

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 Actual 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 07/11/2022 12:53 (SGT)
Reported by Driver
Date of Accident 05/11/2022 18:30 (SGT)
Exact Location of Accident Bayfront Ave, Singapore
Additional Location Information TOWARDS TEMASEK AVENUE, INFRONT OF 10 BAYFRONT AVENUE (MBS CASINO)
Country/State of Loss Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number SLS564Y

INSURED/POLICYHOLDER

Is company? Yes
Name Of Registered Owner GRAB RENTALS PTE LTD
Company Reg No 2XXXXX200G
Email Address gr.sg.accident@grab.com
Mobile Phone No (Phone) +65-90905770
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 hire
Transmission Auto
CC 1798

INSURANCE COMPANY

Name of Insurance Company MSIG Insurance (Singapore) Pte. Ltd.
Policy Number / Cover Note Number 400000730

DRIVER

Name of Driver LIM CHEE GIM (LIN ZHIJIN)
NRIC No SXXXX969C
Date Of Birth 09/11/1985

Occupation	Outdoor
Date Of Driving Pass	24/07/2007
Driving experience	15 YEARS AND 4 MONTHS
Gender	Male
Mobile Number	(Phone) +65-92346214
Alt. Phone Number	-
Email Address	gr.sg.accident@grab.com
Address	APT BLK 610C TAMPINES NORTH DRIVE 1
Address complement	#11-474
Postcode	523610
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 - Change/cross lane
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 vehicle or property damaged?	Yes
Number of Passengers (Including Driver)	5
Has the driver been approached by unknown person(s) soliciting/offering accident claims assistance?	No
Translator's name	-
Translator's ID	-
Translator's phone number	-
Translator's email	-
Original language used in the statement	-

PASSENGER 1

Name	Unknown
Gender	Male

PASSENGER 2

Name	Unknown
Gender	Male

PASSENGER 3

Name	Unknown
Gender	Female

PASSENGER 4

Name	Unknown
Gender	Female

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 05.11.2022 AT OR ABOUT 1830 HOURS, I WAS DRIVING MY MOTORCAR BEARING REGISTRATION NUMBER SLS564Y AND DRIVING ON THE THE SINGLE LANE SERVICE ROAD EXIT OF MARINA BAY SANDS CASINO ALONG 10 BAYFRONT AVENUE, INTENDING TO MAKE A LEFT TURN ONTO BAYFRONT AVENUE TOWARDS TEMASEK AVENUE. THERE WAS A DARK BLUE MOTORVAN BEARING REGISTRATION NUMBER GBD6373P INFRONT OF ME AND HE HAD TURNED LEFT BUT KEPT RIGHT ONTO THE CENTRE OF THREE LANES ALONG BAYFRONT AVENUE TOWARDS TEMASEK AVENUE. I THUS TURNED LEFT AND KEPT TO THE LEFT MOST LANE OF THRRE LANES ROAD, WHEN THE SAID BLUE VAN VEERED LEFTWARDS AND ENCROACHED INTO MY PATH OF TRAVEL ON THE LEFTMOST LANE. THE LEFT SIDE OF THE MOTORVAN COLLIDED ONTO THE RIGHT FRONT PORTION OF MY CAR.

BOTH THE OTHER DRIVER AND I STOPPED AND EXCHANGED PARTICULARS. I WISH TO STATE THAT I HAD TWO FEMALE, ONE MALE AND ONE CHILD AS PASSENGERS AT THE MATERIAL TIME AND THERE WERE NO REPORTED INJURIES.

