

REG/CS/PAY/F

15 OCT 2019

AUTO BULLOX PTE LTD

53 Ubi Avenue 1#01-19 Paya Ubi Industrial Park Singapore 408934
Tel: 6844 4290 Fax: 6841 6043 Email: motoricarzgarage@gmail.com
Register No.: 201919765N

*Unclear
Yani/KW*

Date: 15/10/2019 F A X E D

To: MSIG INSURANCE (S) PTE LTD
4 Shenton Way
#21-01 SGX Centre 2
Singapore 068807.

Fax: 6225 6371 (Jia Ling)
Fax: 6225 7402

Dear Sirs,

*(MSIG) GRAB (MSIG)***ACCIDENT INVOLVING VEHICLES SJX3559R AND SLF3375A ON 09/10/2019.**

We are instructed by NAKANO SINGAPORE PTE LTD (REG: 197501976M) to notify you of a road traffic accident on 09/10/2019 at about 11:30HRS at CTE (AYE) Before Bukit Timah Rd Exit involving our client's /customer's vehicle registration number SJX3559R and vehicle registration number SLF3375A drive by you at the material time. A copy of the Singapore accident statement/traffic police report filed is enclosed.

As a result of the accident, our client's/customer's vehicle has been damaged. Before our client/ we proceed to repair the damaged vehicle, please let us know within 2 working days of your receipt of this notice whether you or your insurer would like to conduct a pre-repair survey of the vehicle. If we do not receive any reply from you within the stipulated timeline, our client/we shall proceed to repair the vehicle without further reference to you.

If anything want to confirm, please kindly call Mr. Kaman – 9769 9299.

Yours faithfully,

*Jwealor
15 Oct 19*

AUTO BULLOX PTE LTD

MFTA19134009 / Formteam Accident Services Taskforce Pte Ltd - HQ
ENTRY DATE & TIME: 09/10/2019 15:53
SUBMITTED BY: Wang Sye Yuen

SINGAPORE ACCIDENT STATEMENT

Third Party
FAXED

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 09/10/2019 15:53
Date Of Accident 09/10/2019 11:45
Exact Location Of Accident ALONG CTE
Country/State of Loss SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number SLF3375A
Insured/Policyholder [REDACTED]
Name Of Registered Owner GRAB RENTALS PTE LTD
Vehicle Particulars
Manufacturer HONDA
Model VEZEL-1.5 HYBRID X (A)
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 RETHINAM ULAGAPAN
NRIC No S1672031C
Address BLK 324 BUKIT BATOK ST 33 #09-41

General Information of the Accident

Type Of Accident COLLISION - CHANGE/CROSS LANE
Weather Conditions CLEAR

Other Information

Was any foreign vehicle involved in this accident? NO
Was any body injured in the Accident? NO
Was any other material or property damaged? YES
Number of Passengers (Including Driver) 2

Circumstances of Accident

ON 09/10/19 @ 1143HRS, I WAS DRIVING MY CAR SLF3375A ALONG CTE TOWARDS AYE BEFORE BUKIT TIMAH EXIT ON THE 2ND LANE. A VEHICLE SJX3559R TRAVELLING ON THE 1ST LANE SUDDENLY CUT INTO MY LANE AND COLLIDED ONTO MY VEHICLE RHS BODY. NOBODY WAS INJURED.

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	SJX3559R
Vehicle Make/Model/Colour	
Name of Driver	SNG CHIN LEE
Insurance Company Name	

Sketch Plan

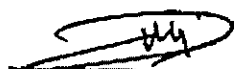
SKETCH PLANIMPORTANT NOTICE

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 Authorized 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. 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 obtained 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 making 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 post bags);
 - (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 the 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 used 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, regulatory, 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:

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

