

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	16/07/2018 16:13
Date Of Accident	14/07/2018 06:45
Exact Location Of Accident	ALONG PASIR RIS DR 1
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SLS4820G
Insured/Policyholder	
Name Of Registered Owner	GRAB RENTALS PTE LTD
Co Reg No	201617200G
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-97863067
Alternative Phone No	OFFICE-66550005

Vehicle Particulars

Manufacturer	TOYOTA
Model	PRIUS HYBRID
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	LEE GEOK LI
NRIC No	S1806597E
Date Of Birth	27/09/1967
Occupation	OUTDOOR
Date Of Driving Pass	13/07/1990
Driving Experience	28 YEARS AND 0 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-97863067
Fax Number	
Contact Number	
Email Address	LEEEOCLI1967@GMAIL.COM

Address	NIL
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 - 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	
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)	1

Details of Police Action

Was the accident reported to the police?	YES
If Yes, Please state which Police Station	
POLICE STATION NAME [OTHER]	BUKIT PANJANG NPC
Was notice of intended Prosecution given?	NO
If Yes, against whom?	

Circumstances of Accident

REFER TO POLICE REPORT NO : T/20180714/2124 ON 14/07/2018 AT ABOUT 0643HRS, I WAS DRIVING MY VEHICLE, V1) SLS4820G, TOYOTA/PRIUS/WHITE ALONG PASIR RIS DR 1 JUNCTION NEAR TO BLK 199 PASIR RIS ST 12. AS THE TRAFFIC WAS RED, THERE WAS ANOTHER VEHICLE IN FRONT OF ME. AS SUCH I HAD STOPPED BEHIND IT WHILE WAITING FOR THE TRAFFIC LIGHT TO TURN GREEN. SUBSEQUENTLY, WHILE I WAS WAITING FOR THE TRAFFIC LIGHT TO TURN GREEN, ANOTHER VEHICLE FROM THE BACK NAMELY, V2) SHD200Z, A2) MR LOH CHEE WANG, S0837710C, HP 91507513 HAD BANG ONTO MY REAR. AS SUCH AFTER THAT, I HAD TOOK DOWN PARTICULARS OF V2'S DRIVER. INITIALLY I DID NOT FEEL ANY PAIN AND CONTINUED TO DRIVE AFTER THE ACCIDENT. HOWEVER ALONG THE WAY, I FELT PAIN ON MY NECK AND DECIDED TO SEE THE DOCTOR. I HAD WENT TO CONSULT A DOCTOR AND WAS GIVEN 3 DAYS OF MC. THE DRIVER OF V 2 INITIALLY WANTED TO SETTLE THE MATTER PRIVATELY HOWEVER, AS I HAD GIVEN HIM THE QUOTATION OF THE DAMAGES, THERE IS A DISAGREEMENT AND I AM GOING TO CLAIM VIA INSURANCE AGAINST THE DRIVER OF V2.

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	SHD200Z
Vehicle Make/Model/Colour	RENAULT LATITUDE 2.0L
Details Of Properties	
Vehicle Category	TAXI
Name of Driver	LOH CHEE WANG
NRIC/Passport Number	

Contact Number	91507513
Address	
Postcode	
Insurance Company Name	
Nature Of Damage	
No. Of Passenger (Including Driver)	

Sketch Plan

- Information provides that the use of this form by insurance companies is not an admission of policy liability on the part of insurance companies.
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.

RM

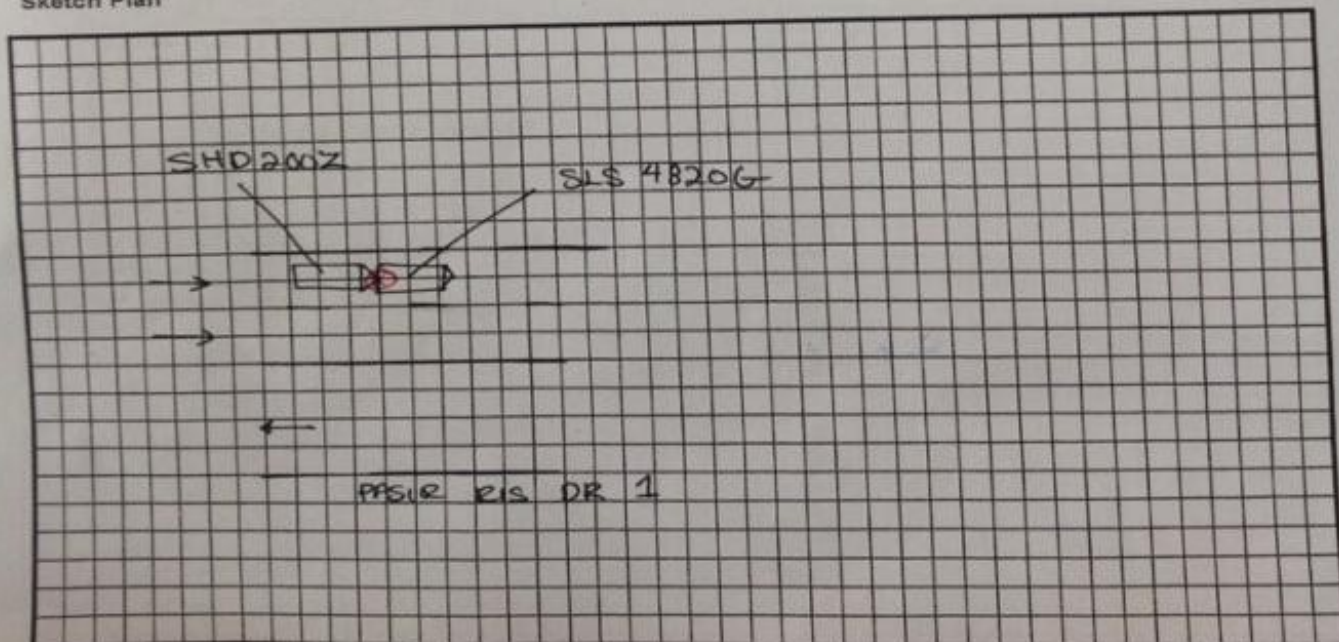
**VERIFIED BY AJAX MARS
REPORTING OFFICER
MOHD FADZLY BIN ISMAIL**

Policyholder's Signature / Date & Time

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

Witnessed by Reporting Centre
Personnel

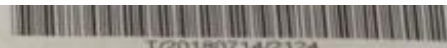
Sketch Plan



Sketch Plan #2



**SINGAPORE
POLICE FORCE**



T/20180714/2124

1 of 3

Report No. T/20180714/2124

Police Station Of Origin:
Bukit Panjang N.P.C
1 Segar Road #01-05 SINGAPORE 677738
Tel No: 1800-8929999

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 14/07/2018 16:59		Vide Report No.:		Station Diary No.: 122	
Informant's Particulars					
Name of Informant: LEE GEOK LI			Address: APT BLK 442 FAJAR ROAD #09-486 SINGAPORE 670442		
ID Type / ID No.: NRIC NO / S1806597E			Contact No.: Home/Office: Mobile: 97863067		
Nationality: SINGAPORE CITIZEN			Email:		
Sex: Male	Age: 50	Date of Birth: 27/09/1967	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 Others:	Drink Drive: No	Date/Time of Accident: 14/07/2018 06:45	Type of Location: Straight Road
Location: Along Road 1 PASIR RIS DRIVE 1 Pasir Ris Dr 1 near to BLK 199 Pasir Ris Street 12				
Weather: Clear		Road Surface: Dry	Road Speed Limit:	
Traffic Flow: One Way		Traffic Control: Traffic Light - Working	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
SHD200Z	TAXI					1
SLS4820G	Car	TOYOTA	PRIUS	White	Slightly Damaged	0

Details of Person Involved

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

Sketch Plan #3



**SINGAPORE
POLICE FORCE**



T/20180714/2124

2 of 3

Police Station Of Origin:
Bukit Panjang N.P.C
1 Segar Road #01-05 SINGAPORE 677738
Tel No: 1800-8929999

Report No. T/20180714/2124

CONTINUATION OF REPORT

Driver			
Name	LOH CHEE WANG		ID No. S0837710C
Related Vehicle	SHD200Z (TAXI)		Contact No. 91507513
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
Driver			
Name	LEE GEOK LI		ID No. S1806597E
Related Vehicle	SLS4820G (Car)		Contact No. 97863067
Hospital/Clinic	PROHEALTH MEDICAL CLINIC		Class of Driving Licence & Expiry Date Class: 3 Date of Expiry: NIL
Date Treatment	14/07/2018	Date Discharge	14/07/2018
No. of Days granted Medical Leave	03	Degree of Injury	Slight

Brief Details.

On 14/07/2018 at about 0643hrs, I was driving my vehicle, V1) SLS 4820G, Toyota/Prius/White along Pasir Ris Dr 1 junction near to BLK 199 Pasir Ris St 12. As the traffic was red, there was another vehicle in front of me. As such I had stopped behind it while waiting for the traffic light to turn green.

Subsequently, while I was waiting for the traffic light to turn green, another vehicle from the back namely, V2) SHD 200Z, A2) Mr Loh Chee Wang, S0837710C, HP: 91507513 had bang onto my rear. As such after that, I had took down particulars of V2's driver. Initially I did not feel any pain and continued to drive after the accident. However along the way, I felt pain on my neck and decided to see the doctor. I had went to consult a doctor and was given 3 days of MC. The driver of V2 initially wanted to settle the matter privately however, as I had given him the quotation of the damages, there is a disagreement and I am going to claim via insurance against the driver of V2.

Sketch Plan #4

POLICE FORCE		T/20180714/2124	
Police Station Of Origin: Bukit Panjang N.P.C 1 Segar Road #01-05 SINGAPORE 677738 Tel No: 1800-8929999		3 of 3 Report No. T/20180714/2124	
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: J / Sgt 3 MUHAMMAD FADZIL BIN ROHAIZAD		Signature Of Informant: 	
Signature Of Interpreter: Not applicable		Date/Time: 14/07/2018 16:59	
Officer In Charge Of Case: * TP / AEIT / * SSI 2 SITIMARSITA BINTE BOHARI * Contact No.: 65476219		Classification Of Case:	
Authentication Stamp: NP168		SN 117	
Singapore Police Force			

Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo

