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 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.			
The Property of Property and State of S	ACCIDENT STATEMENT		
Date Of Report	14/10/2019 10:22		
Date Of Accident	13/10/2019 13:35		
Exact Location Of Accident	ALONG JALAN KAYU		
Country/State of Loss	SINGAPORE		
	DETAILS OF OWN VEHICLE		
Vehicle Registration Number	SLH9037B		
Insured/Policyholder			
Name Of Registered Owner	GRAB RENTALS PTE LTD		
Co Reg No	201617200G		
Email Address	NOEMAIL		
Mobile Phone No			
Alternative Phone No	OFFICE-31388644		
Vehicle Particulars			
Manufacturer	ТОУОТА		
Model	PRIUS-1.8 HYBRID CVT (A)		
Exact Purpose for which vehicle was being used at time of accident			
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	LEE SHUN KIAT, JAVIER		
NRIC No	S8923172H		
Date Of Birth	21/06/1989		
Occupation	OUTDOOR		
Date Of Driving Pass	28/08/2008		
Driving Experience	11 YEARS AND 1 MONTH		
Gender	MALE		
Mobile Number	(LOCAL) +65-94383699		
Fax Number			
Contact Number			
EMail Address	NOEMAIL		

Address 31 ELIAS ROAD #09-22

Postcode 519934

Was driver an employee of the Insured's Company NO

If No, Relationship of the Driver with the Insured OTHER - LESSEE

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

Was any body injured in the Accident?

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.

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 13/10/19 AT AROUND 1:35PM, I WAS DRIVING MY CAR ALONG JALAN KAYU TOWARDS TPE. AS I WAS TRAVELLING STRAIGHT AT THE JUNCTION OF JALAN KAYU AND SENGKANG WEST WAY, VEHICLE B WHICH WAS ON THE WRONG LANE PREVIOUSLY, TRIED TO SQUEEZE INTO MY LANE AND HIT MY CAR'S RIGHT REAR. MY RIGHT REAR BUMPER SUFFERED DAMAGES. VEHICLE B SUFFERED DAMAGES ON HIS FRONT LEFT BUMPER. I AM HAVING A SORE NECK NOW. GOING TO SEE DOCTOR LATER.

Attachment(s)

Are accident photos available for attachment? YES Was there any video captured by Car Camera? YES

Remarks/ Reasons: SD CARD WITH WORKSHOP

Was there any audio recorded? NO

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number SJZ4463R

Vehicle Make/Model/Colour VOLKSWAGEN / BLACK

Details Of Properties VEH B

Vehicle Category
PRIVATE CAR
Name of Driver
LIM HAN LEONG
NRIC/Passport Number
S8813127D
Contact Number
98243542

Address

Postcode

Insurance Company Name

Nature Of Damage FRONT LEFT BUMPER

No. Of Passenger (Including Driver)

2

Passenger 1

NAME:

: NOT APPLICABLE

GENDER:

: FEMALE

DETAILS OF INJURED PERSON 1

Name

LEE SHUN KIAT, JAVIER

Approximate Age

SORE NECK Injuries Sustain

Injured person in which vehicle?

SLH9037B

Were seat belts worn?

Was this injured conveyed to hospital by ambulance?

NO

Address

(DRIVER)

Postcode

Sketch Plan

SKETCH PLAN

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 interested parties.
- 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 :
 - 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:
 - 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 & Time: 14/10/19

0940hs.

Reporting Centre Personnel's Signature Name:

NRIC/FIN No.:

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DESCRIBE CIRCUMSTANCES OF THE ACCIDENT On 13/10/2019 and around 1.35 p.m., I was driving my car (Ush. A SLH 9037 B) along Jalan Kayn towards TPE. As I was traveling straight at the junction of Jalan Kayn and Senghang Newl Vary. Ush. B (SJZ 4463 R), which was on the wrong lane previously, tried to squreze into my lane and hit my car's right rear. My night rear bumper suffered damages. Ush. B suffered damages on his from left bumper. I am having a sore neck now. Guing to see doctor later.

DECLARATION

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

Policyholder's Signature
Date & Time:

Date & Ti