

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 ability.
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	01/06/2018 17:29
Date Of Accident	01/06/2018 10:50
Exact Location Of Accident	OUTRAM SHELL STATION
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SLP4212C
Insured/Policyholder	
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	VIOS 1.5E CVT
Exact Purpose for which vehicle was being used at time of accident	HIRE & REWARD
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	A29069766MKF
Cover Note Number	

Driver

Name of Driver	CHEW KIM TECK
NRIC No	S1291174B
Date Of Birth	02/08/1958
Occupation	OUTDOOR
Date Of Driving Pass	21/04/1979
Driving Experience	39 YEARS AND 1 MONTH
Gender	MALE
Mobile Number	(LOCAL) +65-97585747
Fax Number	
Contact Number	
Email Address	NOEMAIL

Address	9A BOON TIONG ROAD #36-503
Postcode	162009
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 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)	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

My veh was park stationary when veh b suddenly hit against my rear. My rear was dented and scratch and no injury involved.

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	SLL9124L
Vehicle Make/Model/Colour	MAZDA /SILVER
Details Of Properties	
Vehicle Category	PRIVATE CAR
Name of Driver	MD ISA BIN HASSAN
NRIC/Passport Number	
Contact Number	
Address	
Postcode	
Insurance Company Name	
Nature Of Damage	
No. Of Passenger (Including Driver)	1

Sketch Plan

IMPORTANT NOTICE

SKETCH PLAN

- Please report correctly the details of the accident to the Police and the relevant insurance companies.
- The information provided by the policyholder or the Authorized Driver must be as accurate and complete as possible. Any intentional omission or withholding of material facts may constitute an offence under the Road Traffic Act.
- The Police and insurance companies may require the policyholder or the Authorized Driver to provide a statement or a report of the accident.
- Any false reporting may be referred to the Police for investigation.
- The report will be forwarded to the relevant GSA Reports Management Centre established by the General Insurance Association of Singapore (GIAS) for entering and processing of the report for a fee to make available application by interested parties.
- The payment of the report fee is the responsibility of the policyholder or the Authorized Driver and to provide the report to the relevant GSA Reports Management Centre.
- Consent under the Personal Data Protection Act (PDPA)**
- I understand, acknowledge, agree and consent that:
- My insurer, my employer and the General Insurance Association of Singapore (GIAS) may be permitted to collect, use, disclose and/or process my personal information for one or more of the above purposes 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 insurers who have insured vehicles involved in the accident, all insurers who have insured vehicles involved in this accident shall be collectively referred to as the "Insurers", the Insurance Administration, the Ministry of Transport and any relevant government agency/authority (such as the Police, the Land Transport Authority, etc.)
 - processing, handling and/or dealing with my claims including the settlement of the claims and any necessary investigations relating to the claims.
 - disseminating the accident details to my insurer.
 - carrying out and/or dealing with my insurance or responding to any enquiries by me.
 - administering my claims including the making of correspondence, statements, invoices, receipts or notices to me, which could involve disclosure of certain personal data about me is being about delivery of the same as well as on the external cover of envelopes/mail packages; and/or
 - contacting with appropriate law in administering, processing, handling and/or dealing with my claims (collectively the "Purposes").
- I, as the insured, who have insured vehicle(s) involved in this accident and the Insurers/Insurance firms, may be permitted to collect, use, disclose and/or process my Personal Information for one or more of the above Purposes; and
- (ii) my Personal Information may be disclosed by any of the Insurers and/or GSA to their third party service providers or agents (including their respective firms) who may be used outside of Singapore, for one or more of the above Purposes.

