

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	27/03/2020 09:44
Date Of Accident	27/03/2020 07:50
Exact Location Of Accident	CARPARK OF BLK 524 SERANGOON NORTH AVE 4
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SLW3520H
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	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	AW YONG LI HSIA
NRIC No	SXXXX258G
Date Of Birth	30/04/1978
Occupation	OUTDOOR
Date Of Driving Pass	27/05/2004
Driving Experience	15 YEARS AND 10 MONTHS
Gender	FEMALE
Mobile Number	(LOCAL) +65-87880039
Fax Number	
Contact Number	
Email Address	NOEMAIL

Address	BLK 112 HOUGANG AVE 1 #10-1108
Postcode	530112
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 - 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	NAME: : NOT APPLICABLE GENDER: : 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 27/03/2020 AT AROUND 7:50AM, I WAS DRIVING MY CAR IN THE CARPARK DRIVEWAY NEXT TO BLK 524 SERANGOON NORTH AVE 4. WHILE PASSING A CROSS JUNCTION OF THE CARPARK, VEHICLE B DROVE OUT ON MY LEFT AND COLLIDED INTO MY CAR. MY CAR THEN MOUNTED THE KERB. MY CAR SUSTAINED LEFT SIDE DAMAGES. BOTH FRONT LEFT AND REAR LEFT TYRES WERE PUNCTURED. I AM EXPERIENCING A SORE NECK AND BACK NOW. GOING TO SEE A DOCTOR LATER.

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	SLV8613X
Vehicle Make/Model/Colour	KIA / WHITE
Details Of Properties	VEH B
Vehicle Category	PRIVATE HIRE
Name of Driver	ALAN PANG
NRIC/Passport Number	
Contact Number	98217209
Address	

Postcode

Insurance Company Name

Nature Of Damage

No. Of Passenger (Including Driver)

FRONT RIGHT PORTION

2

Sketch Plan

SKETCH PLAN

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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.:

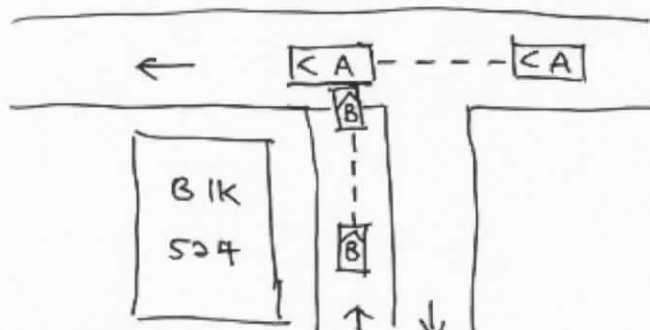
26/03/2020
9.40 a.m.

Sketch Plan #2

SKETCH PLAN

(A) SLW 3520 H

(B) SLV 8613 X



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

On 27/03/2020 at around 7.50 a.m., I was driving my car (Veh. A SLW 3520 H) in the carpark driveway next to Blk 524 Serangoon North Ave. 4. While passing a cross junction of the carpark, Veh. B. (SLV 8613 X) drove out on my left and collided into my car. My car then mounted the kerb. My car sustained left side damages. Both front left and rear left tyres were punctured. I am experiencing a sore neck and back now. Going to see a doctor later.

DECLARATION

I/We declare the foregoing particulars are true in every respect.

26/03/2020
9.40 a.m.

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.: