### 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 <u>truthful and accurate</u> 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.	
	ACCIDENT STATEMENT
Date Of Report	18/12/2019 12:53
Date Of Accident	18/12/2019 07:30
Exact Location Of Accident	ALONG PARK CRESCENT
Country/State of Loss	SINGAPORE
	DETAILS OF OWN VEHICLE
Vehicle Registration Number	SLH2120P
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	REPORTING ONLY
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 KWAN KOK WAI
NRIC No S0239036A
Date Of Birth 17/11/1952
Occupation OUTDOOR
Date Of Driving Pass 17/09/1970

Driving Experience 49 YEARS AND 3 MONTHS

Gender MALE

Mobile Number (LOCAL) +65-91596686

Fax Number

Contact Number

EMail Address NOEMAIL

Address 1 PARK ROAD #08-716

Postcode 059108

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

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Insurance Company of Driver's Own Vehicle

-

#### **General Information of the Accident**

Type Of Accident COLLIDED INTO PARKED VEHICLE

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

3

Was any body injured in the Accident? NO

Was any injured conveyed to hospital by

ambulance?

YES

Was any other material or property damaged? I have been approached by unknown person(s) soliciting/offering accident claims assistance.

NO

Number of Passengers (Including Driver)

0

#### **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 18/12/19, TIME AROUND 7:30AM, LOCATION IS ALONG PARK CRESCENT, NEAR TO PEOPLES PARK COMPLEX. I HAVE PARKED MY VEHICLE ALONG THE SIDE OF THE ROAD (GEAR WAS ALREADY ENGAGED AT P MODE). I THEN PROCEED TO CLEAN AND WIPE MY VEHICLE. ABOUT 10 MINS WIPING MY VEHICLE, MY VEHICLE SUDDENLY MOVE BY ITSELF, IT ROLLED AHEAD AND HIT ONTO VEHICLE SHA9878A. VEHICLE SHA9878A THEN MOVED AHEAD AND HIT ONTO VEHICLE PC7798E. THERE WERE NO DRIVERS ON SHA9878A AND PC7798E AT THE TIME OF ACCIDENT/COLLISION. THERE WERE SLIGHT DAMAGES ON MY FRONT BUMPER AREA (VEHICLE PLATE AND TOYOTA LOGO AREA).

### 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 SHA9878A

Vehicle Make/Model/Colour HYUNDAI / YELLOW

Details Of Properties VEH B
Vehicle Category TAXI

Name of Driver LOH YUE KONG
NRIC/Passport Number S0827763Z

**Contact Number** 

Address Postcode

Insurance Company Name

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No. Of Passenger (Including Driver)

**DETAILS OF OTHER VEHICLE PROPERTY 2** 

Vehicle Registration Number PC7798E

Vehicle Make/Model/Colour

Details Of Properties VEH C

Vehicle Category COMMERCIAL VEHICLE

Name of Driver TANG WAI KEE

NRIC/Passport Number \$7535205J

**Contact Number** 

Address Postcode

Insurance Company Name

Nature Of Damage

No. Of Passenger (Including Driver)

COMMERCIAL VEHICLE

TANG WAI KEI 97535205 I

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# 21208

# SKETCH PLAN

### **IMPORTANT NOTICE**

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  Association of Singapore (GIA) for archiving and that copies of this report will for a fee be made available upon application by
  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 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:

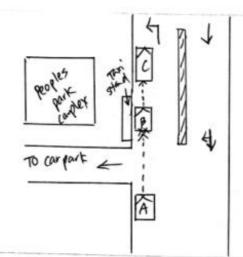
11.20an

Reporting Centre Personnel's Signature

Name:

NRIC/FIN No.:

## SKETCH PLAN



- (A) SLH 2120 P

# DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

On 1912214 Has one 1 720
On 18/12/19, time around 7.30 am location is along Park Crescent, near
TO PROPES PORK COMPLEX. I have parked my vehicle along the side of the
road (Gear was already engaged at P mode). I then proceed to
road (Gear was already engaged at P mode). I then proceed to clean and wipe my vehicle. About 10 mins into wiping my vehicle, my
vehicle suddenly move by itself, it rolled ahead and hit onto vehicle
CHA ADDRA . While SHA SHA SHA AND AND VENICE
SHA 9878 A. Vehicle SHA 9878 A Hen moved ahead and hit onto
Vehicle PC 7798 E. There were no drivers on SHA 9878 A
and PC7798E at the time of accident/collision. There were slight damages on my front bunger area. ( vehicle plate and
slight damages on my front burger area. ( vehicle plate and
toyota logo area).
70,500
TO ADATION

DECLARATION

I/We declare the foregoing particulars are true in every re

Policyholder's Signature Date & Time:

(If driver is not the policyholder)

11.20am

Reporting Centre Personnel's Signature

Name:













**Accident Photo** 



**Accident Photo** 

