SINGAPORE ACCIDENT STATEMENT

IMPORTANT NOTICE

Driving Experience

Mobile Number

Fax Number Contact Number EMail Address

Gender

- 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 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

foresaid.				
ALCOHOLOGICAL DESCRIPTION	ACCIDENT STATEMENT			
Date Of Report	17/03/2020 13:27			
Date Of Accident	17/03/2020 10:20			
Exact Location Of Accident	ALONG TREVOSE CRESCENT			
Country/State of Loss	SINGAPORE			
	DETAILS OF OWN VEHICLE			
Vehicle Registration Number	SMQ2442B			
nsured/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	KIA			
Model	NIRO HYBRID-1.6 (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			
f No, Please state action to be taken	THIRD PARTY			
Vehicle Category	PRIVATE HIRE			
nsurance 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	TAN HEONG CHEE			
NRIC No	SXXXX022Z			
Date Of Birth	15/08/1953			
Occupation	OUTDOOR			
Date Of Driving Pass	09/10/1973			

46 YEARS AND 5 MONTHS

(LOCAL) +65-97298128

NOEMAIL

Address 48 VERDE CRESCENT

Postcode 688403

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

Insurance Company of Driver's Own Vehicle

OTHER - LESSEE

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General Information of the Accident

Type Of Accident COLLISION - MAJOR/MINOR RD

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?

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)

2

Passenger 1

: MR SKY

GENDER: :

NAME:

: MALE

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 17/03/2020, TIME ABOUT 10:20AM, LOCATION IS ALONG TREVOSE CRESCENT. I WAS DRIVING ON MY LANE (IT IS A TWO LANE ROAD) ON TREVOSE CRESCENT. SUDDENLY VEHICLE SDJ2133L REVERSED OUT HIS VEHICLE FROM HIS HOUSE, I SOUNDED MY HONK AT VEHICLE SDJ2133L BUT HE DID NOT STOPPED HIS VEHICLE AND CONTINUE REVERSING, I CANNOT STOPPED MY VEHICLE IN TIME AND I TRIED TO AVOID THE COLLISION BY SWERVING TO MY RIGHT. IN THE END I STILL CANNOT AVOID THE ACCIDENT. HIS VEHICLE HIT ONTO MY VEHICLE, THE LEFT SIDE (NEAR REAR WHEEL AREA) OF MY VEHICLE WAS DAMAGED. I GOT DOWN MY VEHICLE AND WALKED TOWARDS THE DRIVER AND OVERHEARD HIM SCOLDING THE KIDS WHY THEY TOLD HIM TRAFFIC IS CLEAR WHEN IT IS NOT. MY PASSENGER IN CAR, MR SKY (HP: 81256987) CAN BE MY WITNESS.

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?

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number SDJ2133L

Vehicle Make/Model/Colour MERCEDES / E200 / BLACK

Details Of Properties VEH B

Vehicle Category PRIVATE CAR
Name of Driver POON FOOK KUAN

NRIC/Passport Number SXXXX781I

Contact Number
Address
Postcode
Insurance Company Name
Nature Of Damage
No. Of Passenger (Including Driver)

Sketch Plan

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- 8. Consent under the Personal Data Protection Act (PDPA)

I understand, acknowledge, agree and consent that:

- 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)
 - (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:

1127 & Bassinskert Live

Driver's Signature

(If driver is not the policyholder)

Date & Time: 17/3 2020

Reporting Centre Personnel's Signature

NRIC/FIN No .:

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(B) SDJ 2133 L	_		PX A)	7
(9) 503 2135 2			V \ \	
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DESCRIBE CIRCUMSTANCES O		1000		
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lane road) on T	revose	Cres cent	· Sud	daily vehicle SDJ
2133L rever	sed ou	t his i	rehicle	from his house.
				SOJ 2133L but he
did not stopp	ed his	vehicle	and (orthour reversing.
I cannot st				11 1 - 1 1 1
avoid the co	וטוגוווכ	by swe	rving T	
end I still ca				
				rear wheel area)
of my vehicle	was d	amageo	d. I got	tdown my wehicle and
walked towards	the driv	ver and i	verheam	him scotcling the kids
why they told hi	in trail	ic is al	one who	The sent of
3 100 100 10	y Mrs	CF. (+	0.0120	a it is not. My
passanger in co	1 1-11	ary Ci	1 . 8173	> 6987) can be my
witness.				
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	THE REAL PROPERTY.		5	
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ECLARATION				
We declare the foregoing particula	ers are true in e	very respect.		
	1	a		4
acyholder's Signature	Driver's Sign	nature	4.10	Reporting Courty Day
te & Time:	(If driver is	not the policyhol	der)	Reporting Centre Personnel's Signature Name:
APAK SketchPlanForm_V2	Date & Tim		2010	NRIC/FIN NO .: Jenny Ng
	15-10	mac		0 10