

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	18/05/2020 13:19
Date Of Accident	16/05/2020 13:20
Exact Location Of Accident	ALONG WOODLANDS AVE 12
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SLS7539A
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	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	TAN ENG CHUAN
NRIC No	SXXXX477I
Date Of Birth	22/09/1968
Occupation	OUTDOOR
Date Of Driving Pass	17/07/1992
Driving Experience	27 YEARS AND 9 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-96727793
Fax Number	
Contact Number	
Email Address	NOEMAIL

Address	BLK 256 SERANGOON CENTRAL DRIVE #13-34
Postcode	550256
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 - HEAD TO REAR
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?	NO
If Yes, Please state which Police Station	
Was notice of intended Prosecution given?	NO
If Yes, against whom?	

Circumstances of Accident

ON 16/05/2020 AT AROUND 1:20PM, I STOPPED MY CAR ON TURNING RIGHT LANE OF THE JUNCTION OF WOODLANDS AVE 12 WITH WOODLANDS AVE 5 TOWARDS SLE DIRECTION WHEN VEHICLE B DROVE UP FROM BEHIND AND COLLIDED INTO MY CAR. MY CAR SUSTAINED REAR DAMAGES. I AM NOT FEELING WELL AND AM 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

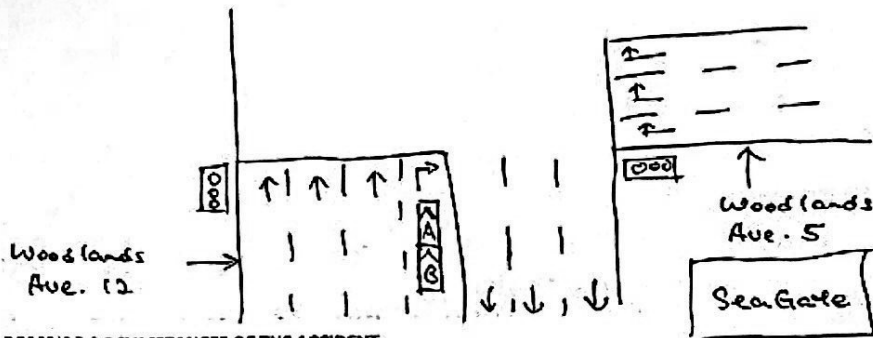
Vehicle Registration Number	SHC2954Z
Vehicle Make/Model/Colour	HYUNDAI / BLUE
Details Of Properties	VEH B
Vehicle Category	TAXI
Name of Driver	SULAIMAN BIN DOLIKSHAM
NRIC/Passport Number	SXXXX313D
Contact Number	81129448
Address	
Postcode	
Insurance Company Name	
Nature Of Damage	

Sketch Plan #2

SKETCH PLAN

(A) SLS 7539 A

(B) SHC 2954 Z



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

On 16/05/2020 at around 1:20 p.m., I stopped my car (Veh. A SLS 7539 A) on turning right lane at the junction of Woodlands Ave 12 with Woodlands Ave. 5 towards S.E direction when Veh B (SHC 2954 Z) drove up from behind and collided into my car. My car sustained rear damages. I am not feeling well and am going to see a doctor later.

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.:

18/05/2020

12.45 p.m.

to Dennis