

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	19/09/2018 16:44
Date Of Accident	18/09/2018 03:00
Exact Location Of Accident	JUNCTION OF YISHUN AVE 1 TOWARDS LENTOR AVE
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SLN5287R
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	TOYOTA
Model	PRIUS
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	YONG WENG HON, JOSHUA
NRIC No	S8612958B
Date Of Birth	17/05/1986
Occupation	OUTDOOR
Date Of Driving Pass	06/07/2007
Driving Experience	11 YEARS AND 2 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-86844274
Fax Number	
Contact Number	
Email Address	YWHJOSHUA@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	CHAIN COLLISION
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)	2
Passenger 1	NAME: : VALERIE GENDER: : FEMALE

Details of Police Action

Was the accident reported to the police?	YES
If Yes, Please state which Police Station	
POLICE STATION NAME [OTHER]	BEDOK SOUTH N.P.C
Was notice of intended Prosecution given?	NO
If Yes, against whom?	

Circumstances of Accident

Refer as in police report T/20180918/2141 On the 18/092018 at about 0300hrs. i was driving my grab car, SLN5287R, Along Yishun Ave 1. I was carrying one passenger and was heading towards SLE going to changi Airport. When i was at the junction of Yishun Ave 1 turn right lane towards SLE. i stopping my vehicle behind a taxi SHB452Z for about 30 seconds to 1 mintues . suddenly, a taxi , SHC8176M ,hit my vehicle from the rear. my vehicle then movert forward. the taxi behind countinued to move forward and hit the rear of my car for about more times before my vehicle hit the taxi in front of me.

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	SHC8176M
Vehicle Make/Model/Colour	HYUNDAI/i40 1.7
Details Of Properties	
Vehicle Category	PRIVATE CAR
Name of Driver	LEE WEI LOONG,ALVIN
NRIC/Passport Number	S7934951H
Contact Number	92721532
Address	
Postcode	

Insurance Company Name

Nature Of Damage

No. Of Passenger (Including Driver)

DETAILS OF OTHER VEHICLE PROPERTY 2

Vehicle Registration Number	SHB452Z
Vehicle Make/Model/Colour	TOYOTA PRIUS TAXI (SMRT)
Details Of Properties	
Vehicle Category	TAXI
Name of Driver	UNKNOWN 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	VALERIE
Approximate Age	
Injuries Sustain	
Injured person in which vehicle?	SLN5287R
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 at the centre.
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 insurers 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 insurers 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/are 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.

