

## 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	22/09/2018 15:14
Date Of Accident	21/09/2018 18:00
Exact Location Of Accident	XILIN AVENUE TOWARD CITY
Country/State of Loss	SINGAPORE

### DETAILS OF OWN VEHICLE

Vehicle Registration Number	SLM8964E
<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 HYBRID 1.8 CVT
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	TOH POH HENG
NRIC No	S1360002C
Date Of Birth	02/12/1959
Occupation	OUTDOOR
Date Of Driving Pass	17/03/2009
Driving Experience	9 YEARS AND 6 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-98774918
Fax Number	
Contact Number	
EEmail Address	NOEMAIL

Address	APT BLK 473 SEMBAWANG DRIVE #05-349 SINGAPORE 750473
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	WET

#### 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)	1

#### Details of Police Action

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

#### Circumstances of Accident

REFER TO POLICE REPORT NO:T/20180922/2100 LODGED AT SEMBAWANG N.P.C. ON 21.09.2018 AT ABOUT 1800HRS, I WAS DRIVING ALONG XILIN AVENUE TOWARDS CITY. I WAS AT THE BEND, GOING UP TO ECP. SUDDENLY I NOTICED THE FRONT VEHICLE SUDDEN BREAK, AS SUCH I ALSO STEP ON THE BRAKE. I MANAGED TO STOP BEHIND THE BEHIND AND THE DISTANCE IS LESS THAN ONE CAR LENGTH. I FELT AN IMPACT FROM BEHIND AND I WAS SHOCKED. I THEN ALIGHTED AND TO MAKE A CHECK. I DISCOVERED THERE IS ANOTHER VEHICLE WHO HIT MY REAR BUMPER. WE THEN EXCHANGED PARTICULARS AND WE WENT BACK SEPARATELY. ON 22.09.2018, I FELT PAIN FROM MY NECK AND DECIDED TO SEE A DOCTOR. I WAS THEN GIVEN 4 DAYS OF MC.

#### 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	SLH6614E
Vehicle Make/Model/Colour	TOYOTA/WISH 1.8 CVT/SILVER
Details Of Properties	
Vehicle Category	PRIVATE CAR
Name of Driver	TAN YONG FONG
NRIC/Passport Number	S8426329Z
Contact Number	81837832
Address	
Postcode	

Insurance Company Name

Nature Of Damage

No. Of Passenger (Including Driver)

**DETAILS OF INJURED PERSON 1**

Name TOH POH HENG

Approximate Age

Injuries Sustain

Injured person in which vehicle? SLM8964E

Were seat belts worn?

Was this injured conveyed to hospital by ambulance?

Address

Postcode

# Sketch Plan

## SKETCH PLAN

### IMPORTANT NOTICE

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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 (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.

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**



T/20180922/2100

Police Station Of Origin:  
Sembawang N.P.C  
4 Sembawang Crescent SINGAPORE  
757633  
Tel No: 1800-5549999

1 of 3

Report No. T/20180922/2100

**REPORT OF A TRAFFIC ACCIDENT**

Date/Time Report Made: 22/09/2018 15:12	Vide Report No.:	Station Diary No.: 104
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**Informant's Particulars**

Name of Informant: TOH POH HENG		Address: APT BLK 473 SEMBAWANG DRIVE #05-349 SINGAPORE 750473	
ID Type / ID No.: NRIC NO / S1360002C		Contact No.:	Mobile: 98774918
Nationality: SINGAPORE CITIZEN		Email:	
Sex: Male	Age: 58	Date of Birth: 02/12/1959	Type of Informant: Driver
Race: Chinese		Language:	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: 21/09/2018 18:00	Type of Location: Bend
Location: Along Road 1 XILIN AVENUE				
XILIN AVENUE towards City direction, at the bend				
Weather: Cloudy		Road Surface: Wet	Road Speed Limit:	
Traffic Flow: One Way		Traffic Control: Not Controlled	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
SLH6614E	Car				Slightly Damaged	4
SLM8964E	Car				Slightly Damaged	1

**Details of Person Involved**

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

POLICE REPORT



**SINGAPORE  
POLICE FORCE**



T/20180922/2100

Police Station Of Origin:  
Sembawang N.P.C  
4 Sembawang Crescent SINGAPORE  
757633  
Tel No: 1800-5549999

2 of 3  
Report No. T/20180922/2100

CONTINUATION OF REPORT

Driver			
Name	TAN YONG FONG		ID No. S8426329Z
Related Vehicle	SLH6614E (Car)		Contact No. 81837832
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	TOH POH HENG		ID No. S1360002C
Related Vehicle	SLM8964E (Car)		Contact No. 98774918
Hospital/Clinic	MOUNT ALVERNIA HOSPITAL		Class of Driving Licence & Expiry Date Class: 3 Date of Expiry: NIL
Date Treatment	22/09/2018	Date Discharge	22/09/2018
No. of Days granted Medical Leave	04	Degree of Injury	Slight

**Brief Details.**

On 21.09.2018, at about 1800hrs, I was driving along Xilin Avenue towards City, I was at the bend, going up to ECP, Suddenly I noticed the front vehicle sudden break, as such I also step on the brake. I managed to stop behind the behind, and the distance is less than one car length. I felt an impact from behind and I was shocked. I then alighted and to make a check. I discovered there is another vehicle who hit my rear bumper. We then exchanged particulars and we went back separately.

On 22.09.2018, I felt pain from my neck and decided to see a doctor. I was then given 4 days of MC.

POLICE REPORT



SINGAPORE  
POLICE FORCE



T/20180922/2100

Police Station Of Origin:  
Sembawang N.P.C  
4 Sembawang Crescent SINGAPORE  
757633  
Tel No: 1800-5549999

3 of 3

Report No: T/20180922/2100

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:  
F /  
Staff Sgt WANG LIZHE

Signature Of Informant:

Signature Of Interpreter:  
Not applicable

Date/Time:  
22/09/2018 15:12

Officer In Charge Of Case:  
TP / AEIT /  
Staff Sgt WONG SIEU LUI  
Contact No.: 65476151

Classification Of Case:  
  
SN 885

Authentication Stamp  
NP168

Signature: \_\_\_\_\_  
Singapore Police Force

Accident Photo



Accident Photo



**Driving License**



Accident Photo



Accident Photo



Accident Photo



**Accident Photo**



**Accident Photo**



Accident Photo



**Accident Photo**



**Accident Photo**



Addendum Sheet



GENERAL INSURANCE ASSOCIATION OF SINGAPORE RECORDS MANAGEMENT CENTRE
6 Raffles Quay #18-00 Singapore 048580
Tel (65) 6224 0010 Fax (65) 6224 0030
Operating Hours : Monday to Friday, 09:00 – 17:00
UEN: S66550020G / GST Reg. No.: M400017735

IMPORTANT NOTE: Please submit the completed Addendum form to the same Authorised Reporting Centre with whom you submitted the Original Report.

ADDENDUM

(A) PARTICULARS OF PERSON MAKING THE AMENDMENTS:

Original Report No : MBHH18123127 Vehicle Registration No: SLM8964E
Name(as shown in NRIC) : TOH POH HENG NRIC/FIN/Passport No : S1360002C
(\*Vehicle Driver / Vehicle Owner) (\*) Please delete as appropriate
Address : Singapore( )
Contact (Tel) : Mobile No. : 98774918
Email Address : NOEMAIL
Date of Accident : 21/09/2018 Time of Accident : 18:00
Place of Accident : XILIN AVE
Insurance Company : MSIG INSURANCE (SINGAPORE) PTE. LTD.

(B) ADDITIONAL INFORMATION / AMENDMENTS:

I have made a report on the above mentioned accident and would like to include additional information or make the following amendments:

Attached police report
[Multiple blank lines for additional information]

Policyholder / Driver's Signature
Date:

Xian Chern
Reporting Centre Personnel's Signature
Name: Chin Xian Chern
NRIC/FIN No.: G8577824U
Date: 22 SEPT 2018