SINGAPORE ACCIDENT STATEMENT

IMPORTANT NOTICE

- 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.

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

ACC	DEN	T STA	TEN	MENT

Date Of Report

16/11/2019 14:20

Date Of Accident

15/11/2019 22:35

Exact Location Of Accident

ALONG STILL ROAD

Country/State of Loss

SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number

SLK7414T

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

TOYOTA

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

PHUA YONG SENG

NRIC No Date Of Birth S0174328G

02/08/1954

Occupation Date Of Driving Pass OUTDOOR

17/12/1980

Driving Experience

38 YEARS AND 10 MONTHS

Gender

MALE

Mobile Number

(LOCAL) +65-97933302

Fax Number

Contact Number

EMail Address

NOEMAIL

Address

BLK 736 YISHUN ST 72 #05-63

Postcode

Was driver an employee of the Insured's Company NO

If No, Relationship of the Driver with the Insured

Vehicle Registration Number of Driver's Own

Vehicle

OTHER - LESSEE

Insurance Company of Driver's Own Vehicle

General Information of the Accident

Type Of Accident

COLLISION - CHANGE/CROSS LANE

Weather Conditions

CLEAR DRY

Road Surface

Other Information

Was any foreign vehicle involved in this accident? NO

Number of vehicles (including own vehicle)

2

involved in the accident

NO

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.

NO

Number of Passengers (Including Driver)

1

Details of Police Action

Was the accident reported to the police?

YES

If Yes, Please state which Police Station

Police Station Name

YISHUN NORTH NEIGHBOURHOOD POLICE CENTRE

Police Station Address

ROAD: 31 YISHUN CENTRAL, POSTCODE: 768827, COUNTRY:

SINGAPORE

Police Station Contact

TEL NO: 1800-8529999 - FAX NO: 68522299

Was notice of intended Prosecution given?

NO

If Yes, against whom?

Circumstances of Accident

REFER TO POLICE REPORT NO. T/20191116/2027

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

SHD2002R

Vehicle Make/Model/Colour

Details Of Properties

VEH B

Vehicle Category

TAXI

Name of Driver

TAN KAI HUAT

NRIC/Passport Number

Contact Number

96972727

Address Postcode

Insurance Company Name

Nature Of Damage

No. Of Passenger (Including Driver)

Sketch Plan

SKETCH PLAN

IMPORTANT NOTICE

- Please report correctly the details of the accident to speed up the claims process.
- This Form must be completed by the Policyholder and/or the Authorised Driver.
- Information provided must be as truthful and accurate as possible. Any wolful 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.
- Any false reporting may be referred to the Police for Investigation.
- 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.
- 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)

Reporting Centre Personnel's Signature

Name:

NRIC/FIN No.:

KETCH PLAN	m I I T I b butfau
Towards A BCP pirection	(A): 5LK 7419 (B): 5HD 2002
escribe circumstances Please refer to	11,11111,
DECLARATION We declare the foregoing partic	olars are true in every respect.
oksynalder's Signature late & Time:	Oriver's Signature (If driver is not the policyholder) Date & Time: NRIC/FIN No.: Jewy M

Police Report





Report No. 7/20191116/2027

SINGAPORE POLICE FORCE

Police Station Of Origin: Yishun North N.P.C 31 Yishun Central SINGAPORE 768827 Tel No: 1800-8529999

REPORT OF	A TRAFFIC	ACCIDENT		Station Diary No.	
Date/Time	ate/Time Report Made: 5/11/2019 09:38		Vide Report No.: 21		
Informar	t's Particu	lara .	The second second second	ACTION ACTIONS	
Name of	Informant. ONG SENG		Address: APT BLK 736 YISHUN STREE 760736	ET 72 #05-63 SINGAPORE	
ID Type / ID No.: NRIC NO / S0174328G		28G	Contact No.: Home/Office: Mobile: 97933302		
Nationali			Email:		
Sex: Male	Age:	Date of Birth: 02/08/1954	Type of informant: Driver	Institution / School Name:	
Race:	Race:		Language:	Institution / School Harris.	
Occupation: GRAB DRIVER			Driving Licence Information: Class: 28,3	Date of Expiry:	

eners \Infon Type of Accident	Non-injury Others	Drink Drive: No	Date/Time of Accident: 15/11/2019 22:35	Type of Location Straight Road
STILL ROAD		Koag Garage	Lorong K Telok Kurau	Road Speed Limit:
Clear Traffic Flow:		Traffic Control: Not Controlled		Traffic Volume: Light
One Way Type of Colli	sion: ving Vehicles - Side S			Anyone conveyed by ambulance:

