

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 willful 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	14/05/2021 22:51 (SGT)
Date of Accident	14/05/2021 16:52 (SGT)
Exact Location of Accident	Woodlands CI, Singapore 737854
Additional Location Information	Mega Woodlands Close
Country/State of Loss	Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SMA7868H
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INSURED/POLICYHOLDER

Is company?	Yes
Name Of Registered Owner	GRAB RENTALS PTE LTD
Company Reg No	2XXXXXX200G
Email Address	gr.sg.accident@grab.com
Mobile Phone No	(Phone) +65-82016823
Alternative Phone No	(Office) +65-66550005

VEHICLE PARTICULARS

Manufacturer	Toyota
Model	Prius
Variant	-
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 - Claiming third party
Vehicle Category	Private car
Transmission	Auto
CC	1798

INSURANCE COMPANY

Name of Insurance Company	MSIG Insurance (Singapore) Pte. Ltd.
Type of Coverage	Comprehensive
Fleet Policy	Yes
Policy Number	G400000730MCX
Cover Note Number	-

DRIVER

Name of Driver	TAN TING CHIAT
NRIC No	SXXXX775G

Date Of Birth	05/08/1964
Occupation	Outdoor
Date Of Driving Pass	14/10/1986
Driving experience	34 YEARS AND 7 MONTHS
Gender	Male
Mobile Number	(Phone) +65 82016823
Alt. Phone Number	-
Email Address	DESMOND.TAN1964@GMAIL.COM
Address	BLK 121 BUKIT MERAH VIEW #07-58
Address complement	-
Postcode	151121
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	Side Swipe
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)	1
Has the driver been approached by unknown person(s) soliciting/offering accident claims assistance?	No

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 14/05/2021 AT ABOUT 1652HRS, I WAS DRIVING MY VEHICLE (A) SMA7868H AT MEGA WOODLANDS CLOSE. AS I WAS GOING STRAIGHT VEHICLE (B) SHC4788Z ON MY RIGHT REVERSED AND HIT ONTO MY VEHICLE (A) RIGHT. EXCHANGED PARTICULARS. NO INJURY.

ATTACHMENT(S)

Are accident photos available for attachment?	Yes
Was there any video captured by Car Camera?	Yes
Reasons for not uploading a video of the accident	FILE IS NOT SUITABLE
Was there any audio recorded?	No

DETAILS OF OTHER VEHICLE PROPERTY

Vehicle Registration Number	SHC4788Z
Vehicle Manufacturer	-
Vehicle Model	-
Vehicle Variant	-
Vehicle Colour	-
Vehicle Category	Taxi
Name of Driver	ARIA ANTORO TANG

No
Contact Number
Access complement
Access code
Insurance Company Name
Value Of Damage
Details of property damaged in accident
No. Of Passenger (Including Driver)

SXXXXX2550
(Phone) +65-90990000
-
-
-
-
-
1

SKETCH PLAN

IMPORTANT NOTICE

1. Please read carefully the details of the accident to assist in the claims process.
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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 statements 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 completion 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 at the end.
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 be 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 be 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.

Policyholder's Signature / Date & Time

Sketch Plan

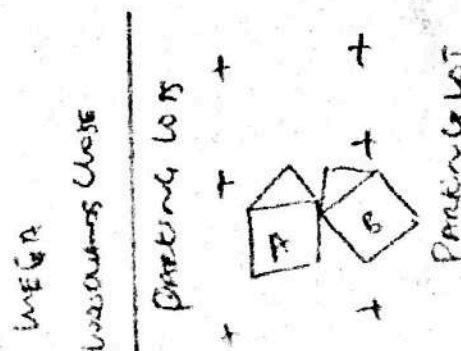
Driver's Signature (If driver is not the policyholder) / Date & Time

14/05/24 (19:55HRS)

Witnessed by Recording Centre Personnel

Bruce

11 SHIN 7868 H
13 SHIN 7868 Z



Describe Circumstances of the Accident

ON 17/10/16 AT APPROX 1.52 HRS, I WAS DRIVING VEHICLE A
 CMA 786QH AS WEGA WORKING IN LANE 1 AS I WAS GOING STRAIGHT
 VEHICLE B SAC 40312 ON MY RIGHT REVERSED AND HIT MY
 VEHICLE HARD. EVIDENCE WAS TAKEN AS FOLLOWS:

Declaration

We declare the foregoing particulars are true in every respect.

Policy number: Signature Date: 5
 Name:

Exhibits: Signature of driver is not the policyholder Date:
 & Title:

17/10/16 / 1.52hrs

Witnessed by: Signature Reporting Centre:
 Personnel: Driver