

Vehicle No. SLM 4772T
 Type M. Car / M. Cycle / Bus / Van / Lorry / Taxi / Prime Mover /
 Truck / Trailer or
 Make Nissan Qashqai or 1197
 Colour Silver A/C. Insured / Std / Nil / NA
 Sp. Reading 255453 T/Radio, Insured / Std / Nil / NA
 Eng/Hlo
 C/Hlo SJNFEAJ1141917580
 Gen. Cond. Good Fair / Poor / Burnt
 Steering In order / Jammed / Leaked / Burnt or
 Brake In order / Jammed / Leaked / Burnt or
 Mod. Nil / S/Rim / STD A/Rim or
 Tyre Size F: 215/60R17
 R: 215/60R17
 BS / DUN / EXNOVA / GY / FS / LIZA / MIC / OHTSU / PIR / SUMI /
 TOYO / YOKO or Kapsen
 Front 06 mm Rear 06 mm
 R/Bal. 06 mm L/Bal. 06 mm
 D.O.A. 01/10/20
 Survey held at NSI
 Dies. of Damages: Frt / Rear / O/S / N/S / U/C / Rooftop or
 The U/C / Chassis frame / Body Structure affected due to collision

Policy No. **C10007461**

Excess

Vehicle's Previous

Make of Vehicle

(Policy Condition)

Remark: The veh had commenced its repair at the time of inspection.

N/S	O/S

Rate of Market Value

IDA: Accident Report Consistent? Yes or No

GIA: PP Report Consistent? Yes or No

Est. Repairs **5** days Res. Yes or No

Time in % 3 Val Yes or No

CA / REV / REP. / 24 HRS

Date Person Contacted:

Vehicle IN / OUT

Date / Time Action / Instruction

TP Budget Direct.
LS \$4500, 20 days (Red \$5949.71, 57%)

MV:
 PV:
 Nett:

Date/Time File Pass by: ☐ : Preli. Report

27/11 Typist ☐ : Final Report

Date/Time File Destroyed

Days Of Repair: **5**

Resurvey No. of Trip: **2**

Survey Fee:

Transportation

Site Insp. \$

Interview \$

Testimony \$

Site Insp. \$

Interview \$

Testimony \$

TP
 Lump Sum :\$4500

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	01/10/2020 10:35
Date Of Accident	30/09/2020 18:20
Exact Location Of Accident	ALONG BEDOK NORTH ROAD
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SLM4772T
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	NISSAN
Model	QASHQAI-1.2 DIG-T CVT ABS 2WD 5DR (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	BALA KUMARAN S/O SHARVANANDA
NRIC No	SXXXX169F
Date Of Birth	27/03/1964
Occupation	OUTDOOR
Date Of Driving Pass	10/01/2013
Driving Experience	7 YEARS AND 8 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-83220017
Fax Number	
Contact Number	
EEmail Address	NOEMAIL

Address	BLK 298 TAMPINES ST 22 #09-556
Postcode	520298
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	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?	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 30/09/2020 AT ABOUT 6:18PM, I WAS DRIVING STRAIGHT ALONG BEDOK NORTH ROAD (LANE 1). TRAFFIC WAS LIGHT, VEHICLE AHEAD OF ME STOPPED THUS I ALSO STOPPED MY VEHICLE. SUDDENLY I FELT AN IMPACT AND I ALIGHTED AND NOTICED VEHICLE B HAD COLLIDED INTO MY VEHICLE. MY VEHICLE REAR SUSTAIN DAMAGE. THERE WAS NO INJURIES FOR BOTH PARTIES.

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	SMG8215D
Vehicle Make/Model/Colour	MAZDA 6
Details Of Properties	VEH B
Vehicle Category	PRIVATE CAR
Name of Driver	TAN THIAN YUEN
NRIC/Passport Number	SXXXX373G
Contact Number	
Address	
Postcode	

Insurance Company Name

Nature Of Damage

No. Of Passenger (Including Driver) 1

Sketch Plan

SKETCH PLAN


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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. 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.
7. By the lodgment 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.
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

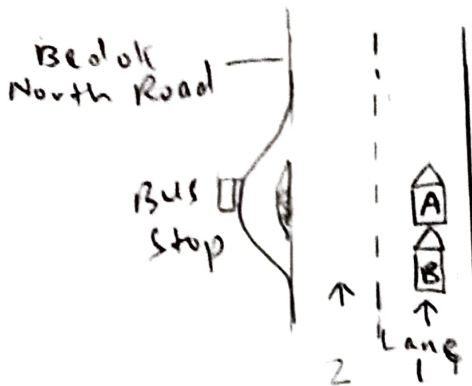
Policyholder's Signature
Date & Time:


Driver's Signature
(If driver is not the policyholder)
Date & Time:


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

Sketch Plan #2

SKETCH PLAN



vehicle

A SLM 4772T

B SMG 8215D

DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

On 30-9-2020 at about 6:18pm I was driving straight along Bedok North Road (lane). Traffic was light, vehicle ahead of me stopped, thus I also stopped my vehicle. Suddenly I felt an impact and I alighted and noticed Vehicle B had collided into my vehicle. My vehicle rear sustain damage. There was no injuries for both parties.

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.: