

## 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	26/06/2018 13:42
Date Of Accident	25/06/2018 18:25
Exact Location Of Accident	ALONG CROSS ST
Country/State of Loss	SINGAPORE

### DETAILS OF OWN VEHICLE

Vehicle Registration Number	SLF5354Y
<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	TOYOTA
Model	PRIUS
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 CAR

### 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	FRANKFORD IVAN MANUAL
NRIC No	S7147574C
Date Of Birth	09/07/1971
Occupation	OUTDOOR
Date Of Driving Pass	07/10/1991
Driving Experience	26 YEARS AND 8 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-84250097
Fax Number	
Contact Number	
Email Address	NOEMAIL

Address NA

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 COLLISION - CHANGE/CROSS LANE

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? NO

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) 5

Passenger 1 NAME: : P1  
GENDER: : FEMALE

Passenger 2 NAME: : P2  
GENDER: : FEMALE

Passenger 3 NAME: : P3  
GENDER: : FEMALE

Passenger 4 NAME: : P4  
GENDER: : FEMALE

#### Details of Police Action

Was the accident reported to the police? YES

If Yes, Please state which Police Station

Police Station Name BUKIT TIMAH NEIGHBOURHOOD POLICE POST

Police Station Address ROAD: BLK 1 TOH YI DRIVE , POSTCODE: 590001 , COUNTRY: SINGAPORE

Police Station Contact TEL NO: 1800-4689999 - FAX NO: 64623782

Was notice of intended Prosecution given? NO

If Yes, against whom?

#### Circumstances of Accident

REFER TO POLICE REPORT NO: (T/20180625/2210) ON 25/06/2018 AT 1825HRS I WAS DRIVING MY WHITE TOYOTA VEHICLE (SLF5354Y) ALONG CROSS STREET AT THE FORTH LANE AT THE LEFT, I WAS TRAVELLING AT 50KM/H. I SAW A BLUE HYUNDAI TAXI (SHB6368U) COMING OUT FROM MARKET STREET AND WAS DRIVING FAST TO THE END THIRD LANE TURNING TO MY LANE. I TRIED TO AVOID HIS VEHICLE HOWEVER HE STILL HIT MY VEHICLE ON THE RIGHT DRIVER SIDE AT THE LAST LANE. I THEN STOPPED AND CAME DOWN OF MY VEHICLE. AND REALIZED THAT MY RIGHT DRIVER SIDE WAS DENTED. I THEN EXCHANGE PARTICULARS WITH THE OTHER DRIVER. I THEN WENT TO TAN TOCK SENG HOSPITAL AND HAVE MY TREATMENT, AND GOT 3 DAYS MC FOR THIS. I FEEL PAIN ON MY NECK AND ALSO BACK AREA. THERE IS A IN-CAR CAMERA IN MY VEHICLE. THERE IS A IN-CAR CAMERA IN THE TAXI ALSO. I HAD 4 PASSENGER IN MY TAXI AT THE TIME. AND THE TAXI HAVE ONLY 1 PASSENGER ON BOARD DURING THE ACCIDENT.

#### Attachment(s)

Are accident photos available for attachment?	YES
Was there any video captured by Car Camera?	YES
Remarks/ Reasons:	YES-RETRIEVING
Was there any audio recorded?	NO

#### DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	SHB6368U
Vehicle Make/Model/Colour	HYUNDAI/I40 1.7L
Details Of Properties	
Vehicle Category	PRIVATE CAR
Name of Driver	LEE ANN KOK
NRIC/Passport Number	
Contact Number	
Address	
Postcode	
Insurance Company Name	
Nature Of Damage	
No. Of Passenger (Including Driver)	1

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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 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 my vehicle(s) involved in the 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 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 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.

