

## 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	30/03/2020 20:36
Date Of Accident	30/03/2020 17:40
Exact Location Of Accident	ALONG TELOK BLANGAH ROAD
Country/State of Loss	SINGAPORE

### DETAILS OF OWN VEHICLE

Vehicle Registration Number	SLM3017Y
<b>Insured/Policyholder</b>	
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	29141713
Cover Note Number	

### Driver

Name of Driver	ONG KAH CHONG
NRIC No	SXXXX870F
Date Of Birth	31/08/1988
Occupation	OUTDOOR
Date Of Driving Pass	20/11/2009
Driving Experience	10 YEARS AND 4 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-93684831
Fax Number	
Contact Number	
E-Mail Address	NOEMAIL

Address	BLK 143 LOR 2 TOA PAYOH #01-182
Postcode	310143
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?	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)	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 30/03/2020, TIME AROUND 5:40PM. LOCATION IS ALONG TELOK BLANGAH ROAD, TOWARDS VIVO. I WAS DRIVING OUT FROM TELOK BLANGAH ST 31. I TURNED INTO TELOK BLANGAH ROAD, ONTO THE EXTREME RIGHT LANE AS I WANTED TO MAKE A U-TURN AHEAD. SUDDENLY, VEHICLE EE17S FILTERED FROM 2ND LANE INTO MY LANE AND HIT ONTO MY CAR. I WAS ALREADY IN LANE 1 WHEN VEHICLE EE17S HIT ONTO MY VEHICLE. AS A RESULT, THE LEFT SIDE OF MY VEHICLE WAS DAMAGED. NO ONE WAS INJURED.

#### 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	EE17S
Vehicle Make/Model/Colour	KIA
Details Of Properties	VEH B
Vehicle Category	PRIVATE CAR
Name of Driver	ONG KENG MENG
NRIC/Passport Number	SXXXX493E
Contact Number	97494261
Address	
Postcode	
Insurance Company Name	
Nature Of Damage	RIGHT SIDE BODY

No. Of Passenger (Including Driver)

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.

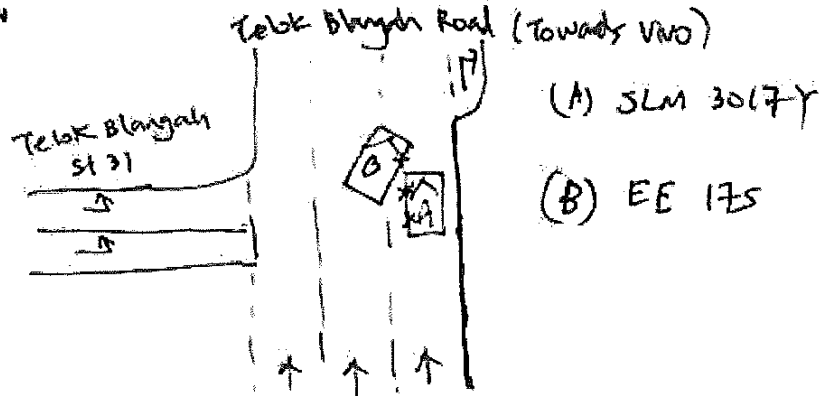
Policyholder's Signature  
Date & Time:

Driver's Signature  
(if driver is not the policyholder)  
Date & Time: 30/3/2020

6-35pm

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

SKETCH PLAN



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

On 30/3/2020, time around 5.40 pm. Location is along Telok Blangah Road, towards vivo. I was driving out from Telok Blangah St 31, I turned into Telok Blangah Road, onto the extreme right lane as I wanted to make a U-turn ahead. Suddenly, vehicle EE 175 filtered from the 2nd lane into my lane and hit onto my car. I was already in lane 1 when vehicle EE 175 hit onto my vehicle. As a result, the left side of my vehicle was damaged. No one was injured.

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:

6:35pm 30/3/20

Reporting Centre Personnel's Signature  
Name:

NAME/ID No: Jenny Ng