

## 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 liability.
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	03/03/2019 17:49
Date Of Accident	02/03/2019 11:40
Exact Location Of Accident	ALONG BUKIT TIMAH ROAD
Country/State of Loss	SINGAPORE

### DETAILS OF OWN VEHICLE

Vehicle Registration Number	SLT2619E
<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 & 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	A29114756MKF
Cover Note Number	

### Driver

Name of Driver	ONG ZHI WEI
NRIC No	S9414387Z
Date Of Birth	30/04/1994
Occupation	OUTDOOR
Date Of Driving Pass	23/04/2013
Driving Experience	5 YEARS AND 10 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-87532688
Fax Number	
Contact Number	
Email Address	NOEMAIL

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 (including own vehicle) involved in the accident	3
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: : PHONG WAN YI 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]	YISHUN SOUTH NPC.
Was notice of intended Prosecution given?	NO
If Yes, against whom?	

#### Circumstances of Accident

REFER TO POLICE REPORT - T/20190303/2024 LODGED AT YISHUN SOUTH NPC. ON 02/03/19 AT ABOUT 1140HRS, I WAS INSIDE MY CAR WITH MY GIRLFRIEND NAMELY, PHONG WAN YI, S9444574D, ALONG BUKIT TIMAH ROAD. AFTER THE TRAFFIC TURN GREEN, I NOTICED THE FRONT CAR (WHITE, AUDI, SFU3198L) STARTED TO MOVE FORWARD AND I ALSO FOLLOWED SUIT. HOWEVER WHEN I NOTICED THE FRONT CAR STARTED TO SLOWED DOWN AND CAME TO A STOP. I ALSO FOLLOWED SUIT AND MANAGED TO CAME TO A STOP HOWEVER OUT OF A SUDDEN, I FELT A HUGE IMPACT COMING FROM THE REAR OF MY CAR AND MY CAR THEN MOVED FORWARD AND HIT ONTO THE FRONT CAR. AFTER THE COLLISION, I CAME DOWN TO MAKE A CHECK AND NOTICED THE CAR THAT HIT ONTO THE REAR OF MY CAR WAS ONE, GREY, AUDI, SLU206X. ALL THREE CARS SUFFERED SLIGHT SCRATCHES AND DENTS. I HAVE ALSO EXCHANGED PARTICULARS WITH ALL THE DRIVERS. AFTER THIS COLLISION, I SUFFERED PAIN ON MY BACK HEAD, RIGHT ARM AND FRONT CHEST AREA. MY GIRLFRIEND HAD ALSO FRACTURED HER LEFT FINGER AND PAIN ON HER BACK HEAD. BOTH OF US HAD WENT TO SEEK MEDICAL TREATMENT ON 03/03/19 AT KHOO TECK PUAT HOSPITAL. I WAS GIVEN THREE DAYS OF MEDICAL LEAVE AND MY GIRLFRIEND WAS GIVEN FOURTEEN DAYS OF MEDICAL LEAVE. MY CAR HAVE IN CAR FRONT CAMERA AND I HAVE FOOTAGE OF THE WHOLE INCIDENT INSIDE MY MOBILE PHONE.

#### 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	SLU206X
Vehicle Make/Model/Colour	AUDI/A5 SB 2.0 TFSI QU SPORT (SR, 19")/GREY

**Details Of Properties**

Vehicle Category	PRIVATE CAR
Name of Driver	HO JACK HUNG
NRIC/Passport Number	S1834886A
Contact Number	97997776
Address	
Postcode	
Insurance Company Name	
Nature Of Damage	
No. Of Passenger (Including Driver)	2
Passenger 1	NAME: : PASSENGER 1
	GENDER: : FEMALE

**DETAILS OF OTHER VEHICLE PROPERTY 2**

Vehicle Registration Number	SFU3198L
Vehicle Make/Model/Colour	AUDI/A3 SEDAN 1.4 TFSI AMBIENTE MY 15/WHITE
Details Of Properties	
Vehicle Category	PRIVATE CAR
Name of Driver	LAU ZHE HAO
NRIC/Passport Number	S9323357C
Contact Number	94301280
Address	
Postcode	
Insurance Company Name	
Nature Of Damage	
No. Of Passenger (Including Driver)	2
Passenger 1	NAME: : PASSENGER 1
	GENDER: : FEMALE

