

## 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 ability.
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 08/04/2018 16:00  
Date Of Accident 07/04/2018 19:00  
Exact Location Of Accident BEDOK RESERVOIR ROAD 1 TOWARDS ROAD 2  
Country/State of Loss SINGAPORE

### DETAILS OF OWN VEHICLE

Vehicle Registration Number SLU2789S  
**Insured/Policyholder**  
Name Of Registered Owner GRAB RENTALS PTE LTD  
Co Reg No 201617200G  
Email Address NOEMAIL  
Mobile Phone No  
Alternative Phone No OFFICE-66550005  
**Vehicle Particulars**  
Manufacturer MAZDA  
Model MAZDA3 SEDAN 1.5 AT EU6  
Exact Purpose for which vehicle was being used at time of accident HIRE AND REWARD  
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 A29069766MKF  
Cover Note Number

### Driver

Name of Driver PEE BENG CHONG  
NRIC No S0241537B  
Date Of Birth 13/04/1949  
Occupation OUTDOOR  
Date Of Driving Pass 05/05/1972  
Driving Experience 45 YEARS AND 11 MONTHS  
Gender MALE  
Mobile Number  
Fax Number  
Contact Number  
Email Address PEEBENGCHONG@GMAIL.COM

Address

APT BLK 364B UPPER SERANGOON ROAD #08-1038 SINGAPORE  
532364

Postcode

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 involved in the accident

Was any body injured in the Accident? YES

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) 3

Passenger 1

NAME: : P1

GENDER: : FEMALE

Passenger 2

NAME: : P2

GENDER: : MALE

### Details of Police Action

Was the accident reported to the police? YES

If Yes, Please state which Police Station

POLICE STATION NAME [OTHER] HOUGANG NPP

Was notice of intended Prosecution given? NO

If Yes, against whom?

### Circumstances of Accident

REFER TO POLICE REPORT NO: T/20180408/2038 LODGED AT HOUGANG NPP. ON 07/04/2018 AT ABOUT 1900HRS, WHILE I WAS SENDING MY PASSENGERS TO THEIR DESTINATION(WATERFRONT ISLE CONDOMINIUM) ALONG BEDOK RESERVOIR ROAD, I WAS TRAVELLING ALONG BEDOK RESERVOIR ROAD IN MY VEHICLE SLU2789S. AS MY VEHICLE WAS APPROACHING THE DESTINATION, I SLOWED DOWN MY VEHICLE. HOWEVER, THE PASSENGERS REQUESTED TO BE DROPPED OFF FURTHER AHEAD AT THE SIDE GATE INSTEAD OF THE MAIN GATE THUS, I CONTINUED TO PROCEED AHEAD. SUDDENLY, I NOTICED A VEHICLE DRIVING IN HIGH SPEED OUT OF A CONDOMINIUM. I TRIED TO AVOID THE VEHICLE BUT COULD NOT MOVE IN TIME. AS SUCH, THE VEHICLE COLLIDED ONTO MY VEHICLE. I ALIGHTED TO MAKE A CHECK TO DISCOVER MY FRONT LEFT SIDE OF THE VEHICLE WAS DENTED. THE OTHER VEHICLE HAD A SMALL SCRATCH ON ITS FRONT RIGHT SIDE. WE EXCHANGED PARTICULARS AND AGREED TO SETTLE THE MATTER THROUGH OUR INSURANCE. AT THE POINT OF TIME, MY PASSENGERS WERE NOT INJURED AND THUS, THEY PAID MY TAXI FARE AND LEFT. HOWEVER, ON 08/04/2018 I WOKE UP TO DISCOVER THE LEFT SIDE OF MY BODY TO BE ACHING AND SLIGHTLY SWOLLEN. I WENT TO THE CLINIC TO SEEK MEDICAL ATTENTION AND WAS GIVEN 3 DAYS OF MC FROM 08/04/2018 TO 10/04/2018. MY VEHICLE HAS IN-CAR CCTV INSTALLED.

### Attachment(s)

Are accident photos available for attachment? YES

Was there any video captured by Car Camera? YES

Remarks/ Reasons: RETRIEVING

Was there any audio recorded? NO

**DETAILS OF OTHER VEHICLE PROPERTY 1**

Vehicle Registration Number	SHC2513M
Vehicle Make/Model/Colour	MAZDA/MAZDA3 SEDAN 1.5 AT EU6/WHITE
Details Of Properties	
Vehicle Category	PRIVATE CAR
Name of Driver	NG YIP SOON
NRIC/Passport Number	S8015518B
Contact Number	
Address	
Postcode	
Insurance Company Name	
Nature Of Damage	
No. Of Passenger (Including Driver)	

**DETAILS OF INJURED PERSON 1**

Name	NG YIP SOON
Approximate Age	
Injuries Sustain	
Injured person in which vehicle?	SLU2789S
Were seat belts worn?	YES
Was this injured conveyed to hospital by ambulance?	
Address	
Postcode	



# Sketch Plan Pg. 1

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 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 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.
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.
    - (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.