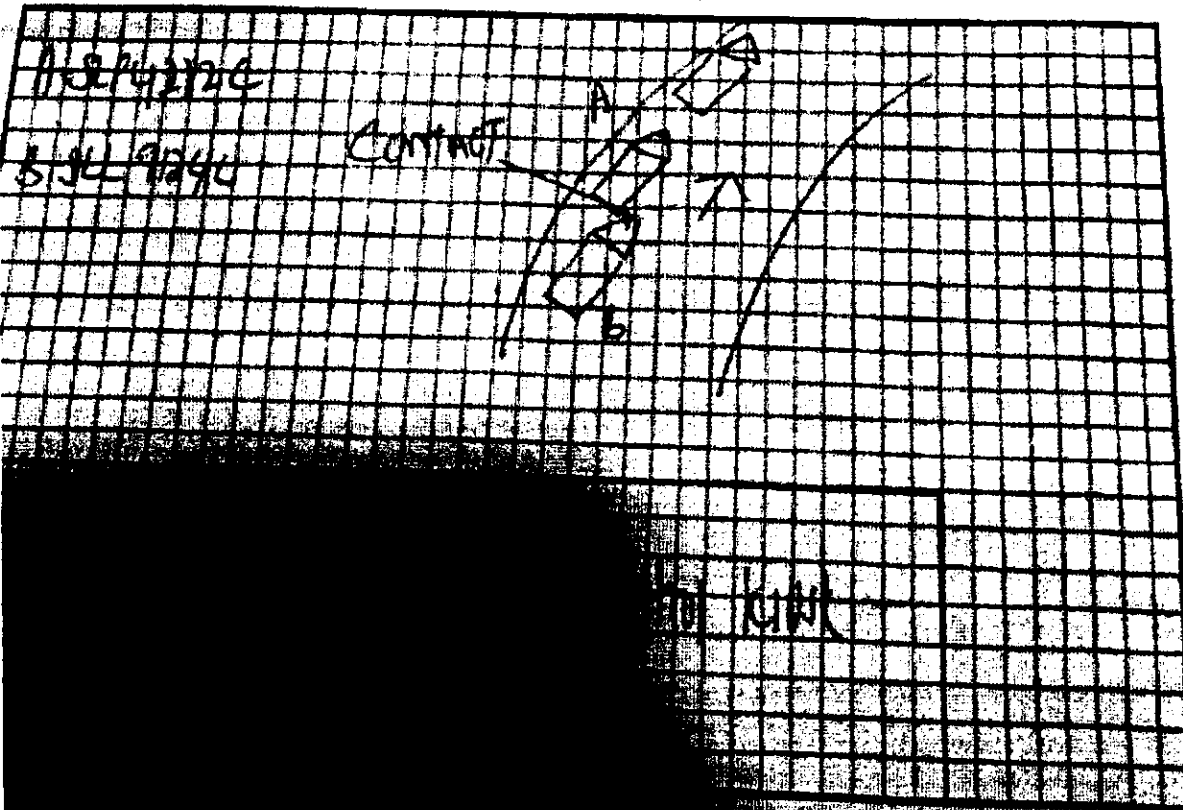
VERIFIED BY AJAX MARK
REPORTING OFFICER
MOHAMMED SHARIL
BIN SATAR

Policyholder's Signature / Date & Time

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

Witnessed by Reporting Centre
Personnel

Sketch Plan



ACCIDENT STATEMENT (2000 characters)

My veh was park stationary when veh b suddenly hit against my rear. My rear was dented and scratch and no injury involved.

Taxi Voucher No.:

Are you claiming your own insurance policy for the repair of your vehicle?

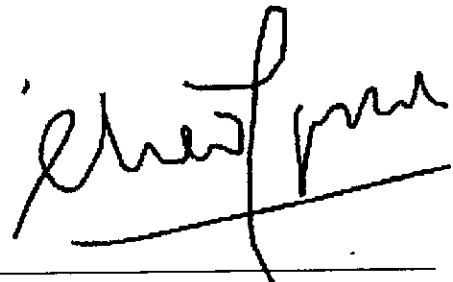
No, Claim 3rd party

DECLARATION

I/We declare that the above particulars & information provided above are true in every aspect

VERIFIED BY AJAX MARS REPORTING OFFICER -
MOHAMED SHARIL BIN SATAR

MARS OFFICER



Registered Owner or Driver's Signature

Job Complete Date/Time

1 June, 2018 3:22 pm

Date/Time:

1 June, 2018 3:22 pm