

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 | 21/10/2019 13:50 |
| Date Of Accident | 18/10/2019 17:30 |
| Exact Location Of Accident | ALONG LENTOR AVENUE TOWARDS CTE |
| Country/State of Loss | SINGAPORE |

DETAILS OF OWN VEHICLE

| | |
|-----------------------------|----------------------|
| Vehicle Registration Number | SLN7916X |
| Insured/Policyholder | |
| Name Of Registered Owner | GRAB RENTALS PTE LTD |
| Co Reg No | 201617200G |
| Email Address | NOEMAIL |
| Mobile Phone No | (LOCAL) +65-87939482 |
| 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 | A29088463MKF |
| Cover Note Number | |

Driver

| | |
|----------------------|-------------------------------|
| Name of Driver | NUR MUHAMMAD ALIF BIN AFFENDY |
| NRIC No | S9129813I |
| Date Of Birth | 26/08/1991 |
| Occupation | OUTDOOR |
| Date Of Driving Pass | 12/12/2015 |
| Driving Experience | 3 YEARS AND 10 MONTHS |
| Gender | MALE |
| Mobile Number | (LOCAL) +65-87939482 |
| Fax Number | |
| Contact Number | |
| Email Address | NOEMAIL |

| | |
|---|----------------------------------|
| Address | BLK 56 LORONG 4 TOA PAYOH #08-05 |
| Postcode | 310056 |
| 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 - U-TURN |
| 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? | 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) | 6 |
| Passenger 1 | NAME: : KID GENDER: : MALE |
| Passenger 2 | NAME: : KID GENDER: : MALE |
| Passenger 3 | NAME: : KID GENDER: : MALE |
| Passenger 4 | NAME: : SHIDAH GENDER: : FEMALE |
| Passenger 5 | NAME: : JUNAIDA GENDER: : FEMALE |

Details of Police Action

| | |
|---|---|
| Was the accident reported to the police? | YES |
| If Yes, Please state which Police Station | |
| Police Station Name | TOA PAYOH NEIGHBOURHOOD POLICE CENTRE |
| Police Station Address | ROAD: 93 TOA PAYOH CENTRAL TOA PAYOH COMMUNITY BUILDING , POSTCODE: 319194 , COUNTRY: SINGAPORE |
| Police Station Contact | TEL NO: 1800-2519999 - FAX NO: 63548749 |
| Was notice of intended Prosecution given? | NO |
| If Yes, against whom? | |

Circumstances of Accident

REFER TO POLICE REPORT.

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 Witness 1

Name NGUYEN BICH NGOC
Phone Number
Email Address

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number XE3129H
Vehicle Make/Model/Colour
Details Of Properties
Vehicle Category COMMERCIAL VEHICLE
Name of Driver GOH KWANG SENG
NRIC/Passport Number S1374393B
Contact Number
Address BLK 188 BOON LAY DRIVE #09-106
Postcode 640188
Insurance Company Name
Nature Of Damage
No. Of Passenger (Including Driver)

DETAILS OF INJURED PERSON 1

Name NUR MUHAMMAD ALIF BIN AFFENDY
Approximate Age
Injuries Sustain
Injured person in which vehicle? SLN7916X
Were seat belts worn?
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.
- (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.

Policyholder's Signature
Date & Time:

Driver's Signature
(If driver is not the policyholder)