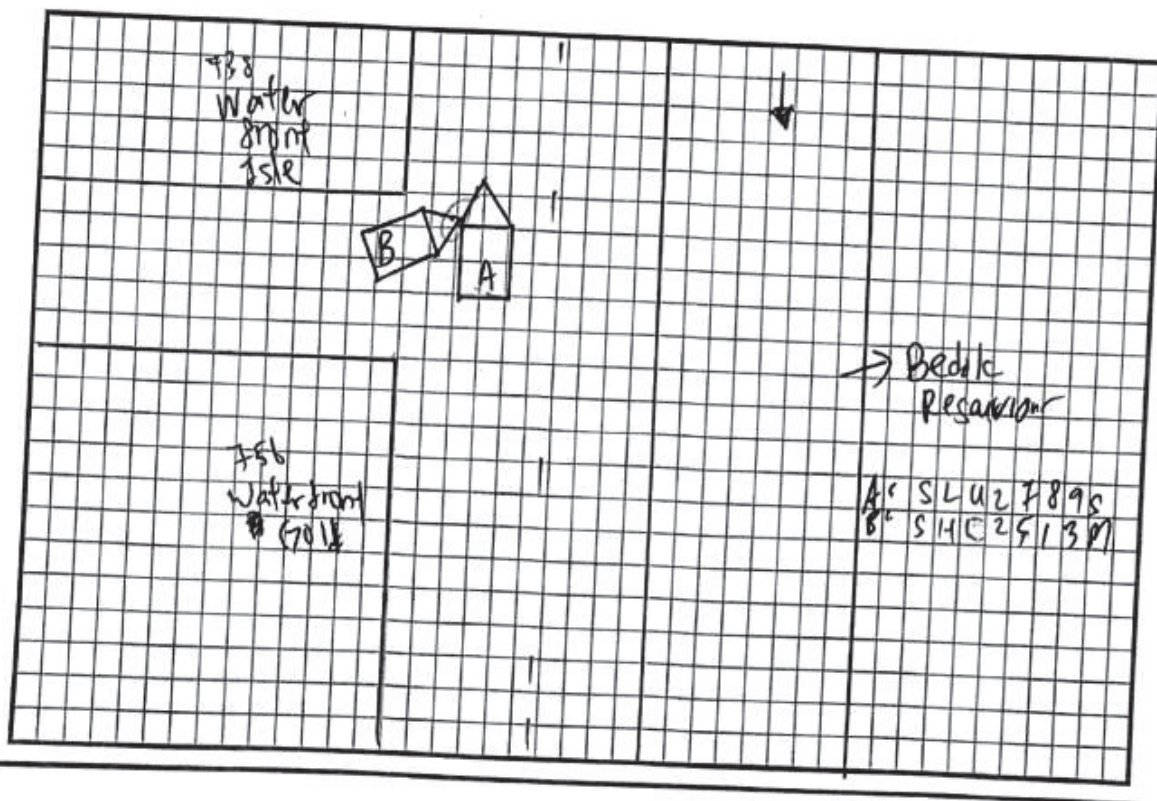
Policyholder's Signature / Date & Time

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

VERIFIED BY AJAX MARS  
REPORTING OFFICER  
THOMAS NG CHIN CHUN

Witnessed by Reporting Centre  
Personnel

## Sketch Plan



## Common Statement



**SINGAPORE  
POLICE FORCE**



T/20180408/2038

1 of 3

Report No. T/20180408/2038

Police Station Of Origin:  
Hougang NPP  
357 Hougang Avenue 7 #01-805  
SINGAPORE 530357  
Tel No: 1800-2869999

**REPORT OF A TRAFFIC ACCIDENT**

Date/Time Report Made:  
08/04/2018 12:39

Vide Report No.:

Station Diary No.:  
9

**Informant's Particulars**

Name of Informant:  
PEE BENG CHONG

Address:  
APT BLK 364B UPPER SERANGOON ROAD #08-1038  
SINGAPORE 532354

Contact No.:

Home/Office:

Email:

Mobile: 96302725

ID Type / ID No.:

NRIC NO / S0241537B

Nationality:

SINGAPORE CITIZEN

Sex:

Male

Age:

68

Date of Birth:

13/04/1949

Type of Informant:  
Driver

Race:

Chinese

Language:

English

Institution / School Name:

Occupation:

DRIVER

Driving Licence Information:  
Class: 3

Date of Expiry:

**General Information of the Accident**

Type of  
Accident:

Non-Injury  
Others

Drink  
Drive:  
No

Date/Time of  
Accident:  
07/04/2018 19:00

Type of Location:  
Straight Road

Location:

Along Road 1 Traveling Toward Road 2  
BEDOK RESERVOIR ROAD

Weather:  
Clear

Road Surface:  
Dry

Road Speed Limit:

Traffic Flow:

Traffic Control:

Traffic Volume:  
Light

Type of Collision:

Between Moving Vehicles - Head To Side

Anyone conveyed by  
ambulance  
No

**Details of Vehicle Involved**

Vehicle No.	Type	Make	Model	Color	Condition	No of Passenger
SHC2513M	Car				Slightly Damaged	0
SLU2789S	Car				Slightly Damaged	2

**Details of Person Involved**

Any Pedestrian Involved: No

No. of Pedestrians Injured: NIL

Use of Pedestrian Crossing: NA



## Common Statement



**SINGAPORE  
POLICE FORCE**



T/20180408/2038

Police Station Of Origin:  
Hougang NPP  
357 Hougang Avenue 7 #01-805  
SINGAPORE 530357  
Tel No: 1800-2869999

2 of 3

Report No. T/20180408/2038

## CONTINUATION OF REPORT

<b>Driver</b>			
Name	NG YIP SOON		ID No. S8015518B
Related Vehicle	SHC2513M (Car)		Contact No. NIL
Hospital/Clinic	NIL		Class of Driving Licence & Expiry Date Class: NIL Date of Expiry: NIL
Date Treatment	NIL		Date Discharge NIL
No. of Days granted Medical Leave	NIL		Degree of Injury NIL
<b>Driver</b>			
Name	PEE BENG CHONG		ID No. S0241537B
Related Vehicle	SLU2789S (Car)		Contact No. 96302725
Hospital/Clinic	MY FAMILY CLINIC (HOUGANG CENTRAL)		Class of Driving Licence & Expiry Date Class: 3 Date of Expiry: NIL
Date Treatment	NIL		Date Discharge NIL
No. of Days granted Medical Leave	03		Degree of Injury Slight

**Brief Details.**

On 07/04/2018 at about 1900hrs, while I was sending my passengers to their destination (Waterfront Isle condominium) along Bedok Reservoir Road, I was traveling along Bedok Reservoir Road in my vehicle SLU2789S. As my vehicle was approaching the destination, I slowed down my vehicle. However, the passengers requested to be dropped off further ahead at the side gate instead of the main gate thus, I continued to proceed ahead. Suddenly, I noticed a vehicle driving in high speed out of a condominium. I tried to avoid the vehicle but could not move in time. As such, the vehicle collided onto my vehicle.

I alighted to make a check to discover my front left side of the vehicle was dented. The other vehicle had a small scratch on its front right side. We exchanged particulars and agreed to settle the matter through our insurance. At the point of time, my passengers were not injured and thus, they paid my the taxi fare and left.

However, on 08/04/2018 I woke up to discover the left side of my body to be aching and slightly swollen. I went to the clinic to seek medical attention and was given 3 days of MC from 08/04/2018 to 10/04/2018. My vehicle has in-car CCTV installed.

Common Statement



SINGAPORE  
POLICE FORCE

Police Station Of Origin:  
Hougang Npp  
357 Hougang Avenue 7 #01-805  
SINGAPORE 530357  
Tel No. 1800-2869999



T/20180403/2038

3 of 3

Report No. T/20180403/2038

CONTINUATION OF REPORT

Sketch Plan

Informant is not able to provide sketch plan

IMPORTANT: Please attach a copy of your vehicle's Insurance Certificate to this report. If you don't have the certificate with you now, please fax a copy to 65474885 stating the report number as reference

Signature Of Officer Recording The Report

F /

Sgt 1 CHONG TECK WEI, JEFFREY

Signature Of Informant

Date/Time

08/04/2018 12:39

Signature Of Interpreter:

Not applicable

Officer In Charge Of Case:

TP / GIA /

Staff Sgt TANG SIEW PING

Contact No.: 65476430

Classification Of Case:

Authentication Stamp

NP168