

## 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	15/04/2019 13:47
Date Of Accident	14/04/2019 15:30
Exact Location Of Accident	16 MOUNT ELIZABETH LINK TOWARDS BIDEFORD RD
Country/State of Loss	SINGAPORE

### DETAILS OF OWN VEHICLE

Vehicle Registration Number	SLG5182X
<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	SEE CHOR HOCK
NRIC No	S8211595A
Date Of Birth	12/04/1982
Occupation	OUTDOOR
Date Of Driving Pass	20/12/2002
Driving Experience	16 YEARS AND 3 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-97777564
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)	1

#### Details of Police Action

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

#### Circumstances of Accident

REFER TO POLICE REPORT - T/20190414/2108 LODGED AT TOA PAYOH NPC. ON 14/04/2019 AT 1530HRS, I WAS DRIVING MY VEHICLE (SLG5182X) TRAVELLING AT 16 MOUNT ELIZABETH LINK TOWARDS BIDEFORD RD. I WAS SECOND IN THE LINE AT THE ROAD, FIRST VEHICLE (SLQ9419K) FOLLOWED BY MY VEHICLE (SLG5182X) AND THE THIRD VEHICLE (SHD3558Y). WHILE I WAS IN THE STATIONARY POSITION, THE THIRD VEHICLE HAD HIT ONTO THE REAR SIDE OF MY VEHICLE, AS SUCH MY VEHICLE HAD SURGED FORWARD RESULTED A HIT ON THE FIRST VEHICLE. I THEN ALIGHTED MY VEHICLE TO CHECK OUT WHAT HAPPENED AND TO EXCHANGE PARTICULARS. THERE WAS NO TRAFFIC POLICE OR AMBULANCE AT SCENE AS NO ONE SUSTAINED ANY INJURIES. ON THE SAME DAY AT ABOUT 1830HRS, I FELT GIDDINESS AND PAIN IN MY BACK, NECK AND CHEST AREA. I PROCEEDED TO MOUNT ALVERNIA HOSPITAL AND OBTAINED A 5 DAYS MC. I AM LODGING THIS REPORT FOR INSURANCE PURPOSES.

#### 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	SHD3558Y
Vehicle Make/Model/Colour	HYUNDAI/I40 1.7 CRDI F/L AT ABS AIRBAG 4DR/BLUE
Details Of Properties	
Vehicle Category	TAXI
Name of Driver	TAN JOO KHIANG
NRIC/Passport Number	
Contact Number	81398138

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

1

**DETAILS OF OTHER VEHICLE PROPERTY 2**

Vehicle Registration Number SLQ9419K  
Vehicle Make/Model/Colour MAZDA/MAZDA3 SEDAN 1.5 AT EU6/DARK GRAY  
Details Of Properties  
Vehicle Category PRIVATE CAR  
Name of Driver LEE HUNG YONG  
NRIC/Passport Number S8112665H  
Contact Number 82818999  
Address  
Postcode  
Insurance Company Name  
Nature Of Damage  
No. Of Passenger (Including Driver)

1

**DETAILS OF INJURED PERSON 1**

Name SEE CHOR HOCK  
Approximate Age  
Injuries Sustain  
Injured person in which vehicle? SLG5182X  
Were seat belts worn? YES  
Was this injured conveyed to hospital by ambulance? NO  
Address  
Postcode

Sketch Plan

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 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.