**DETAILS OF INJURED PERSON 1**

Name	ONG ZHI WEI
Approximate Age	
Injuries Sustain	
Injured person in which vehicle?	SLT2619E
Were seat belts worn?	YES
Was this injured conveyed to hospital by ambulance?	NO
Address	
Postcode	

**DETAILS OF INJURED PERSON 2**

Name	PHONG WAN YI
Approximate Age	
Injuries Sustain	
Injured person in which vehicle?	SLT2619E
Were seat belts worn?	YES
Was this injured conveyed to hospital by ambulance?	NO
Address	
Postcode	

## Sketch Plan

### IMPORTANT NOTICE

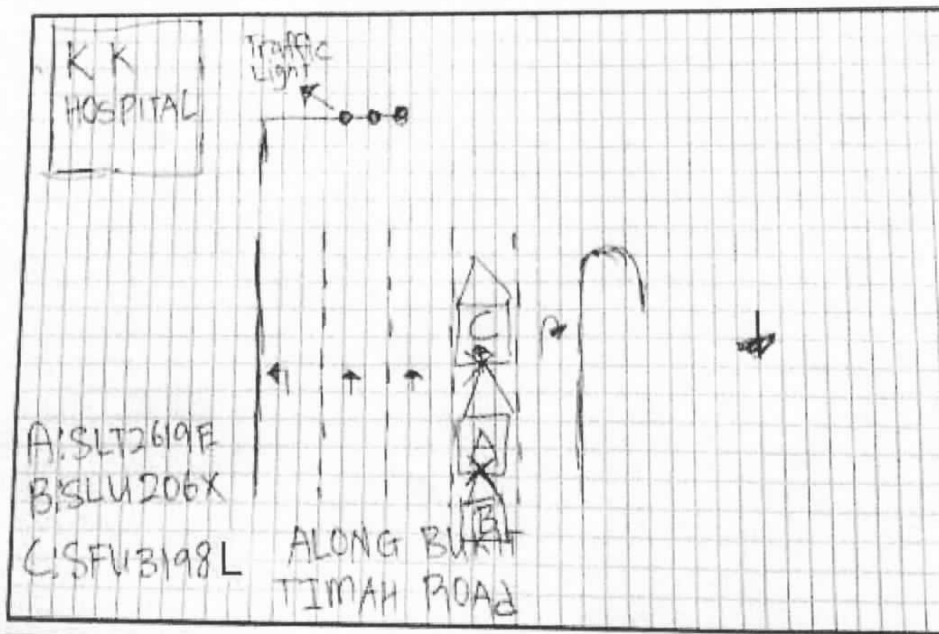
1. Please report accurately the details of the accident to speed up the claims process.
2. This Form must be completed by the Policyholder and/or the Authorised Driver.
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6. The report will be forwarded by the insurers of the GIA Records Management Centre established by the General Insurance Association of Singapore (GIA) for archiving and that copies of this report will for a fee be made available 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 if relevant.
8. **Consent under the Personal Data Protection Act (PDPA)**
  - (a) I understand, acknowledge, agree and consent that:
    - (i) My insurer, my workmate 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 insurers who have insured my vehicles involved in this accident (all insurers who have insured vehicles) 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 purposes 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 envelope/postal packages; and/or
      - (v) complying with applicable law in administering, processing, handling and/or dealing with my claims (collectively the "Purposes");
    - (b) all insurers who have insured vehicles 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

Muhammad Firza Bin Ideris

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**



1/20190303/2024

1 of 4

Report No: 1/20190303/2024

Police Station Of Origin  
Yishun South N.P.C  
32 Yishun Street 81 SINGAPORE 768456  
Tel No: 1800-8522999

## REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made 03/03/2019 10:55	Video Report No	Station Diary No 35
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## Informant's Particulars

