

## 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	16/04/2018 15:31
Date Of Accident	15/04/2018 15:00
Exact Location Of Accident	ALONG PIE TOWARDS CHANGI
Country/State of Loss	SINGAPORE

### DETAILS OF OWN VEHICLE

Vehicle Registration Number	SLW3494A
<b>Insured/Policyholder</b>	
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	HONDA
Model	VEZEL HYBRID 1.5 AUTO
Exact Purpose for which vehicle was being used at time of accident	HIRE & 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	ONG JIA WEI MELVIN
NRIC No	S9315910A
Date Of Birth	10/05/1993
Occupation	OUTDOOR
Date Of Driving Pass	28/07/2015
Driving Experience	2 YEARS AND 8 MONTHS
Gender	MALE
Mobile Number	
Fax Number	
Contact Number	
Email Address	STINGRAYLOVER93@GMAIL.COM

Address	902 TAMPINES AVENUE 4 #01-206
Postcode	520902
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	COLLISION - HEAD TO REAR
Weather Conditions	CLEAR
Road Surface	DRY

#### Other Information

Was any foreign vehicle involved in this accident?	NO
Number of vehicles involved in the accident	2
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)	2
Passenger 1	NAME: : P1 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]	TRAFFIC POLICE DIVISION HQ
Was notice of intended Prosecution given?	NO
If Yes, against whom?	

#### Circumstances of Accident

REFER TO THE POLICE REPORT NO : T/20180416/7007 LODGED AT TRAFFIC POLICE DIVISION HQ. On 15/04/2018, at about 2:50pm, I was driving my rented car from Grab (SLW3494A) along Pan-Island Expressway (Towards Changi Airport) before Eunos Flyover with one passenger on board. At that point of time, the weather was Sunny, road surface was abit wet as the rain had stop, traffic volume was moderate. I am not sure if it is the correct location but it is around there. While I was driving straight on the most right lane towards Changi Airport and I was more than 5 or 6 car length away, I had noticed that the car infront had start to apply its brake and slow down. Thereafter, I had also applied my brakes and slowed down. Suddenly, the car infront had came to a complete stop as such i had also came to a complete. However, a car (SLB9461R) from the rear had collided onto the rear of my car causing rear bumper dents, and dent on the boot. There is front in-car camera recording in my car. I had alighted and exchange particulars with the driver as well as my passenger. No ambulance or traffic police attended to us as no one was injured at that point of time. However, after the accident, I had felt pain on body and headache as such I had went to seek medical consultation and was given 3 days medical certificate.

#### 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	SLB9461R
Vehicle Make/Model/Colour	MAZDA / MAZDA3 5-DOOR HATCHBACK 1.5L SP.6EAT / RED
Details Of Properties	

Vehicle Category	PRIVATE CAR
Name of Driver	CHEN XIANGSHENG ROY
NRIC/Passport Number	S8913459E
Contact Number	91280290
Address	
Postcode	
Insurance Company Name	
Nature Of Damage	
No. Of Passenger (Including Driver)	3

#### DETAILS OF INJURED PERSON 1

Name	ONG JIA WEI MELVIN
Approximate Age	
Injuries Sustain	PAIN ON BODY AND HEADACHE
Injured person in which vehicle?	SLW3494A
Were seat belts worn?	YES
Was this injured conveyed to hospital by ambulance?	NO
Address	
Postcode	

## Sketch Plan

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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.  
(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.

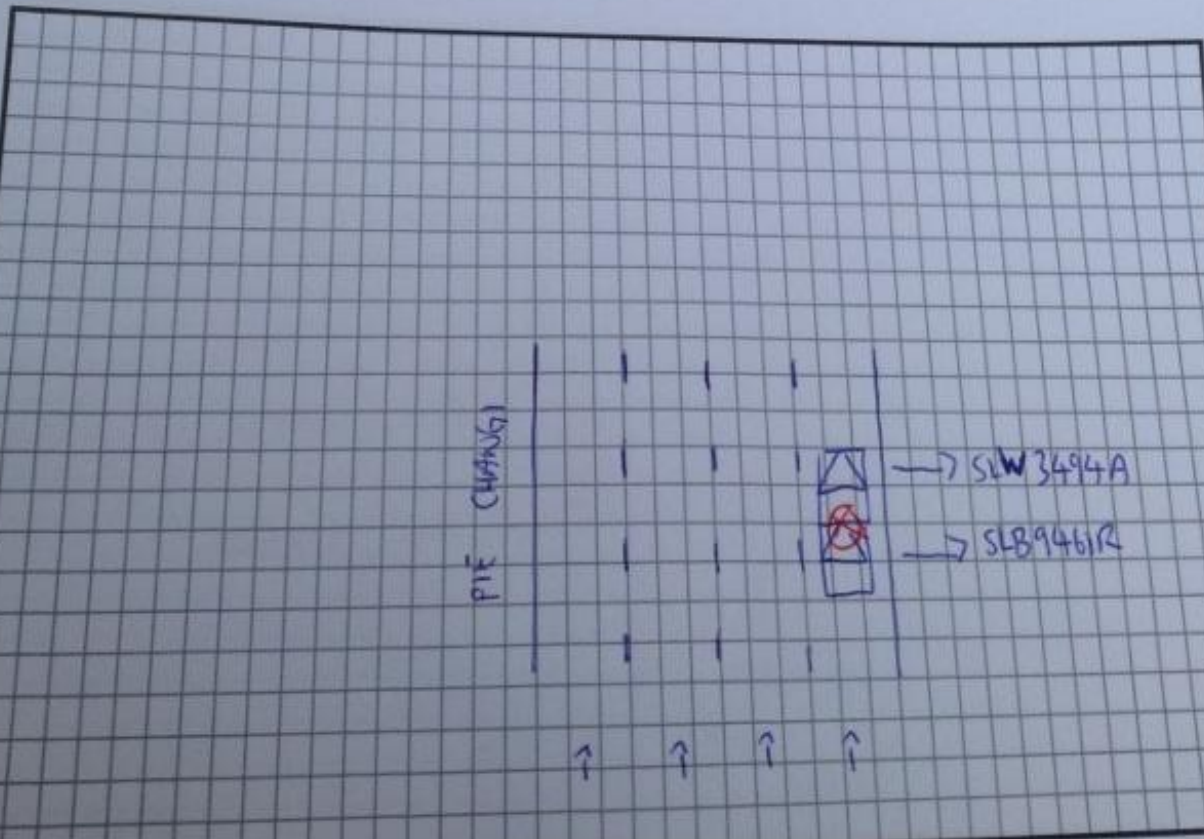
VERIFIED BY AJAX MARS  
REPORTING OFFICER  
MOHAMMAD SULHANDI BIN  
MOHD AFFANDI

