

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	09/01/2020 11:41
Date Of Accident	09/01/2020 10:00
Exact Location Of Accident	ALONG ANG MO KIO ST 11
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SLU481S
Insured/Policyholder	
Name Of Registered Owner	GRAB RENTALS PTE LTD
Co Reg No	2XXXXX200G
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	PANG KOK BOON
NRIC No	SXXXX857J
Date Of Birth	02/10/1977
Occupation	OUTDOOR
Date Of Driving Pass	15/03/2001
Driving Experience	18 YEARS AND 9 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-90438018
Fax Number	
Contact Number	
EEmail Address	NOEMAIL

Address	BLK 212 ANG MO KIO AVE 3 #08-1456
Postcode	560212
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	-
	-
	-
Insurance Company of Driver's Own Vehicle	-
	-
	-

General Information of the Accident

Type Of Accident	COLLISION - CHANGE/CROSS LANE
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?	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?	NO
If Yes, Please state which Police Station	
Was notice of intended Prosecution given?	NO
If Yes, against whom?	

Circumstances of Accident

ON 09/01/2020 AT AROUND 10AM, I WAS DRIVING MY CAR ON LANE 1 OF ANG MO KIO ST 11 OUTSIDE BLK 107 WHEN I SAW VEHICLE B TRAVELLING SLOWLY ON LANE 2. AS I WAS PASSING VEHICLE B, VEHICLE B SUDDENLY SWING RIGHT INTO MY LANE AND COLLIDED INTO MY CAR. MY CAR SUSTAINED LEFT SIDE DAMAGES. I AM HAVING BACK PAIN NOW. AM GOING TO SEE A DOCTOR SHORTLY.

Attachment(s)

Are accident photos available for attachment?	YES
Was there any video captured by Car Camera?	YES
Remarks/ Reasons:	SD CARD WITH WORKSHOP
Was there any audio recorded?	NO

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	SHA4550C
Vehicle Make/Model/Colour	HYUNDAI / BLUE
Details Of Properties	VEH B
Vehicle Category	TAXI
Name of Driver	LIM TIAT TIANG
NRIC/Passport Number	SXXXX098B
Contact Number	
Address	
Postcode	
Insurance Company Name	
Nature Of Damage	FRONT RIGHT SIDE PORTION

No. Of Passenger (Including Driver)

1

DETAILS OF INJURED PERSON 1

Name PANG KOK BOON

Approximate Age

Injuries Sustain

Injured person in which vehicle? SLU481S

Were seat belts worn?

Was this injured conveyed to hospital by ambulance? NO

Address (DRIVER)

Postcode

SKETCH PLAN

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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)**

(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.

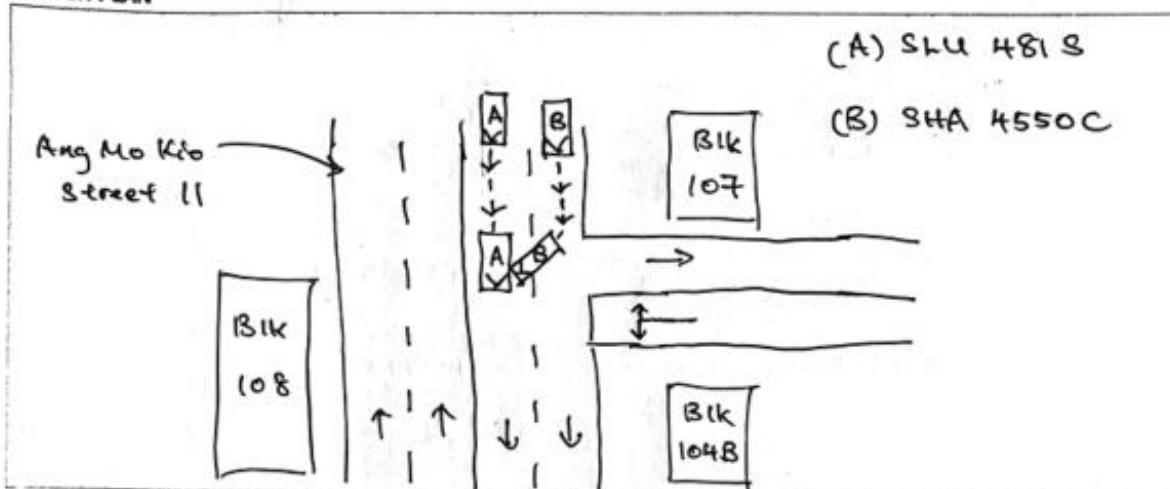
(e) the information so collected under (d) above may be shared / disclosed:

