



Kaki Bukit Autohub,  
2 Kaki Bukit Ave 2, #01-18  
Singapore 417921  
Tel No. : +65 6842 0051 / 6744 0510 Fax No. : +65 6741 0510  
Company Reg. No. : 200616038C  
GST Registration No. : 200616038C

Our Ref: **SLW 4061 J**  
Your ref: **SHC 8906 Z**

27 February 2020

**MS FIRST CAPITAL INSURANCE LIMITED**  
6 RAFFLES QUAY  
#21-00  
SINGAPORE 048580  
Attn: Motor Claims Department

BY EMAIL: [motorclaims@msfirstcapital.com.sg](mailto:motorclaims@msfirstcapital.com.sg)

Dear Sir/Madam,

**DATE OF ACCIDENT : 26 FEB 2020**  
**NOTICE TO INSURER TO CONDUCT PRE-REPAIR INSPECTION WITHIN 3 WORKING DAYS**  
**PURSUANT TO PARAGRAPH 2.2 OF PRE-ACTION PROTOCOL FOR NIMA CASES**

We are instructed by **GRAB RENTALS PTE LTD** to notify you of a road traffic accident on **26 FEB 2020** at about **13:30 HOURS** along **CHOA CHU KANG DRIVE** involving our client's vehicle **SLW4061J & SHC8906Z** driven by you/your insured at the material time.

As a result of the accident, our client's vehicle has been damaged. Before our client proceed to repair the damaged vehicle , please let us know within 2 working days of your receipt of this notice whether you or your insurer would like to conduct a pre-repair survey of the vehicle. If we do not receive any reply from you within the stipulated timeline, our client shall proceed to repair the vehicle without further reference to you.

Please be inform that we don't excess to Merimen System and kindly reply to us by Email / Fax.

Yours faithfully,



**N-51 AUTOMOTIVE PTE LTD**

## 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	26/02/2020 16:09
Date Of Accident	26/02/2020 13:30
Exact Location Of Accident	ALONG CHOA CHU KANG DRIVE
Country/State of Loss	SINGAPORE

### DETAILS OF OWN VEHICLE

Vehicle Registration Number	SLW4061J
<b>Insured/Policyholder</b>	
Name Of Registered Owner	GRAB RENTALS PTE LTD
Co Reg No	2XXXXXX200G
Email Address	NOEMAIL
Mobile Phone No	
Alternative Phone No	OFFICE-31388644

### Vehicle Particulars

Manufacturer	HONDA
Model	VEZEL-1.5 HYBRID X (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	29141713
Cover Note Number	

### Driver

Name of Driver	NG SAY BOON
NRIC No	SXXXX030G
Date Of Birth	22/02/1978
Occupation	OUTDOOR
Date Of Driving Pass	30/09/1999
Driving Experience	20 YEARS AND 4 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-90930037
Fax Number	
Contact Number	
EMail Address	NOEMAIL

Address	BLK 671A CHOA CHU KANG CRESCENT #11-379
Postcode	681671
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	HIT BY FALLEN TREE / OTHER OBJECTS
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?	YES
If Yes, Please state which Police Station	
Police Station Name	20 CHAO CHU KANG STREET 52 #01-02 SINGAPORE 689286
Police Station Address	ROAD: 20 CHAO CHU KANG STREET 52 #01-02 SINGAPORE 689286 , POSTCODE: 689286 , COUNTRY: SINGAPORE
Police Station Contact	TEL NO: - FAX NO:
Was notice of intended Prosecution given?	NO
If Yes, against whom?	

#### Circumstances of Accident

REFER TO POLICE REPORT NO. T/20200226/2102

#### 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	SHC8906Z
Vehicle Make/Model/Colour	HYUNDAI / BLUE
Details Of Properties	VEH B
Vehicle Category	TAXI
Name of Driver	CHAN HWANG KER
NRIC/Passport Number	SXXXX566D
Contact Number	91867566
Address	
Postcode	
Insurance Company Name	

Nature Of Damage

No. Of Passenger (Including Driver)

1

#### DETAILS OF OTHER VEHICLE PROPERTY 2

Vehicle Registration Number

Vehicle Make/Model/Colour

Details Of Properties

PROPERTY

Vehicle Category

GOVERNMENT

Name of Driver

NRIC/Passport Number

Contact Number

Address

Postcode

Insurance Company Name

Nature Of Damage

RAILING

No. Of Passenger (Including Driver)

#### DETAILS OF INJURED PERSON 1

Name

NG SAY BOON

Approximate Age

Injuries Sustain

Injured person in which vehicle?

SLW4061J

Were seat belts worn?

Was this injured conveyed to hospital by ambulance?

NO

Address

(DRIVER)

Postcode

## Sketch Plan

### SKETCH PLAN

#### 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. 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.
- (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.