Policyholder's Signature / Date & Time

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

Witnessed by Reporting Centre  
Personnel

### Sketch Plan



# POLICE REPORT



**SINGAPORE  
POLICE FORCE**

Police Station Of Origin:  
Traffic Police Division HQ  
10 Ubi Avenue 3 SINGAPORE 408865  
Tel No: 65470000



T/20180416/7007

1 of 4  
Report No. T/20180416/7007

## REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 16/04/2018 13:39 Vide Report No.: Station Diary No.:

### Informant's Particulars

Name of Informant: ONG JIA WEI MELVIN			Address: APT BLK 902 TAMPINES AVENUE 4 #01-206 HDB SINGAPORE 520902		
ID Type / ID No.: NRIC NO / S9315910A			Contact No.: Home/Office: Mobile: 96285521		
Nationality: SINGAPORE CITIZEN			Email: stringraylover93@gmail.com		
Sex: Male	Age: 24	Date of Birth: 10/05/1993	Type of Informant: Driver		
Race: Chinese			Language: English		Institution / School Name:
Occupation: Student			Driving Licence Information: Class: 2B,2A,3		Date of Expiry:

### General Information of the Accident

Type of Accident:	Injury Others	Drink Drive: No	Date/Time of Accident: 15/04/2018 14:50	Type of Location:
Location:  PAN ISLAND EXPRESSWAY  BEFORE EUNOS FLYOVER				
Weather: Sunny		Road Surface: Wet		Road Speed Limit:
Traffic Flow:		Traffic Control:		Traffic Volume: Moderate
Type of Collision: Between Moving Vehicles - Head To Rear				Anyone conveyed by ambulance: No

### Details of Vehicle Involved

Vehicle No.	Type	Make	Model	Color	Condition	No of Passenger
SLB9461R	Car	MAZDA		Red		2
SLW3494A	Car	HONDA	VESSEL	Brown		1

### Details of Person Involved

Any Pedestrian Involved: No	Use of Pedestrian Crossing: NA
No. of Pedestrians Injured: NIL	

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Report No: T/20180416/7007

**CONTINUATION OF REPORT**

<b>Driver</b>			
Name	CHEN XIANGSHENG , ROY		ID No. S8913459E
Related Vehicle	SLB9461R (Car)		Contact No. 91280290
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	ONG JIA WEI MELVIN		ID No. S9315910A
Related Vehicle	SLW3494A (Car)		Contact No. 96285521
Hospital/Clinic	TAMPINES MEDILIFE CLINIC		Class of Driving Licence & Expiry Date Class: 2B,2A,3 Date of Expiry: NIL
Date Treatment	16/04/2018	Date Discharge	16/04/2018
No. of Days granted Medical Leave	03	Degree of Injury	Slight
<b>Passenger</b>			
Name	Unknown Passenger		ID No. NIL
Related Vehicle	NIL		Contact No. 84280489
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

**Brief Details.**

On 15/04/2018 , at about 2:50pm , I was driving my rented car from Grab (SLW3494A) along Pan-Island Expressway(Towards Changi Airport) before Eunos Flyover with one passenger on board. At that point of time , the weather was Sunny , road surface was abit wet as the rain had stop , traffic volume was moderate. I am not sure if it is the correct location but it is around there.

While I was driving straight on the most right lane towards Changi Airport and I was more than 5 or 6 car length away , I had noticed that the car infront had start to apply its brake and slow down. Thereafter , I had also applied my brakes and slowed down. Suddenly , the car infront had came to a complete stop as such I had also came to a complete. However , a car (SLB9461R) from the rear had collided onto the rear of my car causing rear bumper dents , and dent on the boot. There is front in-car camera recording in my Car.

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T/20180416/7007

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Report No. T/20180416/7007

**CONTINUATION OF REPORT**

I had alighted and exchange particulars with the driver as well as my passenger. No ambulance or traffic police attended to us as no one was injured at that point of time. However, after the accident, I had felt pain on body and headache as such I had went to seek medical consultation and was given 3 days medical certificate.

POLICE REPORT



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Report No. T/20180416/7007

CONTINUATION OF REPORT

Sketch Plan

Informant is not able to provide sketch plan

Signature Of Officer Recording The Report:  
Not applicable

Signature Of Interpreter:  
Not applicable

Officer In Charge Of Case:  
TP / TPHQ /  
SITIMARSITA BINTE BOHARI  
Contact No.: 65476219

Authentication Stamp  
18-04

Signature Of Informant:  
The identity of the person making this report has  
been authenticated by SingPass. No signature is  
required.

Date/Time:  
16/04/2018 13:39

Classification Of Case:

Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo

