008C
Vehicle Make/Model/Colour	SUBARU/FORESTER 2.0I-L/BLA
Details Of Properties	

Vehicle Category	PRIVATE CAR
Name of Driver	YU MIN
NRIC/Passport Number	S7589573I
Contact Number	91810495
Address	
Postcode	
Insurance Company Name	
Nature Of Damage	
No. Of Passenger (Including Driver)	2
Passenger 1	NAME: : PASSENGER 1
	GENDER: :

## Sketch Plan

### SKETCH PLAN SLT3421B

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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 "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:
  - (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.



**VERIFY BY AJAX MARS (ARC)**  
**REPORTING OFFICER**  
**HASHIM BIN KAMARI**

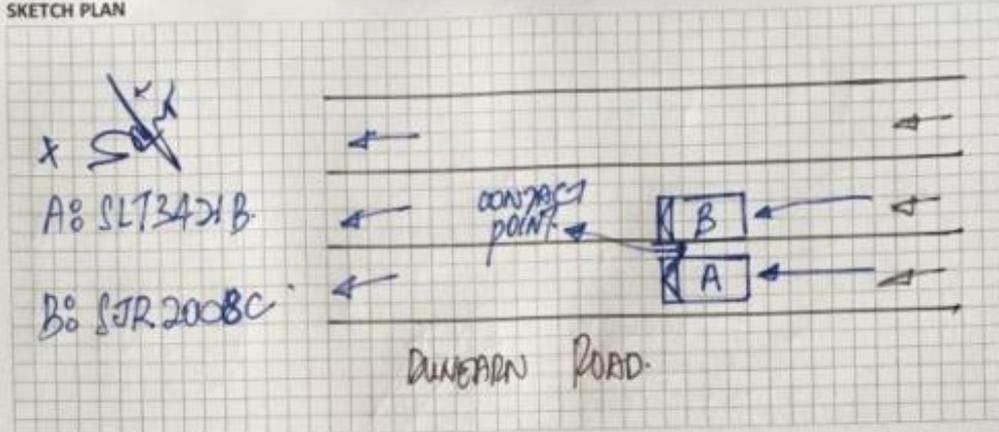
Policyholder's Signature  
Date & Time:

Driver's Signature  
(If driver is not the policyholder)  
Date & Time: 5 Oct 2019

Reporting Centre Personnel's Signature  
Name:  
NRIC/FIN No.:

Sketch Plan #2

SKETCH PLAN



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

REFER TO ATTACHED STATEMENT.

A large rectangular area with horizontal lines for writing, intended for describing the circumstances of the accident.

DECLARATION

I/We declare the foregoing particulars are true in every respect.

Policyholder's Signature  
Date & Time:

*[Signature]*  
Driver's Signature  
(If driver is not the policyholder)  
Date & Time: 05/10.

VERIFY BY AJAX MARS (ARC)  
REPORTING OFFICER  
HASHIM BIN KAMARI

Reporting Centre Personnel's Signature  
Name:  
NRIC/FIN No.:

POLICE REPORT



**SINGAPORE  
POLICE FORCE**



T/20191005/2018

Police Station Of Origin:  
Clementi N.P.C  
20 Clementi Avenue 5 SINGAPORE 129858  
Tel No: 1800-8729999

1 of 3

Report No: T/20191005/2018

**REPORT OF A TRAFFIC ACCIDENT**

Date/Time Report Made: 05/10/2019 08:42	Vide Report No.:	Station Diary No.: 31
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**Informant's Particulars**

Name of Informant: LIM CHIAH CHEW		Address: APT BLK 448A BUKIT BATOK WEST AVENUE 9 #11-10 SINGAPORE 651448	
ID Type / ID No.: NRIC NO / S1665957F		Contact No.: Home/Office: Mobile: 81028299	
Nationality: SINGAPORE CITIZEN		Email:	
Sex: Male	Age: 55	Date of Birth: 15/09/1964	Type of Informant: Driver
Race: Chinese		Language:	Institution / School Name:
Occupation: GRAB DRIVER		Driving Licence Information: Class: 2B,3	Date of Expiry:

**General Information of the Accident**

Type of Accident: Non-Injury Others	Drink Drive: No	Date/Time of Accident: 05/10/2019 07:15	Type of Location: Straight Road
Location: Along Road 1 DUNEARN ROAD  Dunearn Road towards Turf City near Hua Guan Avenue			
Weather: Clear	Road Surface: Dry	Road Speed Limit: 50 Km/h	
Traffic Flow: One Way	Traffic Control:	Traffic Volume: Light	
Type of Collision: Between Moving Vehicles - Side Swipe - Same Direction			Anyone conveyed by ambulance: No

**Details of Vehicle Involved**

Vehicle No.	Type	Make	Model	Color	Condition	No of Passenger
SJR2008C	Car				Slightly Damaged	2
SLT3421B	Car				Slightly Damaged	1

POLICE REPORT



SINGAPORE  
POLICE FORCE



T/20191005/2018

Police Station Of Origin:  
Clementi N.P.C  
20 Clementi Avenue 5 SINGAPORE 129858  
Tel No: 1800-8729999

2 of 3  
Report No. T/20191005/2018

CONTINUATION OF REPORT

**Brief Details.**

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The said vehicle subsequently side swiped my vehicle.

We then stopped our vehicles on the side Dunearn Road and I checked my vehicle for the damages.

The impact has caused some damages on the right side of my vehicle which I do not know how much is the cost of the repair.

I then checked on my passenger and the passenger informed me that he is not injured but he is rushing to reach his destination which is Turf City.

The driver and the passenger came out of the vehicle and they only exchanged contact numbers with me and I did not have the opportunity to take the necessary photos of the other vehicle's damages.

The other vehicle driver and passenger then left after a few minutes as they claimed that they were rushing off.

The driver of the other vehicle then messaged me her NRIC details (Image of front NRIC) and her vehicle number.

Details of driver of SJR2008C :-

Name : Yu Min  
NRIC : S7589573I  
DOB : 24/05/1978  
Hp : 91810415

I did not suffer any injury from that incident and I will contact "GRAB" for further instructions from them.

I have an in-car camera installed in my rented car.

I am lodging this report as I intend to claim insurance for the car damages and I experienced trauma from the accident. I will consult medical attention from my family doctor.

POLICE REPORT



SINGAPORE  
POLICE FORCE



T/20191005/2018

Police Station Of Origin:  
Clementi N.P.C  
20 Clementi Avenue 5 SINGAPORE 129858  
Tel No: 1800-8729999

3 of 3  
Report No. T/20191005/2018

CONTINUATION OF REPORT

**Sketch Plan**

Informant is not able to provide sketch plan

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: D / SI IMRAN BIN MOHAMMAD HAJAR	Signature Of Informant:
Signature Of Interpreter: Not applicable	Date/Time: 05/10/2019 08:42
Officer In Charge Of Case: TP / GIA / Staff Sgt WONG SIEU LUI Contact No.: 65476151	Classification Of Case:

Authentication Stamp  
NP168

SINGAPORE  
POLICE FORCE

SN 37

SIGNATURE

Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



**Accident Photo**



**Accident Photo**



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