Details of V		Make	Model	Color	Condition	No of Passenger
Vehicle No.	Type	Manu	1000-0		Slightly	0
SHD2002R	Car				Damaged	
	-				Seriously	0
SLK7414T	Car				Damaged	100/10

Details of Person Involved	TO SALES OF THE SA
Any Pedestrian Involved, No	Use of Pedestrian Crossing: NA
No. of Pedestrians Injured: NIL	Use of Pedestrial Crossing, 193

Police Report



Police Station Of Origin: Yishun North N.P.C

31 Yishun Central SINGAPORE 768827

Tel No: 1800-8529999

Report No. T/20191116/2027

CONTINUATION OF REPORT

Drives appin	第2日中共中央的	N. P. Carlle S. Carlle		ID No.		NIL.
Name	TAN KAI HUAT			ib ito.		
				Contac	t No.	96972727
Related Vehicle	SHD2002R (Car)					
	200			Class	of	Class: NIL
Hospital/Clinic	NIL			Driving Licence & Expiry Date		Date of Expiry: NIL
	NIII		Date Disc	charge	NIL	
Date Treatment	INIL	NIL	Degree o	finjury	NIL	
	ted Medical Leave	No. of Contract of	THE STATE OF	Market 1	Sept. 2	公司的打造公司
Driver e	THE WORLD SENC	Security Control of	A STATE OF THE PARTY OF THE PAR	ID No	71	S0174328G
Name	PHUA YONG SENG	86				
	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1			Conta	ct No.	97933302
Related Vehicle	SLK7414T (Car)			Conta	ct No.	
				Conta		Class: 2B,3
Related Vehicle Hospital/Clinic	SLK7414T (Car)			Class Drivin Licen	of g	Class: 2B,3 Date of Expiry: NIL
	NIL		Date Dis	Class Drivin Licen Expin	of g ce & y Date	Class: 2B,3 Date of Expiry: NIL

1000

On 15/11/2019 at about 2235hrs, I was driving the vehicle SLK7414T as a Grab Driver along Still Road towards the direction of ECP. I was travelling in Lane 1 and before the junction of Lorong K Telok Kurau and then the vehicle SHD2002R (Prime Taxi) suddenly cut in from lane 2 to lane 1 in front of me. While cutting in, the right rear of SHD2002R hit into the left front part of my vehicle SLK7414T. After hitting my vehicle, the vehicle SHD2002R quickly returned back to lane 2. No one was injured. My vehicle SLK7414T suffered dents and scratches to its left front bumper and left front side with the chassis at this area opened up which I used tape to put back into place later on. I think the other vehicle SHD2002R suffered scratches to its right rear side and bumper.

I am lodging this report to submit to my company for insurance purpose.

Two

Police Report





3 of 3

Report No. T/20191116/2027

Police Station Of Origin: Yishun North N.P.C 31 Yishun Central SINGAPORE 768827 Tel No: 1800-8529999

CONTINUATION OF REPORT

Sketch Plan

Informant is not able to provide sketch plan

Authentication Stamp

Single Police Force

Signature Of Officer Recording The Report:	Signature Of Informant:
SI LIM KAI SHEN, LUCIUS	成
Signature Of Interpreter: Not applicable	Date/Time: 16/11/2019 09:38
Character Of Cases	Classification Of Case
Officer in Charge Of Case: TP / GIA / Staff Sgt WONG SIEU LUI Contact No.: 65476151	

5% (64)