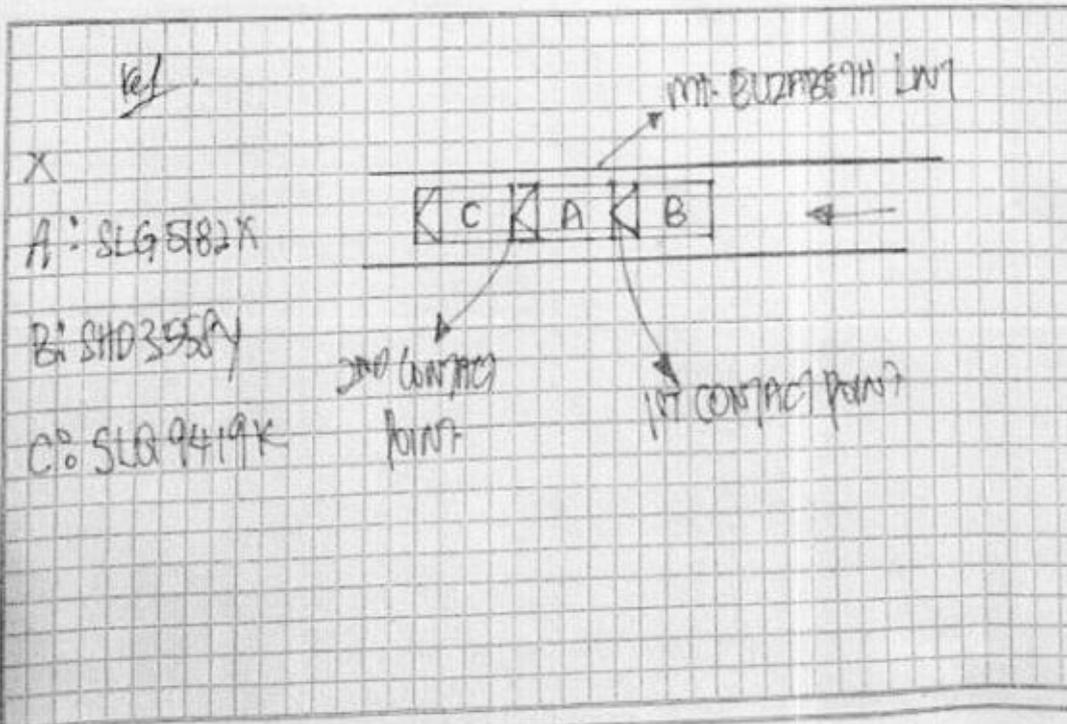
VARIFIED BY  
MARS AGENT  
HASHIM

Policyholder's Signature / Date & Time

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

Witnessed by Reporting Centre Personnel

Sketch Plan



Police Report



**SINGAPORE  
POLICE FORCE**



T/20190414/2108

Police Station Of Origin:  
Toa Payoh N.P.C  
93 Toa Payoh Central #01-02 Toa Payoh  
Community Building SINGAPORE 319194  
Tel No: 1800-2519999

1 of 4  
Report No: T/20190414/2108

**REPORT OF A TRAFFIC ACCIDENT**

Date/Time Report Made: 14/04/2019 21:54	Video Report No.:	Station Diary No. 135
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Informant's Particulars			
Name of Informant: SEE CHOR HOCK		Address: APT BLK 247 KIM KEAT LINK #03-33 SINGAPORE 310247	
ID Type / ID No.: NRIC NO / S8211595A		Contact No.: Home/Office: Mobile: 97777546	
Nationality: SINGAPORE CITIZEN		Email:	
Sex: Male	Age: 37	Date of Birth: 12/04/1982	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:	Non-Injury	Drink Drive: No	Date/Time of Accident: 14/04/2019 15:30	Type of Location: Gradient
Location: Along Road 1 MOUNT ELIZABETH LINK  16 Mount Elizabeth Link towards Bideford Rd				
Weather: Clear		Road Surface: Dry	Road Speed Limit:	
Traffic Flow: One Way		Traffic Control: Traffic Light - Working	Traffic Volume: 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 Passenger
SHD3558Y	Car	HYUNDAI	I40 1.7 CRDI F/L AT ABS AIRBAG 4DR			0
SLG5182X	Car	TOYOTA	PRIUS HYBRID 1.8 CVT		Seriously Damaged	0
SLQ9419K	Car	MAZDA	MAZDA3 SEDAN 1.5 AT EU6			0

Police Report



**SINGAPORE  
POLICE FORCE**



T/20190414/2108

Police Station Of Origin:  
Toa Payoh N.P.C  
93 Toa Payoh Central #01-02 Toa Payoh  
Community Building SINGAPORE 319194  
Tel No: 1800-2519999

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Report No: T/20190414/2108

CONTINUATION OF REPORT

Details of Person Involved			
Any Pedestrian Involved: No			
No. of Pedestrians Injured: NIL		Use of Pedestrian Crossing: NA	
Driver			
Name	TAN JOO KHIANG	ID No.	NIL
Related Vehicle	SHD3558Y (Car)	Contact No.	81398138
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	SEE CHOR HOCK	ID No.	S8211595A
Related Vehicle	SLG5182X (Car)	Contact No.	97777546
Hospital/Clinic	MOUNT ALVERNIA HOSPITAL	Class of Driving Licence & Expiry Date	Class: 3 Date of Expiry: NIL
Date Treatment	14/04/2019	Date Discharge	NIL
No. of Days granted Medical Leave	05	Degree of Injury	Serious

**Brief Details.**

On 14/04/2019 at 1530hrs, I was driving my vehicle (SLG 5182X) travelling at 16 Mount Elizabeth Link towards Bideford Rd.

I was second in the line at the road, first vehicle (SLQ 9419k) followed by my vehicle (SLG 5182X) and the third vehicle (SHD 3558Y).

While I was in the stationary position, the third vehicle had hit onto the rear side of my vehicle, as such my vehicle had surged forward resulted a hit on the first vehicle. I then alighted my vehicle to check out what happened and to exchange particulars.

There was no Traffic Police or Ambulance at scene as no one sustained any injuries

On the same day at about 1830hrs, I felt giddiness and pain in my back, neck and chest area. I proceeded to Mount Alvernia Hospital and obtained a 5 days MC.

I am lodging this report for insurance purposes.

Police Report



**SINGAPORE  
POLICE FORCE**



T/20150414/2108

Police Station Of Origin:  
Toa Payoh N.P.C.  
93 Toa Payoh Central #01-02 Toa Payoh  
Community Building SINGAPORE 319194  
Tel No: 1800-2519999

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Report No: T/20150414/2108

CONTINUATION OF REPORT



SINGAPORE  
POLICE FORCE



T001904142108

Police Station Of Origin  
Toa Payoh N.P.C  
93 Toa Payoh Central #01-02 Toa Payoh  
Community Building SINGAPORE 319194  
Tel No: 1800-2519999

4 of 4

Report No: T001904142108

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 TEO JUN AN

Signature Of Informant

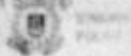
Signature Of Interpreter  
Not applicable

Date/Time  
14/04/2019 21:54

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

Classification Of Case

Authentication Stamp  
SP194



SN 194

SIGNATURE