- (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.

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

Sketch Plan #2

SKETCH PLAN



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

On 09/01/2020 at around 10.00 a.m., I was driving my car (Veh. A SHU 481 S) on Lane 1 of Ang Mo Kio St. 11 outside Blk 107 when I saw Veh. B (SHA 4550 C) traveling slowly on Lane 2. As I was passing Veh. B, Veh. B suddenly swing right into my lane and collided into my car. My car sustained left side damages. I am having back pain now. Am going to see a doctor, shortly.

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:

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

GIARNIC SketchPlatform_V3

Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



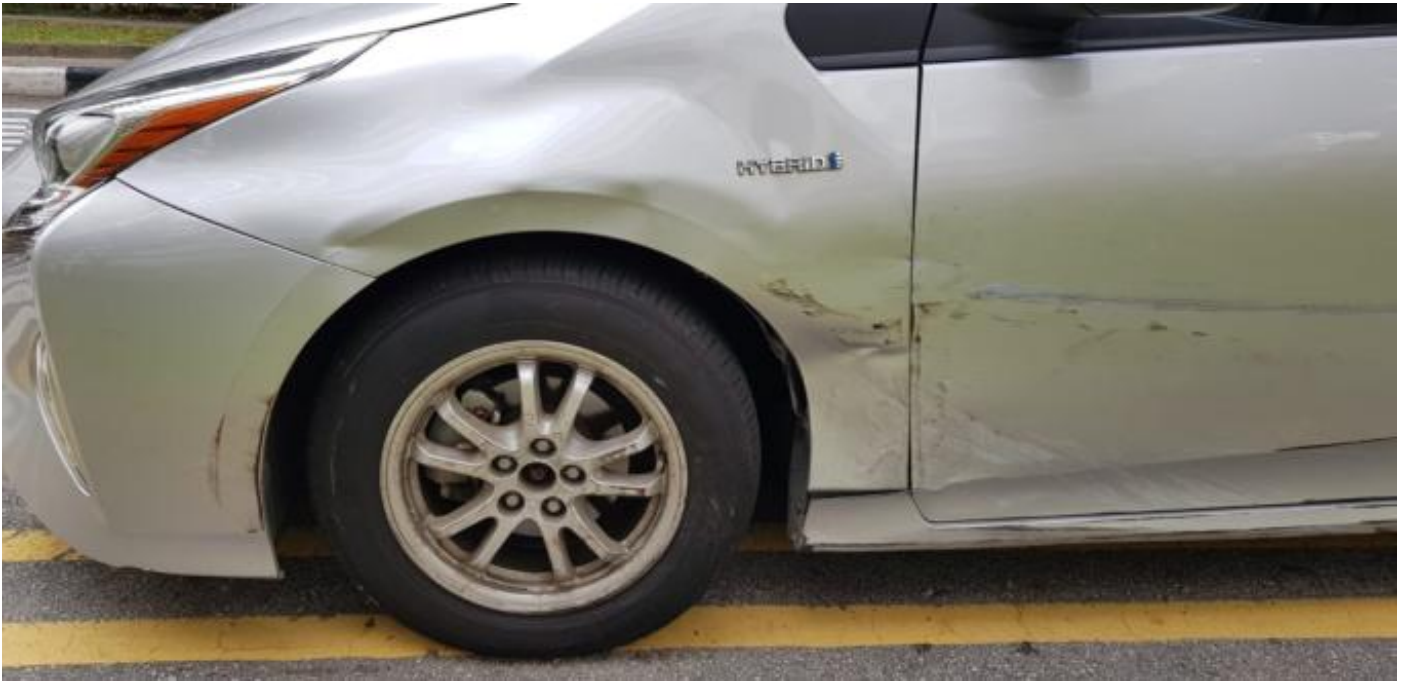
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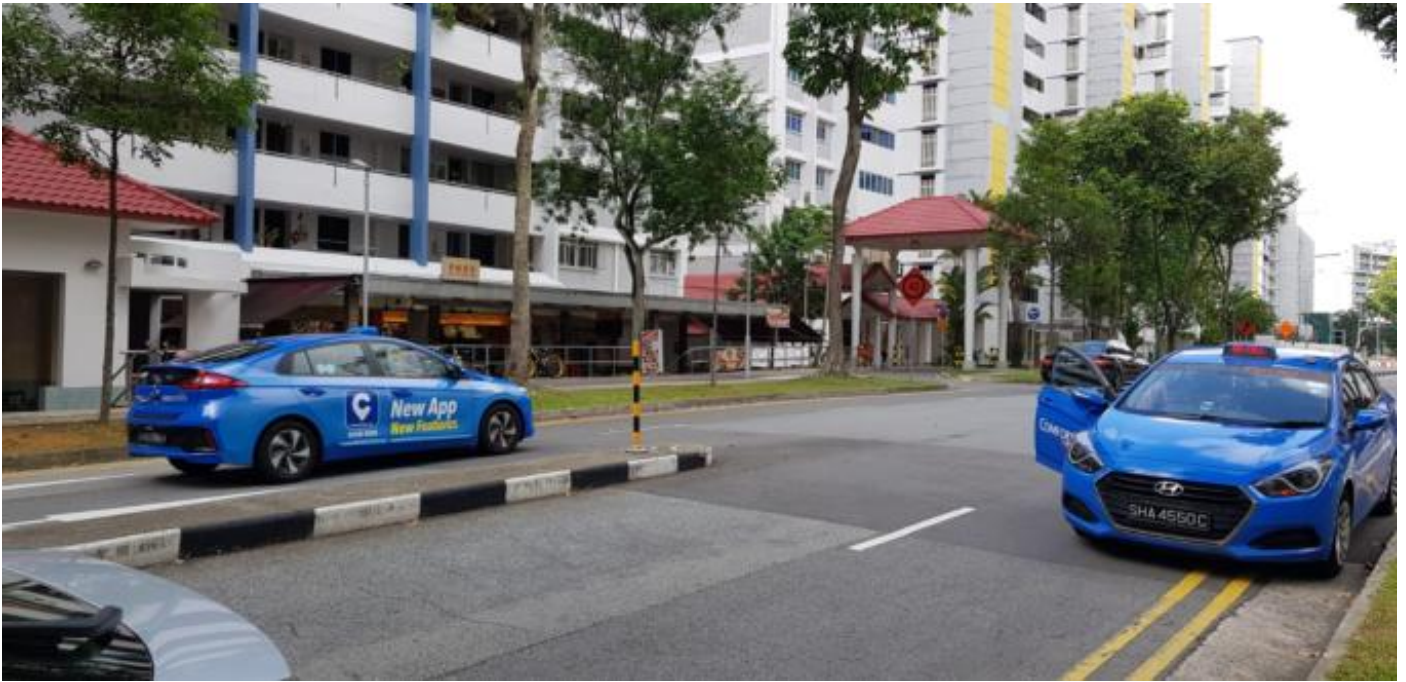
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