

## 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	22/05/2019 13:45
Date Of Accident	21/05/2019 11:00
Exact Location Of Accident	ALONG MEI CHIN STREET MEI LING MARKET OPEN CARPARK
Country/State of Loss	SINGAPORE

### DETAILS OF OWN VEHICLE

Vehicle Registration Number	SLG6649K
<b>Insured/Policyholder</b>	
Name Of Registered Owner	GRAB RENTALS PTE LTD
Co Reg No	201617200G
Email Address	NOEMAIL
Mobile Phone No	
Alternative Phone No	OFFICE-66550005

### Vehicle Particulars

Manufacturer	TOYOTA
Model	PRIUS HYBRID 1.8 CVT
Exact Purpose for which vehicle was being used at time of accident	HIRE AND REWARD
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	A29069766MKF
Cover Note Number	NA

### Driver

Name of Driver	LEOW LING YUAN
NRIC No	S8410129Z
Date Of Birth	05/04/1984
Occupation	OUTDOOR
Date Of Driving Pass	18/09/2007
Driving Experience	11 YEARS AND 8 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-92345205
Fax Number	
Contact Number	
EEmail Address	NOEMAIL

Address	NIL
Postcode	
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	HIT AND RUN / VANDALISM / DAMAGED WHILST PARKED
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?	NO
Was any injured conveyed to hospital by ambulance?	NO
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 [OTHER]	RIVER VALLEY NPP
Was notice of intended Prosecution given?	NO
If Yes, against whom?	

#### Circumstances of Accident

REFER TO POLICE REPORT NO: T/20190521/2068 LODGED AT RIVER VALLEY NPP. ON 21/02/2019 AT 1020 HRS, I WENT TO BLK 159 MEI LING STREET CARPARK AND PARKED MY CAR (SLG6649K) AT LOT 169. SUBSEQUENTLY, I WENT TO EAT AT THE NEARBY FOOD COURT. AT 1110 HRS, I WENT BACK TO MY CAR AND DISCOVERED DENTS AND SCRATCHES ON THE FRONT RIGHT SIDE OF MY VEHICLE. A PASSERBY TOLD ME THAT HE HEARD A LOUD BANG AND WHEN HE CAME OUT TO SEE, THE CAR THAT HIT MY CAR HAD DROVE AWAY. I CALLED FOR TRAFFIC POLICE AND THE OFFICER GAVE ME A CASE CARD WHICH HE TOLD ME TO LODGE A PHYSICAL REPORT. I AM LODGING THIS REPORT FOR INVESTIGATION PURPOSES AND INSURANCE CLAIM PURPOSES.

#### 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	
Vehicle Make/Model/Colour	
Details Of Properties	HIT AND RUN
Vehicle Category	NA/UNKNOWN
Name of Driver	
NRIC/Passport Number	
Contact Number	
Address	
Postcode	

Insurance Company Name  
Nature Of Damage  
No. Of Passenger (Including Driver)

## Sketch Plan

### IMPORTANT NOTICE

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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 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.
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.

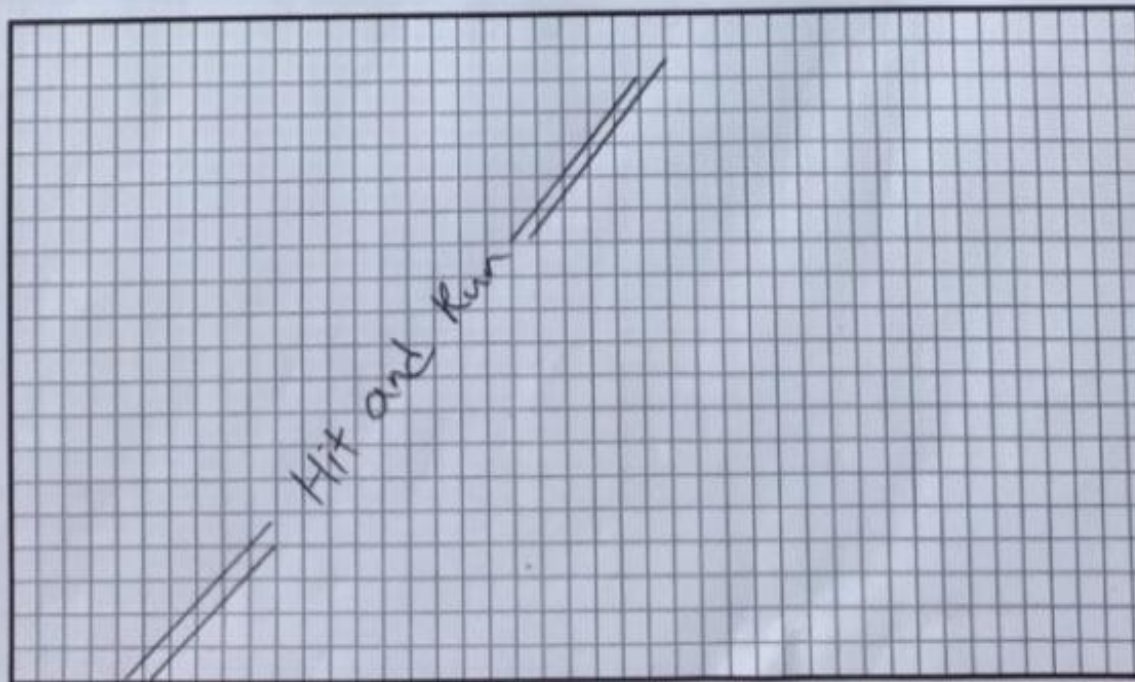
VERIFIED BY AJAX MARS  
REPORTING OFFICER  
JOHNNY VOO

Policyholder's Signature / Date & Time

Driver's Signature (If driver is not the policyholder) / Date & Time

Witnessed by Reporting Centre  
Personnel

### Sketch Plan



# POLICE REPORT



**SINGAPORE  
POLICE FORCE**



T/20190521/2068

1 of 3

Police Station Of Origin:  
River Valley NPP  
4 Delta Avenue #01-02 SINGAPORE 161004  
Tel No: 1800-2789999

Report No: T/20190521/2068

## REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 21/05/2019 13:10	Vide Report No.: D/20190521/0045	Station Diary No.: 18
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<b>Informant's Particulars</b>			
Name of Informant: LEOW LING YUAN		Address: APT BLK 149 RIVERVALE CRESCENT #05-55 SINGAPORE 540149	
ID Type / ID No.: NRIC NO / S8410129Z		Contact No.: Home/Office: Mobile: 92345205	
Nationality: SINGAPORE CITIZEN		Email:	
Sex: Male	Age: 35	Date of Birth: 05/04/1984	Type of Informant: Driver
Race: Chinese		Language:	Institution / School Name:
Occupation: PRIVATE HIRED DRIVER		Driving Licence Information: Class: 2B,2A,3 Date of Expiry:	

<b>General information of the Accident</b>				
Type of Accident:	Non-Injury Attended by Police	Drink Drive: No	Date/Time of Accident: 21/05/2019 11:50	Type of Location: Car Park
Location: Along Road 1 MEI LING STREET				
Blk 159 Mei Ling Street				
Weather: Sunny		Road Surface: Dry	Road Speed Limit:	
Traffic Flow: NA		Traffic Control:	Traffic Volume: Light	
Type of Collision: Moving Vehicle Against - Parked Vehicle				Anyone conveyed by ambulance: No

<b>Vehicle Involved</b>						
Vehicle No.:	Type	Make	Model	Color	Condition	No of Passenger
SLG6649K	Car				Slightly Damaged	0

<b>Details of Person Involved</b>	
Any Pedestrian Involved: No	
No. of Pedestrians Injured: NIL	Use of Pedestrian Crossing: NA

# POLICE REPORT



**SINGAPORE  
POLICE FORCE**



T/20190521/2068

2 of 3

Report No. T/20190521/2068

Police Station Of Origin:  
River Valley NPP  
4 Delta Avenue #01-02 SINGAPORE 161004  
Tel No: 1800-2789999

## CONTINUATION OF REPORT

<b>Driver</b>			
Name	LEOW LING YUAN	ID No.	S6410129Z
Related Vehicle	NIL	Contact No.	92345205
Hospital/Clinic	NIL	Class of Driving Licence & Expiry Date	Class: 2B,2A,3 Date of Expiry: NIL
Date Treatment	NIL	Date Discharge	NIL
No. of Days granted Medical Leave	NIL	Degree of Injury	NIL

### Brief Details.

On 21/05/2019 at 1020hrs, I went to Blk 159 Mei Ling Street Carpark and parked my car ( SLG6649K) at lot 269. Subsequently, I went to eat at the nearby food court. At 1110hrs, I went back to my car and discovered dents and scratches on the front right side of my vehicle. A passerby told me that he heard a loud bang and when he came out to see, the car that hit my car had drove away. I called for Traffic Police and the officer gave me a case card which he told me to lodge a physical report. I am lodging this report for investigation purposes and insurance claim purposes.



# POLICE REPORT



**SINGAPORE  
POLICE FORCE**



T/20190521/2058

Police Station Of Origin:  
River Valley NPP  
4 Delta Avenue #01-02 SINGAPORE 161004  
Tel No. 1800-2789999

3 of 3  
Report No. T/20190521/2058

CONTINUATION OF REPORT

## 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:

IS /

Sgt-1 CHAN JUN MIN, STANLEY

Signature Of Informant:

Signature Of Interpreter:

Not applicable

Date/Time:

21/05/2019 13:10

Officer In Charge Of Case:

TP / GIT /

SI YEO CHUN JIAN

Contact No.: 65476213

Classification Of Case:

Authentication Stamp  
NP168



SN 069

SIGNATURE

## POLICE REPORT



TRAFFIC INVESTIGATION BRANCH  
TRAFFIC POLICE  
10 UBI AVENUE 3  
SINGAPORE 408865  
Fax: 65474749

### CASE CARD

REPORT NO.: D/20140521/0045  
Traffic Accident along B/159 Mei King St Lot 269  
involving vehicles: SLA66KA  
on 20.5.14 at about 1148 am/pm.

With reference to the above, you are advised to lodge an accident report online via the SPF Electronic Police Centre website (<http://www.police.gov.sg/epc>) within 24 hours.



## POLICE REPORT

You are required to be present at Traffic Police on \_\_\_\_\_  
at about \_\_\_\_\_ am/pm to see the Investigation Officer to assist in the  
investigation to the traffic accident.

2. Please bring along your :-

- a) Identity card/Passport/Work Permit
- b) Driving Licence/Vocational Licence
- c) Vehicle Insurance/Medical Certificate
- d) Any video footage
- e) Any other relevant documents/Witnesses (if any)

3. If you are unable to keep to the appointment, kindly contact the Investigation Officer:

Name: Nidheesh

Contact: 654 7633 1

Accident Photo



Accident Photo





Accident Photo



Accident Photo





Accident Photo



**Accident Photo**



Accident Photo



**Accident Photo**



Accident Photo





**Accident Photo**



**Accident Photo**