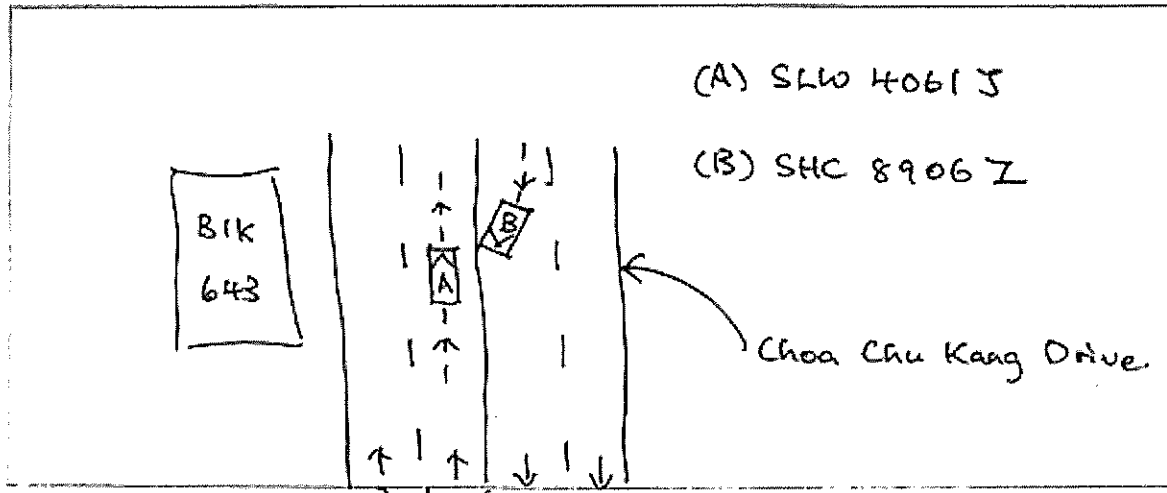
Policyholder's Signature  
Date & Time:

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

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

### Sketch Plan #2

## SKETCH PLAN



2 Lane  
DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

REFER TO POLICE REPORT NO. T/20200226/2102

## 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:

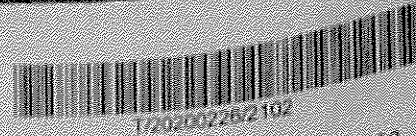
Reporting Centre Personnel's Signature  
Name:  
NRIC/FIN No.:

G:\R\K SketchForm\_V3

## Police Report



**SINGAPORE  
POLICE FORCE**



T/20200226/2102

1 of 3

Report No. T/20200226/2102

Police Station Of Origin:  
Choa Chu Kang N.P.C  
20 Choa Chu Kang Street 52 #01-02  
SINGAPORE 689286  
Tel No: 1800-7659999

## REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 26/02/2020 16:49	Video Report No. J/20200226/0078	Station Diary No. 113
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## Informant's Particulars

Name of Informant NG SAY BOON		Address: APT BLK 671A CHOA CHU KANG CRESCENT #11-379 SINGAPORE 681671	
ID Type / ID No. NRIC NO / S7807030G		Contact No. Home/Office: Mobile: 90930037	
Nationality SINGAPORE CITIZEN		Email:	
Sex: Male	Age: 42	Date of Birth: 22/02/1978	Type of Informant: Driver
Race Chinese		Language: English	Institution / School Name:
Occupation: Grab Driver		Driving Licence Information: Class: 3 Date of Expiry:	

## General Information of the Accident

Type of Accident:	Non-Injury Attended by Police	Drink Drive: No	Date/Time of Accident: 26/02/2020 13:30	Type of Location: Straight Road
Location: Along Road 1 CHOA CHU KANG DRIVE				
Weather: Clear		Road Surface: Dry		Road Speed Limit:
Traffic Flow: One Way		Traffic Control: Not Controlled		Traffic Volume: Moderate
Type of Collision: Moving Vehicle Against - Road Divider/Kerb/Railings				Anyone conveyed by ambulance: No

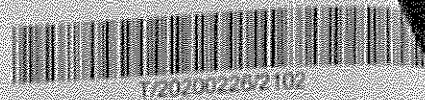
## Details of Vehicle Involved

Vehicle No.	Type	Make	Model	Color	Condition	No of Passenger
SHC8906Z	Car	HYUNDAI	I40 1.7 CRDi F/L AT ABS AIRBAG 4DR	Blue		0
SLW4061J	Car	HONDA	VEZEL HYBRID 1.5 AUTO	Silver		0

## Police Report



**SINGAPORE  
POLICE FORCE**



2 of 3

Report No. T/20200226/2102

Police Station Of Origin:  
Choa Chu Kang N.P.C  
20 Choa Chu Kang Street 52 #01-02  
SINGAPORE 689286  
Tel No: 1800-7659999

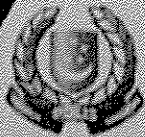
## CONTINUATION OF REPORT

Details of Person Involved			
Any Pedestrian Involved: No			
No. of Pedestrians Injured: NIL		Use of Pedestrian Crossing: NA	
<b>Driver</b>			
Name	CHAN HWANG KER	ID No	S1208566D
Related Vehicle	SHC8906Z (Car)	Contact No	91867566
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
<b>Driver</b>			
Name	NG SAY BOON	ID No	S7807030G
Related Vehicle	SLW4061J (Car)	Contact No	90930037
Hospital/Clinic	NIL	Class of Driving Licence & Expiry Date	Class: 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 26/02/2020 at about 1.30pm, I was driving my car, SLW4061J on lane 1 of Choa Chu Kang Drive towards KJE. As I was nearing Yew Tee MRT Station, a taxi plate SHC8906Z which was travelling on the opposite direction, lost control of his vehicle, mounted the center divider kerb and hit the railings. The railing then hit onto my car's right side as I was driving by. My car sustained front and right side damage. No one was injured. After the accident, I felt some strain at my neck and my shoulder. I will be going to the clinic to make a check.

Police Report



SINGAPORE  
POLICE FORCE



T/20200226/2102

Police Station Of Origin  
Choa Chu Kang N.P.C  
20 Choa Chu Kang Street 52 #01-02  
SINGAPORE 689286  
Tel No: 1800-7659999

3 of 3

Report No: T/20200226/2102

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:

J /

Staff Sgt MUHAMMAD HAFIZUDDIN BIN MAT  
NASIR

Signature Of Informant:

Signature Of Interpreter:  
Not applicable

Date/Time:  
26/02/2020 16:49

Officer In Charge Of Case:

TP / GIT /

SI VILTON HIA WEE SIANG

Contact No: 65476178



Classification Of Case

Authentication Stamp  
NP168

SIGNATURE