Name of Informant ONG ZHI WEI			Address APT BLK 551 WOODLANDS DRIVE 44 #11-56 SINGAPORE 730551		
ID Type / ID No NRIC NO / S94143872			Contact No. Home/Office Mobile 87532688		
Nationality SINGAPORE CITIZEN			Email		
Sex Male	Age 24	Date of Birth 30/04/1994	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 02/03/2019 11:40	Type of Location
Location Along Road 1 BUKIT TIMAH ROAD				
Weather Clear		Road Surface Dry	Road Speed Limit	
Traffic Flow		Traffic Control Traffic Light - Working	Traffic Volume Heavy	
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
SFU3198L	Car	AUDI		White	Slightly Damaged	1
SLT2619E	Car	TOYOTA		White	Slightly Damaged	1
SLU206X	Car	AUDI		Grey	Slightly Damaged	1

Police Report



**SINGAPORE  
POLICE FORCE**

Police Station Of Origin  
Yishun South N.P.C.  
32 Yishun Street #1 SINGAPORE 768456  
Tel No: 1800-6522999



1001903010024

2 of 4

Report No: 1001903010024

CONTINUATION OF REPORT

Details of Person Involved			
Any Pedestrian Involved No		Use of Pedestrian Crossing NA	
No. of Pedestrians Injured NIL			
Driver Name	LAU ZHE HAO	ID No	S9323357C
Related Vehicle	SFU3198L (Car)	Contact No	94351250
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
Passenger Name	PHONG WAN YI	ID No	S944457AD
Related Vehicle	SLT2619E (Car)	Contact No	98345468
Hospital/Clinic	KHOO TECK PUAT HOSPITAL	Class of Driving Licence & Expiry Date	Class NIL Date of Expiry NIL
Date Treatment	03/03/2019	Date Discharge	NIL
No. of Days granted Medical Leave	14	Degree of Injury	Serious
Driver Name	ONG ZHI WEI	ID No	S9414387Z
Related Vehicle	SLT2619E (Car)	Contact No	87532688
Hospital/Clinic	KHOO TECK PUAT HOSPITAL	Class of Driving Licence & Expiry Date	Class 3 Date of Expiry NIL
Date Treatment	03/03/2019	Date Discharge	NIL
No. of Days granted Medical Leave	03	Degree of Injury	Slight

A  
N

# Police Report



**SINGAPORE  
POLICE FORCE**



100190303/2024

Police Station Of Origin  
Yishun South N.P.C.  
32 Yishun Street B1 SINGAPORE 768456  
Tel No. 1800-8522999

1 of 4  
Report No. 100190303/2024

## CONTINUATION OF REPORT

Driver			
Name	HO JACK HUNG	ID No	S1834885A
Related Vehicle	SLU206X (Car)	Contact No	97997776
Hospital/Clinic	NIL	Class of Driving License & 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 02/03/19 at about 1140hrs, I was inside my car with my girlfriend namely, Phong Wan Yi S9444574D, along Bukit Timah Road. After the traffic light turns green, I noticed the front car (White Audi, SFU3198L) started to move forward and I also followed suit. However when I noticed the front car started to slowed down and came to a stop, I also followed suit and managed to come to a stop however out of a sudden, I felt a huge impact coming from the rear of my car and my car then moved forward and hit onto the front car.

After the collision, I came down to make a check and noticed the car that hit onto the rear of my car was one, Grey, Audi, SLU206X. All three cars suffered slight scratches and dents. I have also exchanged particulars with all the drivers. After this collision, I suffered pain on my back head, right arm and front chest area. My girlfriend had also fractured her left finger and pain on her back head. Both of us had went to seek medical treatment on 03/03/19 at Khoo Teck Puat hospital. I was given three days of medical leave and my girlfriend was given fourteen days of medical leave.

My car have in car front camera and I have footage of the whole incident inside my mobile phone

Police Report



SINGAPORE  
POLICE FORCE



1/20190303/2924

4 of 4

Report No: 1/20190303/2924

Police Station Of Origin  
Yishun South N.P.C  
32 Yishun Street B1 SINGAPORE 768456  
Tel No: 1800-8522999

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

L /

Sgt 2 OOI JIA JUN

Signature Of Informant

Signature Of Interpreter:

Not applicable

Date/Time:

03/03/2019 10:55

Officer In Charge Of Case:

TP / AEIT /

Classification Of Case:

Contact No:

SN 035

Authentication Stamp  
NP168



Signature:

Singapore Police Force