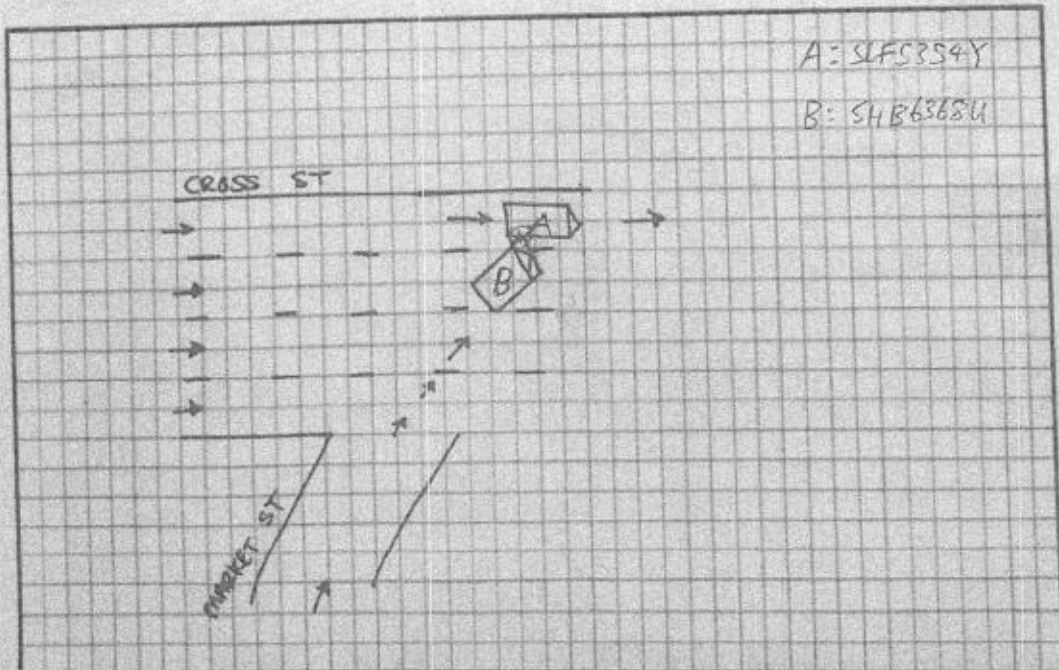
VERIFIED BY AJAX MARS  
REPORTING OFFICER  
MOHD FADZLY BIN ISMAIL

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:  
Bukit Timah N.P.C.  
1 Duke's Road SINGAPORE 268914  
Tel No: 1800-4629999



T/20180625/2210

1 of 3

Report No: T/20180625/2210

## REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made:  
25/06/2018 23:07

Video Report No.:

Station Diary No.:  
93

## Informant's Particulars

Name of Informant:  
FRANKFORD IVAN MANUAL

Address:  
APT BLK 8 LORONG 7 TOA PAYOH #04-295 SINGAPORE  
310008

ID Type / ID No.:  
NRIC NO / S7147574C

Contact No.:  
Home/Office Mobile: 84250097

Nationality:  
SINGAPORE CITIZEN

Email:

Sex: Male Age: 46 Date of Birth: 09/07/1971

Type of Informant:  
Driver

Race:  
Eurasian

Language:  
English

Institution / School Name:

Occupation:  
GRAB DRIVER

Driving Licence Information:  
Class: Date of Expiry:

## General Information of the Accident

Type of Accident:	Injury Others	Drink Drive: No	Date/Time of Accident: 25/06/2018 18:25	Type of Location: Straight Road
Location: Along Road 1 CROSS STREET				
Weather: Sunny		Road Surface: Dry		Road Speed Limit:
Traffic Flow: One Way		Traffic Control: Not Controlled		Traffic Volume: Moderate
Type of Collision: Between Moving Vehicles - Head To Side				Anyone conveyed by ambulance: No

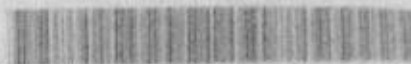
## Details of Vehicle Involved

Vehicle No.	Type	Make	Model	Color	Condition	No of Passenger
SHB6368U	Car	HYUNDAI	I40 1.7L CRDI AT ABS AIRBAG 4DR	Blue	Slightly Damaged	1
SLF5354Y	Car	TOYOTA	PRIUS HYBRID 1.8 CVT	White	Slightly Damaged	4

## POLICE REPORT



**SINGAPORE  
POLICE FORCE**



T/20180625/2210

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Police Station Of Origin:  
Bukit Timah N.P.C  
1 Duke's Road SINGAPORE 268914  
Tel No. 1800-4629999

Report No. T/20180625/2210

## CONTINUATION OF REPORT

<b>Details of Person Involved</b>			
Any Pedestrian Involved: No			
No. of Pedestrians Injured: NIL		Use of Pedestrian Crossing: NA	
<b>Driver</b>			
Name	Lee Ann Kok	ID No.	S1293794F
Related Vehicle	SHB6368U (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	FRANKFORD IVAN MANUAL	ID No.	S7147574C
Related Vehicle	SLF5354Y (Car)	Contact No.	84250097
Hospital/Clinic	TAN TOCK SENG HOSPITAL	Class of Driving Licence & Expiry Date	Class: NIL Date of Expiry: NIL
Date Treatment	25/06/2018	Date Discharge	25/06/2018
No. of Days granted Medical Leave	03	Degree of Injury	NIL

**Brief Details.**

On 25/06/18 at 1825hrs I was driving my White Toyota vehicle (SLF5354Y) along Cross Street at the fourth lane at the left, I was travelling at 50Km/h. I saw a Blue Hyundai Taxi(SHB6368U) coming out from market street and was driving fast to the third lane turning to my lane. I tried to avoid his vehicle however he still hit my vehicle on the right driver side at the last lane. I then stopped and came down of my vehicle. And realized that my right driver side was dented. I then exchange particulars with the other driver. I then went to tan tock hospital and have my treatment, And got 3 days MC for this. I feel pain on my neck and also back area.

There is a in-car camera in my vehicle. There is a in-car camera on the taxi also.

I had 4 passenger in my taxi at the time. And the taxi have only 1 passenger on board during the accident.



POLICE REPORT



SINGAPORE  
POLICE FORCE



T/20180625/2210

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Report No: 1/20180625/2210

Police Station Of Origin:  
Bukit Timah N.P.C  
1 Duke's Road SINGAPORE 268914  
Tel No: 1800-4629999

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 /

Sgt 2 TEE PENG SHENG

Signature Of Informant:

Signature Of Interpreter:

Not applicable

Date/Time

25/08/2018 23.07

Officer In Charge Of Case:

TP / AEIT /

SSI 2 SITIMARSITA BINTE BOHARI

Contact No: 65476219

Classification Of Case:

SINGAPORE  
POLICE FORCE

Authentication Stamp

NP168

SIGNATURE