ATTACHMENT(S)

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

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number GBD6373P
Vehicle Manufacturer Renault
Vehicle Model Master
Vehicle Variant -
Vehicle Colour Blue
Vehicle Category Commercial vehicle
Name of Driver KUMARASAMY
Passport No/FIN GXXXX890T
Contact Number (Phone) +65-90056140
Address -
Address complement -
Postcode -
Insurance Company Name -
Nature Of Damage -
Details of property damaged in accident -
No. Of Passenger (Including Driver) 1

WITNESS DETAILS

WITNESS 1

Name Dharinee
Phone (Phone) +65-93603407
Email -

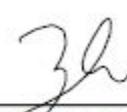
SKETCH PLAN

IMPORTANT NOTICE

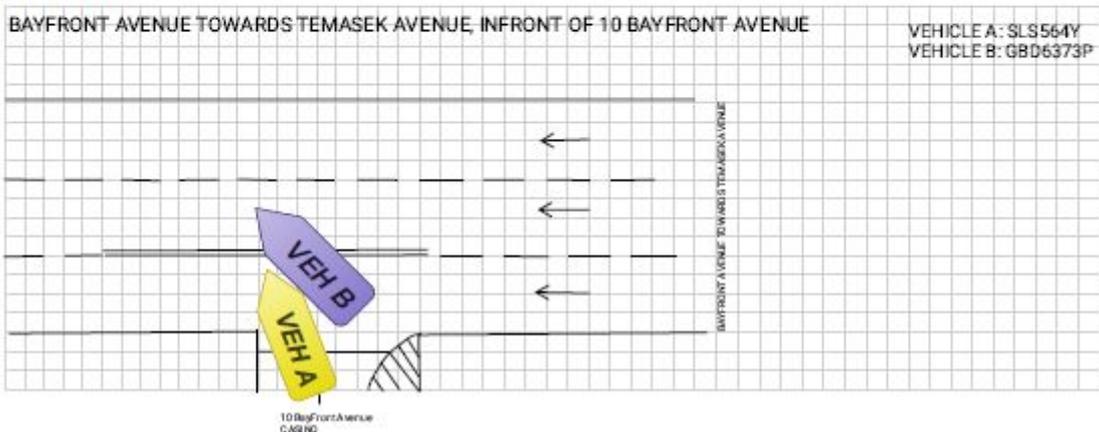
1. Please report **correctly** the details of the accident to speed up the claims process.
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7. By the lodgement of this report to the insurers, you hereby consent to the archiving of this report at the centre and to copies of the report being made available aforesaid.
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.

 _____ Policyholder's Signature / Date & Time	LIM CHEE GIM _____ Driver's Signature (if driver is not the policyholder) / Date & Time 07.11.2022 @ 1045hrs	 _____ Witnessed by Reporting Centre Personnel
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Sketch Plan



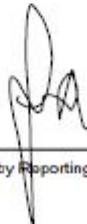
Describe Circumstances of the Accident

ON 05.11.2022 AT OR ABOUT 1830 HOURS, I WAS DRIVING MY MOTORCAR BEARING REGISTRATION NUMBER SLS564Y AND DRIVING ON THE THE SINGLE LANE SERVICE ROAD EXIT OF MARINA BAY SANDS CASINO ALONG 10 BAYFRONT AVENUE, INTENDING TO MAKE A LEFT TURN ONTO BAYFRONT AVENUE TOWARDS TEMASEK AVENUE. THERE WAS A DARK BLUE MOTORVAN BEARING REGISTRATION NUMBER GBD6373P IN FRONT OF ME AND HE HAD TURNED LEFT BUT KEPT RIGHT ONTO THE CENTRE OF THREE LANES ALONG BAYFRONT AVENUE TOWARDS TEMASEK AVENUE. I THUS TURNED LEFT AND KEPT TO THE LEFT MOST LANE OF THHRE LANES ROAD, WHEN THE SAID BLUE VAN VEERED LEFTWARDS AND ENCROACHED INTO MY PATH OF TRAVEL ON THE LEFTMOST LANE. THE LEFT SIDE OF THE MOTORVAN COLLIDED ONTO THE RIGHT FRONT PORTION OF MY CAR.

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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 07.11.2022 @ 1045hrs	 _____ Witnessed by Reporting Centre Personnel
	LIM CHEE GIM	SURIA