

## 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	29/10/2020 15:47
Date Of Accident	29/10/2020 13:50
Exact Location Of Accident	TELOK BLANGAH ROAD TOWARDS HENDERSON ROAD
Country/State of Loss	SINGAPORE

### DETAILS OF OWN VEHICLE

Vehicle Registration Number	SLL9939C
<b>Insured/Policyholder</b>	
Name Of Registered Owner	GRAB RENTALS PTE LTD
Co Reg No	2XXXXX200G
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-88793900
Alternative Phone No	OFFICE-66550005

### Vehicle Particulars

Manufacturer	TOYOTA
Model	VIOS E GRADE 1.5 AUTO
Exact Purpose for which vehicle was being used at time of accident	PRIVATE HIRE
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

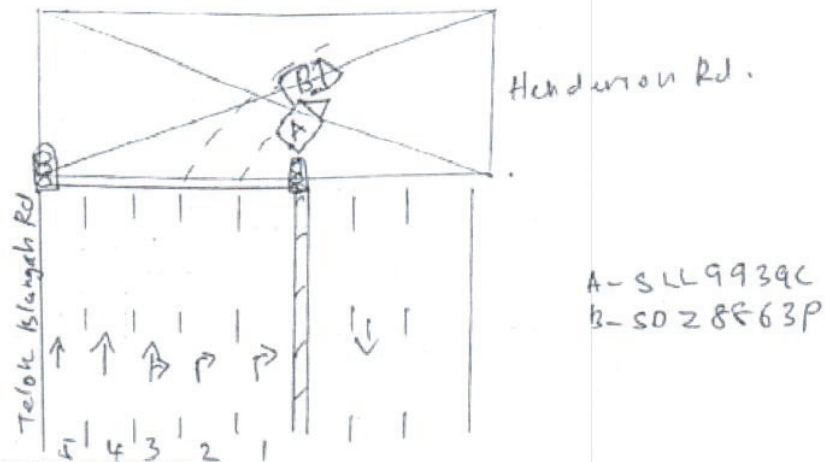
Name of Driver	TAY CHUAN LIM
NRIC No	SXXXX522I
Date Of Birth	09/11/1957
Occupation	OUTDOOR
Date Of Driving Pass	30/11/1982
Driving Experience	37 YEARS AND 10 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-88793900
Fax Number	
Contact Number	
Email Address	JAMESTAY0911@GMAIL.COM

No. Of Passenger (Including Driver)

1

# Sketch Plan #2

## SKETCH PLAN



## DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

On 24/10/20, at about 1350hrs, I was driving my vehicle along Telok Blangah Rd towards Henderson. While I drive my vehicle SLL 9939C I stop my vehicle due to red traffic light. My vehicle was at first lane. Once traffic light turn green, I make a right turn which suddenly vehicle SOZ 8863P at second lane make a u-turn and swiped onto my front left side portion. He have no right to make a u-turn from second lane. He admit his fault and intended to pay my excess if he afford to pay. He mentioned to me that he intended to make u-turn.

## 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: 24/10/2020

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



Address	BLK 367 TAMPINES STREET 34 #06-83
Postcode	520367
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	SIDE SWIPE
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?	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 29/10/20, AT ABOUT 1350HRS, I WAS DRIVING MY VEHICLE ALONG TELOK BLANGAH RD TOWARDS HENDERSON. WHILE I DRIVE MY VEHICLE SLL9939C, I STOPPED MY VEHICLE DUE TO RED TRAFFIC LIGHT. MY VEHICLE WAS AT FIRST LANE. ONCE TRAFFIC LIGHT TURNED GREEN, I MADE A RIGHT TURN WHEN SUDDENLY VEHICLE SDZ8863P AT SECOND LANE MADE A U-TURN AND SWIPED ONTO MY FRONT LEFT SIDE PORTION. HE HAD NO RIGHT TO MAKE A U-TURN FROM SECOND LANE. HE ADMITTED HIS FAULT AND INTENDED TO PAY MY EXCESS IF HE AFFORD TO PAY. HE MENTIONED TO ME THAT HE INTENDED TO MAKE A U-TURN.

#### 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	SDZ8863P
Vehicle Make/Model/Colour	LEXUS
Details Of Properties	
Vehicle Category	PRIVATE CAR
Name of Driver	
NRIC/Passport Number	
Contact Number	97600838
Address	
Postcode	
Insurance Company Name	
Nature Of Damage	

## Sketch Plan

### SKETCH PLAN


#### IMPORTANT NOTICE

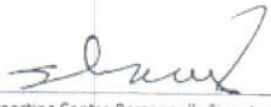
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7. By the lodgment of this report to the insurers, you hereby consent to the archiving of this report at the centre and to copies of the report being made available aforesaid.
8. **Consent under the Personal Data Protection Act (PDPA)**

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: 24/10/2015 25H

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