Date & Time: 21/10 21/10/19

1050hrs

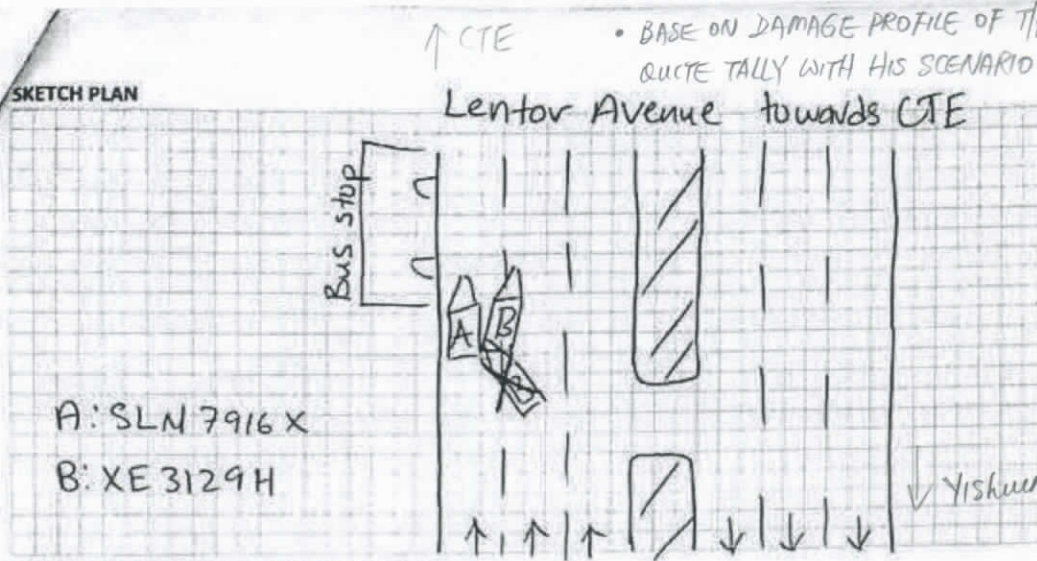
Reporting Centre Personnel's Signature
Name: A. Alau-shah
NRIC/FIN No.:

FACTS:

- LENTOR AVE IS AN IMPORTANT & HEAVY TRAFFIC WAY WITH 3 LANES ON EACH SIDE
- A BUS STOP IS LOCATED QUITE CLOSE TO THE 'U' TURN FOR VEHICLES COMING FROM YEO CHU KANG ESTATE.

Sketch Plan #2

SKETCH PLAN



A: SLN 7916 X

B: XE 3129 H

DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

Refer to Police Report.

POINT IMPACT FOCUS ON RIGHT REAR PORTION, THE IMPACT IS SO GREAT PUSHING THE CAR TO HIT BUS PILLAR ON LEFT FROM

• 1/1 ATTRIBUTED CAUSE OF ACCIDENT TO REAR ENDED BY 0/1 IS TOTAL UNGROUNDED

• LIABILITY IS AGAINST, IN VIEW OF SOME IDEA TO T/P PSR, POLICE WILL INVESTIGATE INTO THE ACCIDENT AND TAKE ACTION AGAINST NEGLIGENT PARTY.

DECLARATION

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

Policyholder's Signature
Date & Time:

Driver's Signature
(If driver is not the policyholder)
Date & Time: 21/10/19
1050hrs

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

64/ATM/CS/01/01/01/01/01/01



SINGAPORE POLICE FORCE



T/20191021/2017

1 of 3

Police Station Of Origin:
Toa Payoh N.P.C
93 Toa Payoh Central #01-02 Toa Payoh
Community Building SINGAPORE 319194
Tel No: 1800-2519999

Report No. T/20191021/2017

REPORT OF A TRAFFIC ACCIDENT

| | | |
|--|------------------|--------------------------|
| Date/Time Report Made: 21/10/2019 10:11 | Vide Report No.: | Station Diary No.: 34 |
|--|------------------|--------------------------|

Informant's Particulars

| | | | | |
|--|------------|------------------------------|--|----------------------------|
| Name of Informant: NUR MUHAMMAD ALIF BIN AFFENDY | | | Address: APT BLK 56 LORONG 4 TOA PAYOH #08-05 SINGAPORE 310056 | |
| ID Type / ID No.: NRIC NO / S9129813I | | | Contact No.: Home/Office: Mobile: 87939482 | |
| Nationality: SINGAPORE CITIZEN | | | Email: | |
| Sex: Male | Age: 28 | Date of Birth: 26/08/1991 | Type of Informant: Driver | |
| Race: Malay | | | Language: | Institution / School Name: |
| Occupation: UNEMPLOYED | | | Driving Licence Information: Class: Date of Expiry: | |

General Information of the Accident

| | | | | |
|--|------------------|------------------------------------|--|------------------------------------|
| Type of Accident: | Injury Others | Drink Drive: No | Date/Time of Accident: 18/10/2019 17:30 | Type of Location: Straight Road |
| Location: Along Road 1 Traveling Toward Road 2 LENTOR AVENUE ALONG LENTOR AVENUE GOING TOWARDS CTE. | | | | |
| Weather: Clear | | Road Surface: Dry | Road Speed Limit: | |
| Traffic Flow: One Way | | Traffic Control: Not Controlled | Traffic Volume: Light | |
| Type of Collision: Between Moving Vehicles - Head To Rear | | | Anyone conveyed by ambulance: Yes | |

Details of Vehicle Involved

| Vehicle No. | Type | Make | Model | Color | Condition | No of Passenger |
|-------------|-------|------|-------|-------|----------------------|-----------------|
| SLN7916X | Car | | | | Seriously Damaged | 5 |
| XE3129H | Lorry | | | | | 0 |

Details of Person Involved

| | |
|---------------------------------|--------------------------------|
| Any Pedestrian Involved: No | |
| No. of Pedestrians Injured: NIL | Use of Pedestrian Crossing: NA |



**SINGAPORE
POLICE FORCE**



T/20191021/2017

2 of 3

Police Station Of Origin:

Toa Payoh N.P.C

93 Toa Payoh Central #01-02 Toa Payoh

Community Building SINGAPORE 319194

Tel No: 1800-2519999

Report No. T/20191021/2017

CONTINUATION OF REPORT

| Driver | | | |
|-----------------------------------|-------------------------------|--|-----------------------------------|
| Name | NUR MUHAMMAD ALIF BIN AFFENDY | ID No. | S91298131 |
| Related Vehicle | SLN7916X (Car) | Contact No. | 87939482 |
| Hospital/Clinic | NIL | Class of Driving Licence & Expiry Date | Class: NIL Date of Expiry: NIL |
| Date Treatment | NIL | Date Discharge | NIL |
| No. of Days granted Medical Leave | NIL | Degree of Injury | NIL |

Brief Details.

On 18.10.2019 at about 1730hrs-1800hrs, I was driving my vehicle bearing registration of SLN7916X, Brand: Mazda 3, Colour: Black along Lontor Ave going towards CTE. While I was driving my said vehicle, one vehicle bearing registration of XE3129H make a U-turn and hit onto my rear vehicle and I hit onto bus pillar.

I then make a check on my said vehicle and observed that there is a seriously damaged on my right rear and on my left front vehicle.

I have five passengers on my said vehicle. Traffic police and ambulance services at scene. All my passengers were convey to KKH and KTPH for further check-up. As I was in a rush, TP officer told me to proceed to any NPC to lodge a report and I ack.



**SINGAPORE
POLICE FORCE**



T/20191021/2017

3 of 3

Police Station Of Origin:

Toa Payoh N.P.C

93 Toa Payoh Central #01-02 Toa Payoh

Community Building SINGAPORE 319194 . CONTINUATION OF REPORT

Tel No: 1800-2519999

Report No. T/20191021/2017

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:

E /

Staff Sgt NUR FHADILAH BINTE MOHD
KHALID

Signature Of Interpreter:

Not applicable

Officer In Charge Of Case:

TP / AEIT /

Sr Staff Sgt ONG YONG HOCK

Contact No.: 65476436

Signature Of Informant:

Date/Time:

21/10/2019 10:11

Classification Of Case:

SN 168

Authentication Stamp

NP168

