

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	10/05/2019 10:45
Date Of Accident	09/05/2019 08:00
Exact Location Of Accident	ECP TOWARDS AIRPORT
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SLP4779J
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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 HYBRID 1.8 CVT
Exact Purpose for which vehicle was being used at time of accident	HIRED 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	A29114756MKF
Cover Note Number	

Driver

Name of Driver	PEH ENG HUAT
Work Permit No	S6844029G
Date Of Birth	12/11/1968
Occupation	OUTDOOR
Date Of Driving Pass	15/04/1991
Driving Experience	28 YEARS AND 0 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-92481112
Fax Number	
Contact Number	
EEmail Address	NOEMAIL

Address	NA
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	2
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 no:T/20190509/2045 On 09/05/2019 at about 0800hrs, I was driving my vehicle (registration number: SLP4779J) along ECP towards the airport near Marine Parade when an unknown vehicle in front of me suddenly brake. As such, I immediately applied brakes and stopped the car. Out of a sudden, I felt an impact from the rear of my vehicle. I then realised that the vehicle (registration number: SLU9614S) from my rear had collided into the rear of vehicle vehicle. I then alighted from the vehicle to make a check. I then saw that another vehicle (registration number: SGT6973D) had collided onto the car behind me which had collided into my vehicle. I then managed to exchange particulars with the driver of SLU9614S and he is namely Liao Xuan hao (NRIC: S8583057J). I also took pictures of the cars involved in the accident. I made a check with my passenger namely Ethan if he had any injuries however he said he was fine and needed to go to class. I have in-vehicle camera installed in my vehicle and it was recording when the accident happened. I am unsure of there any CCTVs around facing the area where the accident accured. Due to the accident, I suffered pain on my whole back and shoulder area. I then went to the doctor and was given 3 days medical leave. I am lodging this report for insurance claims purposes.

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	SLU9614S
Vehicle Make/Model/Colour	BMW 116D / GREY
Details Of Properties	
Vehicle Category	PRIVATE CAR
Name of Driver	LIAO XUANHAO
NRIC/Passport Number	S8483057G
Contact Number	

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

DETAILS OF OTHER VEHICLE PROPERTY 2

Vehicle Registration Number SJT6973D
Vehicle Make/Model/Colour HYUNDAI HD AVANTE 1.6 A
Details Of Properties
Vehicle Category PRIVATE CAR
Name of 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 PEH ENG HUA
Approximate Age
Injuries Sustain
Injured person in which vehicle? SLP4779J
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.
 - (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.

VERIFIED BY AJAX MARS
REPORTING OFFICER
Hashim Kamari

Policyholder's Signature / Date & Time

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

Witnessed by Reporting Centre
Personnel

Sketch Plan

ECP TO CHANG

X DURA	A B K C	←
A: SLPA779J	↓ CONTACT	←
B: SL49614S		←
C: SJT69734		



**SINGAPORE
POLICE FORCE**



T/20190509/2045

1 of 3

Report No. T/20190509/2045

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

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made:
09/05/2019 10:55

Vide Report No.:

Station Diary No.:
58

Informant's Particulars

Name of Informant: PEH ENG HUAT		Address: APT BLK 113B MCNAIR ROAD #27-274 SINGAPORE 323113	
ID Type / ID No.: NRIC NO / S6844029G		Contact No.: Home/Office: Mobile: 92481112	
Nationality: SINGAPORE CITIZEN		Email:	
Sex: Male	Age: 50	Date of Birth: 12/11/1968	Type of Informant: Driver
Race: Chinese		Language:	Institution / School Name:
Occupation: GRAB DRIVER		Driving Licence Information: Class: Date of Expiry:	

General Information of the Accident

Type of Accident:	Injury Others	Drink Drive: No	Date/Time of Accident: 09/05/2019 08:00	Type of Location: EXPRESSWAY
Location: Along Road 1 EAST COAST EXPRESSWAY TOWARDS AIRPORT NEAR MARINE PARADE				
Weather: Clear		Road Surface: Dry		Road Speed Limit:
Traffic Flow: Dual Carriage 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
SJT6973D	Car	HYUNDAI	HD AVANTE 1.6 A S/R	Beige	Seriously Damaged	1
SLP4779J	Car	TOYOTA	PRIUS HYBRID 1.8 CVT	Silver	Seriously Damaged	1
SLU9614S	Car	BMW	116D 5DR LED EU6	Grey	Seriously Damaged	1



**SINGAPORE
POLICE FORCE**



T/20190509/2045

Police Station Of Origin:
Toa Payoh N.P.C.

2 of 3

93 Toa Payoh Central #01-02 Toa Payoh
Community Building SINGAPORE 319194
Tel No: 1800-2519999

Report No: T/20190509/2045

CONTINUATION OF REPORT

Details of Person Involved			
Any Pedestrian Involved: No			
No. of Pedestrians Injured: NIL		Use of Pedestrian Crossing: NA	
Driver			
Name	PEH ENG HUAT	ID No.	S6844029G
Related Vehicle	SLP4779J (Car)	Contact No.	92481112
Hospital/Clinic	HORIZON MEDICAL PTE LTD	Class of Driving Licence & Expiry Date	Class: NIL Date of Expiry: NIL
Date Treatment	09/05/2019	Date Discharge	09/05/2019
No. of Days granted Medical Leave	03	Degree of Injury	Slight

Brief Details.

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I am lodging this report for insurance claims purposes.

Sketch Plan #4



SINGAPORE
POLICE FORCE



T/20190509/2045

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Report No. T/20190509/2045

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

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 ESTHER CLARE KOH MEI CHIN

Signature Of Interpreter:

Not applicable

Officer In Charge Of Case:

TP / AEIT /

SSI 2 JUREMAH BINTE AHMAD

Contact No.: 65472076

Signature Of Informant:

Date/Time:

09/05/2019 10:55

Classification Of Case:

Authentication Stamp
NP168



SINGAPORE
POLICE FORCE

SN 168

SIGNATURE

Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo

