

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 Submission	02/12/2020 09:49 (SGT)
Date of Accident	01/12/2020 09:05 (SGT)
Exact Location of Accident	19 Tanglin Rd, #02-43B, Singapore 247909
Additional Location Information	TAXI DROP OFF POINT OF TANGLIN SHOPPING CENTER
Country/State of Loss	Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SMA6743R
INSURED/POLICYHOLDER	
Is company?	Yes
Name Of Registered Owner	GRAB RENTALS PTE LTD
Company Reg No	2XXXXX200G
Email Address	celyn.lim@grab.com
Mobile Phone No	(Phone) +65-31388644
Alternative Phone No	(Office) +65-31388644

VEHICLE PARTICULARS

Manufacturer	Toyota
Model	PRIUS PLUS
Variant	-
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 - Claiming third party
Vehicle Category	Private hire

INSURANCE COMPANY

Name of Insurance Company	MSIG
Type of Coverage	Comprehensive
Fleet Policy	Yes
Policy Number	29141713
Cover Note Number	-

DRIVER

Name of Driver	NOORDIN BIN BABOO
NRIC No	SXXXX870I
Date Of Birth	10/09/1966
Occupation	Outdoor

Date Of Driving Pass	05/12/1989
Driving experience	31 YEARS
Gender	Male
Mobile Number	(Phone) +65-88261027
Alt. Phone Number	-
Email Address	celyn.lim@grab.com
Address	BLK 629 PASIR RIS DR 3 #02-356
Address complement	-
Postcode	510629
Is the driver the policyholder?	No
If No, Relationship of the Driver with the Insured	Hirer
Does Driver Own Other Vehicles?	No
Vehicle Registration Number of Other Vehicle Owned by Driver	-
Insurance Company of Other Vehicle Owned by Driver	-

GENERAL INFORMATION OF THE ACCIDENT

Type of Accident	Collision - Opening Door of Vehicle
Weather Conditions	Clear
Road Surface	Dry

OTHER INFORMATION

Was any foreign vehicle involved in the accident?	No
Number of vehicles involved in the accident	2
Was anybody injured in the Accident?	No
Was any injured conveyed to hospital by ambulance?	-
Was any other material or property damaged?	Yes
Number of Passengers (Including Driver)	2
Has the driver been approached by unknown person(s) soliciting/offering accident claims assistance?	No

PASSENGER 1

Name	NOT APPLICABLE
Gender	Male

DETAILS OF POLICE ACTION

Was the accident reported to the police?	No
Was notice of intended Prosecution given?	No
If yes, against whom?	-

CIRCUMSTANCES OF ACCIDENT

ON 01/12/2020 AT AROUND 9:05AM, I WAS DRIVING MY CAR INTO THE TAXI DROP OFF POINT OF TANGLIN SHOPPING CENTER WHEN VEHICLE B WHICH WAS PARKED ON THE RIGHT SIDE OF THE LANE, ITS REAR LEFT PASSENGER DOOR SUDDENLY SWING OPEN AND COLLIDED WITH MY VEHICLE. MY CAR SUSTAINED RIGHT SIDE DAMAGES. NO ONE WAS INJURED.

ATTACHMENT(S)

Are accident photos available for attachment?	Yes
Was there any video captured by Car Camera?	Yes
Was there any audio recorded?	No

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	SHD6502M
Vehicle Manufacturer	Hyundai
Vehicle Model	I40
Vehicle Variant	-
Vehicle Colour	Blue

Vehicle Category	Taxi
Name of Driver	RAZALI BIN RADI
NRIC No	SXXXX079J
Contact Number	(Phone) +65-91449665
Address	-
Address complement	-
Postcode	-
Insurance Company Name	-
Nature Of Damage	-
Details of property damaged in accident	VEH B
No. Of Passenger (Including Driver)	2

PASSENGER 1

Name	IBRAHIM
Gender	Male

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.

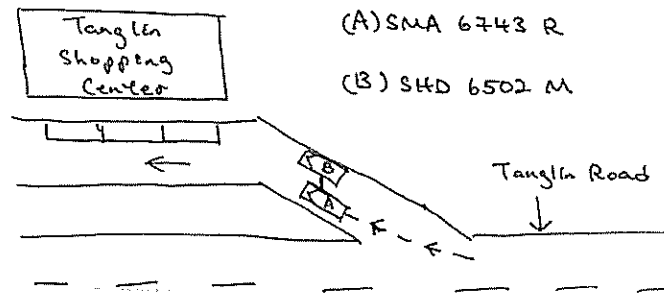
Policyholder's Signature
Date & Time:

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

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

 01/12/2020
10.30 a.m.  Dennis.

SKETCH PLAN



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

On 01/12/2020 at around 9.05 a.m., I was driving my car (Ueh. A SMA 6743 R) into the taxi drop off point of Tanglin Shopping Center when Ueh. B (SHD 6502 M), which was parked on the right side of the lane, its rear left passenger door suddenly swing open and collided with my vehicle. My car sustained right side damages. 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:

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

01/12/2020
10.30 a.m.

Dennis