

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	09/05/2018 14:47
Date Of Accident	09/05/2018 00:30
Exact Location Of Accident	SLIP ROAD OF CTE AND JUNCTION OF ANG MO KIO AVE 1
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SLL1853T
Insured/Policyholder	
Name Of Registered Owner	GRAB RENTALS PTE LTD
Co Reg No	201617200G
Email Address	NOEMAIL
Mobile Phone No	
Alternative Phone No	OFFICE-68014188

Vehicle Particulars

Manufacturer	MAZDA
Model	3-1.5 SEDAN L SP.6EAT (A)
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	LOH MUI HEE EDWIN
NRIC No	S1514596Z
Date Of Birth	11/03/1961
Occupation	OUTDOOR
Date Of Driving Pass	15/10/1994
Driving Experience	23 YEARS AND 6 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-98765432
Fax Number	
Contact Number	
EEmail Address	LMHEDWIN@GMAIL.COM

Address	BLOCK 196 KIM KEAT AVENUE #16-502
Postcode	310196
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 - CROSS JUNCTION
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)	3
Passenger 1	NAME: : UNKNOWN GENDER: : MALE
Passenger 2	NAME: : UNKNOWN GENDER: : MALE

Details of Police Action

Was the accident reported to the police?	YES
If Yes, Please state which Police Station	
Police Station Name	TOA PAYOH NEIGHBOURHOOD POLICE CENTRE
Police Station Address	ROAD: 93 TOA PAYOH CENTRAL TOA PAYOH COMMUNITY BUILDING , POSTCODE: 319194 , COUNTRY: SINGAPORE
Police Station Contact	TEL NO: 1800-2519999 - FAX NO: 63548749
Was notice of intended Prosecution given?	NO
If Yes, against whom?	

Circumstances of Accident

Refer to police report (T/20180509/2113)

Attachment(s)

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

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	SLE5308L
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	PRIVATE CAR
Name of Driver	

NRIC/Passport Number
Contact Number
Address
Postcode
Insurance Company Name
Nature Of Damage
No. Of Passenger (Including Driver)

DETAILS OF INJURED PERSON 1

Name	LOH MUI HEE EDWIN
Approximate Age	57
Injuries Sustain	ANKLE AND KNEE PAIN
Injured person in which vehicle?	SLL1853T
Were seat belts worn?	YES
Was this injured conveyed to hospital by ambulance?	NO
Address	BLOCK 196 KIM KEAT AVENUE #16-502
Postcode	310196

SKETCH PLAN

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7. By the lodgment 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.
- (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: Yang Jing
NRIC/FIN No. 9390752C

Sketch Plan Pg. 2

SKETCH PLAN

CTE Viaduct

→ Towards
Boghan.

towards
Boundary
Road

Ang
Mo
Bio
Anonue

Slip road of C7E

Caméra

DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

Refer to police report
(7/20180509/2113)

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: _____

12:50pm 9th May

Reporting Centre Personnel's Signature
Name: Yang Jia
NRIC/FIN No.: 9390752C



SINGAPORE POLICE FORCE



T/20180509/2113

1 of 3

Police Station Of Origin:
Toa Payoh N.P.C
93 Toa Payoh Central #01-02 Toa Payoh
Community Building SINGAPORE 319194
Tel No: 1800-2519999

Report No. T/20180509/2113

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 09/05/2018 17:58	Vide Report No.: T/20180509/2030	Station Diary No.: 116
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Informant's Particulars

Name of Informant: LOH MUI HEE EDWIN			Address: APT BLK 196 KIM KEAT AVENUE #16-502 SINGAPORE 310196		
ID Type / ID No.: NRIC NO / S1514596Z			Contact No.: Home/Office: Mobile: 81260770		
Nationality: SINGAPORE CITIZEN			Email:		
Sex: Male	Age: 57	Date of Birth: 11/03/1961	Type of Informant: Driver		
Race: Chinese			Language: English		Institution / School Name:
Occupation: GRAB DRIVER			Driving Licence Information: Class: 3 Date of Expiry:		

General Information of the Accident

Type of Accident:	Injury Attended by Police	Drink Drive: No	Date/Time of Accident: 09/05/2018 00:30	Type of Location: X-Junction
Location: Along Road 1 ANG MO KIO AVENUE 1 near exit 11				
Weather: Clear		Road Surface: Dry		Road Speed Limit:
Traffic Flow:		Traffic Control: Traffic Light - Working		Traffic Volume:
Type of Collision: Between Moving Vehicles - Head On				Anyone conveyed by ambulance: No

Details of Vehicle Involved

Vehicle No.	Type	Make	Model	Color	Condition	No of Passenger
SLE5308L	Car					0
SLL1853T	Car					2

Details of Person Involved

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



Police Station Of Origin:

Toa Payoh N.P.C

93 Toa Payoh Central #01-02 Toa Payoh

Community Building SINGAPORE 319194

Tel No: 1800-2519999

Report No. T/20180509/2113

CONTINUATION OF REPORT

Driver			
Name	LOH MUI HEE EDWIN	ID No.	S1514596Z
Related Vehicle	SLL1853T (Car)	Contact No.	81260770
Hospital/Clinic	ADMIRALTY FAMILY CLINIC PTE LTD	Class of Driving Licence & Expiry Date	Class: 3 Date of Expiry: NIL
Date Treatment	09/05/2018	Date Discharge	09/05/2018
No. of Days granted Medical Leave	03	Degree of Injury	NIL
Driver			
Name	Sim Soong Poh	ID No.	S1428853H
Related Vehicle	NIL	Contact No.	96189315
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 09/05/2018 at about 0030hrs, as I was driving vehicle no. SLL1853T (V1) with two passengers from CTE to Ang Mo Kio Ave 1 (exit 11), my vehicle was hit by an oncoming vehicle no. SLE5308L (V2), at the traffic light junction situated beneath the viaduct. V2 was driving along Ang Mo Kio Ave 1 and the said driver had admitted to me that he had beaten the traffic light.

Shortly after, two police vehicles and an ambulance approached the accident site to render assistance. I would like to state that they had come at different timing. None of the parties involved was conveyed by ambulance.

I am re-lodging this report to update the traffic police that I have received medical treatment and had been given 3 days medical leave. Do refer to my previous report for details of the witnesses.



**SINGAPORE
POLICE FORCE**



T/20180509/2113

3 of 3

Report No. T/20180509/2113

Police Station Of Origin:

Toa Payoh N.P.C

93 Toa Payoh Central #01-02 Toa Payoh

Community Building SINGAPORE 319194

Tel No: 1800-2519999

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:

E /

SI AHMAD FAIZAL BIN SALAM

Signature Of Informant:

Signature Of Interpreter:

Not applicable

Date/Time:

09/05/2018 17:58

Officer In Charge Of Case:

TP / GIT /

Sr Staff Sgt IRMAN BIN MOHAMAD SAID

Contact No.: 65476365

Classification Of Case:

SN 168

Authentication Stamp

NP168



SIGNATURE