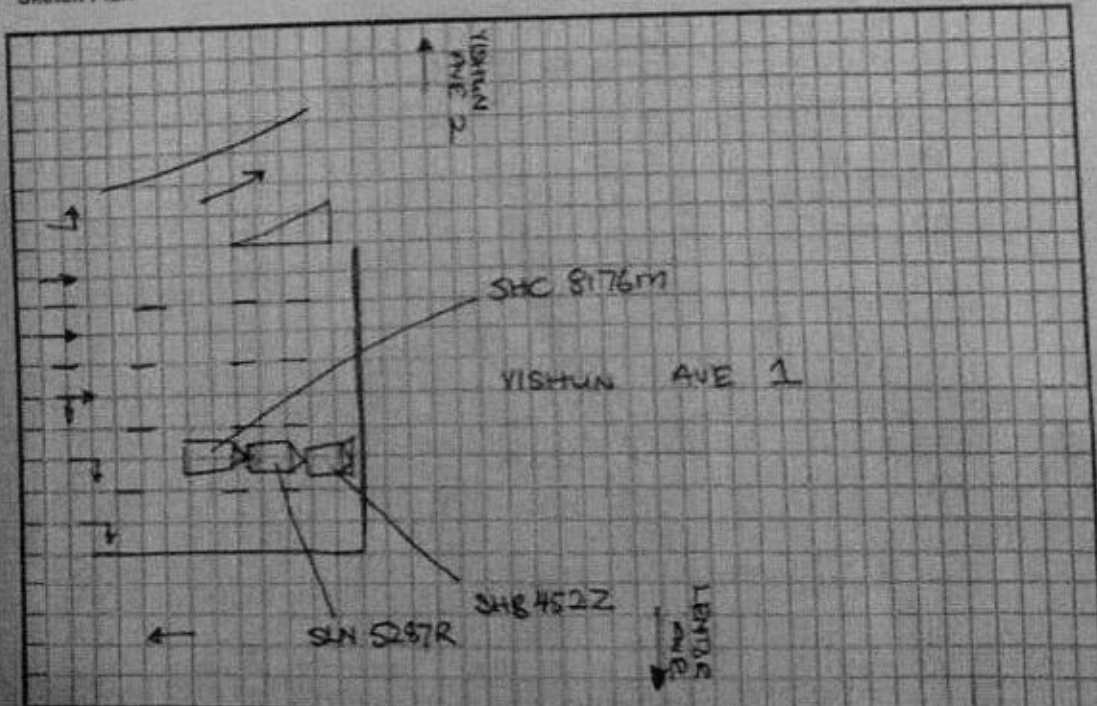
VERIFIED BY AJAX MARS
REPORTING OFFICER
MOHD FADZLY BIN ISMAIL

Policyholder's Signature / Date & Time

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

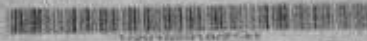
Witnessed by Reporting Centre
Personnel

Sketch Plan




**SINGAPORE
POLICE FORCE**

Police Station Of Origin:
District South / P.C.
30 Chin Choo Drive SINGAPORE 489045
Tel No: 1800-2448184



Page 1 of 4
Report No: T1901801801801

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made:
18/09/2018 18:41

Video Report No.

Station/Day No
57

Informant's Particulars

Name of Informant:
YONG WENG HON, JOSHUA

Address:
APT BLK 55 GEYLANG BAHRU #23-3613 SINGAPORE

ID Type / ID No.
NRIC NO / S85129508

Contact No.

Home/Office:

Mobile: 85844274

Nationality:
SINGAPORE CITIZEN

Email:

Sex: Male Age: 32 Date of Birth: 17/05/1986

Type of Informant:

Race:

Driver

Chinese

Language:

Institution / School Name

English

Occupation:

Driving Licence Information:

GRAB DRIVER

Class: 3

Date of Expiry:

Scene Information of the Accident

Type of

Injury

Driver

Date/Time of

Type of Location

Accident:

Attended by Police

No

18/09/2018 03:00

X-Junction

Location:

Junction of Road 1 and Road 2

YISHUN AVENUE 1

Junction of Yishun Ave 1 and Yishun Ave 2 turning right to GLE

Weather:

Road Surface:

Road Speed Limit

Clear

Dry

Traffic Flow:

Traffic Control:

Traffic Volume

One Way

Working

Light

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 Passengers
SH134522	Car				Slightly Damaged	0
SH13176M	Car				Slightly Damaged	0
SLN5287R	Car	TOYOTA	Pro	Silver	Totally Damaged	1

TP REPORT PG2



SINGAPORE
POLICE FORCE



7/201800182143

Police Station Of Origin:
Police South H P.O.
10 Chai Chee Drive SINGAPORE 469045
Tel No: 1800-2448999

Page No: 1800180182143

CONTINUATION OF REPORT

Details of Person Involved			
Any Pedestrian Involved: No			
No. of Pedestrians Injured: NIL			
Use of Pedestrian Crossing: NA			
Driver:			
Name	NG BEE KWEE	ID No.	S1185136C
Related Vehicle	SHB452Z (Car)	Contact No.	85118068
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 WEI LOONG, ALVIN	ID No.	S7034951H
Related Vehicle	SHC8176M (Car)	Contact No.	82721532
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	YONG WENG HON, JOSHUA	ID No.	S8512958A
Related Vehicle	SLN5267R (Car)	Contact No.	88844274
Hospital/Clinic	RESERVOIR ROAD CLINIC & SURGERY	Class of Driving Licence & Expiry Date	Class: J Date of Expiry: NIL
Date Treatment	18/09/2018	Date Discharge	18/09/2018
No. of Days granted Medical Leave	02	Degree of Injury	Slight

Brief Details:

On the 18/09/2018 at about 0300hrs, I was driving my Grab car, SLN5267R, along Yishun Ave 1. I was carrying one passenger and was heading towards SLE going to Changi Airport. When I was at the junction of Yishun Ave 1 turn right lane towards SLE, I stopped my vehicle behind a taxi, SHB452Z, for about 30 seconds to 1 minute. Suddenly, a taxi, SHC8176M, hit my vehicle from the rear. My vehicle then moved forward. The taxi behind continued to move forward and hit the rear of my car for about 2 more times before my vehicle hit the taxi in front of me.

TP REPORT PG.3

SINGAPORE POLICE FORCE

Police Station Of Origin
 Police Station N.P.C.
 301, The Street Drive SINGAPORE 400045
 Tel No: 7370-2445/500

Continuation of Report

Sketch Sheet
 Informant is not able to provide sketch page

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 65474825 stating the report number as reference.

Signature Of Officer Recording The Report Sgt 2 MOHAMMAD FAUZI BIN ZAILANG	Signature Of Informant
Sign Asst Of Informant Not applicable	Date/Time 18/06/2018 12:45
Officer in Charge Of Case CP 1 QIT 1 Sgt 2 LIM HONG LEE Contact No: 65476436	Classification Of Case
Authentication Stamp	