ASS. REC. BY: Steve REF: CS/C71 2000	9181/5 112
and the second of the second o	GNMENT
From: Date: Estimated Cost: OD TH/WS/TP RES/OD RES/EVA/INV/MY To Inspect Vehicle No: at Workshop m/s	Veh No: SLS 7/876 Yr Regn: 2/10/17 Type: (M.Ca) / M.Cycle / Bus / Van / Lorry / Taxl / Prime Mover / Truck / Trailer or Make: Handa Wezet c.c. 1496 Colour SI/M A/C: Insured / Std / NI / NA Sp.Reading 67844 2145778 Addio: Insured / Std / NI / NA
Policy No. Claims No.	Eng/No: C/No: RVIII 41352 Gen. Cond: Good / Fair / Poor / Burnt
Sum Insured: Excess: (Client's Record) Make of Veh: (Policy Condition) Remark: The veh had commenced Its repair at the time of inspection. Bal. or Market Value: IDAC Accident Rport: Consistent?: Yes or No GIA / PR Seen: Consistent?: Yes or No Est. Repairs: days Res.: Yes or No Lum Sum: % 3 Val.: Yes or No	Steering: Inorder / Jammed / Leaked / Burnt or Brake: Inorder / Jammed / Leaked / Burnt or Modl: NII / \$\frac{1}{2}\text{Im} / \$\frac{1}{2}\text{DA/Rim} or Tyre Size: F: \frac{1}{5}\frac{5}{5}\frac{1}{6}\text{R}} R: \frac{1}{1} BS / DUN / EXNOVA / GY / FS / LIZA / MIC / OHTSU / PIR / SUMI / TOYO / OKO or \$\frac{8}{2}\text{Fron!} \qquad \text{Rear} \qquad \text{Rear} \qquad \text{Real}. \qquad \text{mm} \qquad \text{Real}. \qquad \text{mm} \qquad \text{VBal}. \qquad \text{mm} \qquad \text{mm} \qquad \text{VBal}. \qquad \qquad \text{mm} \qquad \text{mm} \qquad \text{D.O.I.} \qquad \qquad \qquad \qquad \text{N} \qquad \qqqqqqqqqqqqqqqqqqqqqqqqqqqqqqqqqqqq
CA I REV I REP. I 24 HRS Vehicle: IN/OUT Date: Person Contacted: Date / Time Action / Instruction Waiting Estimates	Des. of Damages: Frt Rear O/S N/S U/C Rooftop or The U/C Chassis frame Body Structure affected due to collision.

Days Of Repair:

Add Fee:

Resurvey No. of Trlp:

: Site Insp (\$

: Interview (\$

: Tech. Inva (\$

Weel and 15

Survey Fee:

Transportation:

Friolos

Others

TOTAL

_S + RS, _SI

: Prell. Report

: Final Report

Date/Time, File Return to?

Repair ormer:

Lump Sum / LEd: 75

IMPORTANT NOTICE

- SINGAPORE ACCIDENT STATEMENT
- 1. Please report correctly the details of the accident to speed up the claims process. 2. This Form must be completed by the Policyholder end/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
- 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 a contract the contract 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

AGCIDENT STATEMENT: =

Date Of Report

28/08/2020 21:26

Date Of Accident

28/08/2020 15:50

Exact Location Of Accident

ALONG UPP SERANGOON ROAD

Country/State of Loss

SINGAPORE

ETAILS OF OWN VEHICLE:

Vehicle Registration Number

SLS7187G

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?

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 SOO WAN

NRIC No

SXXXX682J

Date Of Birth

28/07/1958

Occupation

OUTDOOR

Date Of Driving Pass

23/02/1982

Driving Experience

38 YEARS AND 6 MONTHS

Gender

MALE

Mobile Number

(LOCAL) +65-84815758

Fax Number

Contact Number

EMail Address

NOEMAIL

Address

BLK 221A SUMANG LANE #10-05

Postcode

821221

Was driver an employee of the Insured's Company NO

OTHER - HIRER

If No, Relationship of the Driver with the Insured

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)

2

involved in the accident

NO

Was any body injured in the Accident? Was any injured conveyed to hospital by

ambulance?

Was any other material or property damaged? I have been approached by unknown person(s) YES

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 28/08/2020 AT 3:50PM, I WAS STATIONARY ALONG UPP SERANGOON RD (BEFORE ST ANDREW'S SCHOOL). I WAS BEFORE THE YELLOW BOX AS A BUS WAS EXITING FROM THE BAY. SUDDENLY I FELT AN IMPACT FROM THE REAR. I ALIGHTED FROM MY CAR TO CHECK. I REALIZED THAT VEHICLE B HAD COLLIDED INTO MY STATIONARY CAR WHILE TRYING TO SLIDE OUT INTO THE LANE ON THE RIGHT. MY CAR'S REAR PORTION WAS DAMAGED. MY REAR GLASS WAS SHATTERED.

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

GBH5453C

Vehicle Make/Model/Colour

TOYOTA / DYNA / WHITE

Details Of Properties

VEH B

Vehicle Category

COMMERCIAL VEHICLE

Name of Driver

TOH JIAN LONG

NRIC/Passport Number

SXXXX120E

Contact Number

Address

Postcode

Insurance Company Name

Nature Of Damage

No. Of Passenger (Including Driver)

SKETCH PLAN

IMPORTANT NOTICE

- 2. Mease report correctly the details of the accident to speed up the claims process.
- 2. This Form must be somelessed by the Polityholder and/or the Authorities Drives
- Information provided must be as truthful and accurate as possible. Any willul misrepresentation or witholding of meterial facts may allow insurance companies to repudiate policy liability.
- 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 faire reporting may be referred to the Police for Investigation-
- 6. The 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.
- We the incigment 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.
- 2. Consent under the Personal Data Protection Act (PDPA)

Lunderstand, 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 (all insurers) 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 :
 - 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 arcident 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 indusers and/or GIA to their third party service providers or agents(including their lawyers/law firms), which may be said deciside of Singapore, for one or more of the above Purposes.
 - (d) my Personal Information will also be collected and used to comprise claims history for the purpose of fraud detection, investigation and management in present and all future of the second second
 - (e) the information so collected under (d) above may be shared / sischood:
 - (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

Driver's Signature

(If driver is not the policyholder)

Date & Time:

Reporting Centre Personnel's Signature

Name:

NRIC/FIN No.:

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SKETCH PLAN		
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ECLARATION We declare the foregoing part	iculars are true in every respect.	Pu
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olicyholder's Signature ote & Time;	Driver's Signature (If driver is not the policyholder)	Reporting Centre Personnel's Signature Name:
ARMC Seeschflanform_v3	Date & Time:	NRIC/FIN NO.;