

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	29/05/2019 08:11
Date Of Accident	28/05/2019 06:20
Exact Location Of Accident	PIE TOWARDS AIRPORT
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SLJ3143G
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	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	LAI WAN CHEONG
NRIC No	S1245057E
Date Of Birth	08/08/1957
Occupation	OUTDOOR
Date Of Driving Pass	28/09/1981
Driving Experience	37 YEARS AND 8 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-97696770
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	COLLISION - HEAD TO REAR
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)	2
Passenger 1	NAME: : PASSENGER 1 GENDER: : MALE

Details of Police Action

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

Circumstances of Accident

PLEASE REFER TO POLICE REPORT NO T/2019/05/28/2058 LODGE AT TAMPINES NPC ON 28/05/2019 AT ABOUT 0620HRS, I WAS DRIVING ALONG PIE TOWARDS CHANGI AIRPORT IN MY TAXI BEARING THE PLATE NUMBER SLJ3143G WITH ONE PASSENGER ON BOARD. I THEN WENT INTO THE SLIP ROAD ON THE LEFT TOWARDS ECP CHANGI AIRPORT WHEN SUDDENLY ONE TAXI BEARING THE PLATE NUMBER SHC7185T WENT INTO THE SLIP ROAD AND HIT THE REAR SIDE OF MY CAR. AS A RESULT, MY REAR BUMPER FELL OFF AND THE EXHAUST PIPE GOT DAMAGED. NO ONE WAS INJURED AT THAT POINT OF TIME. AFTER A WHILE I DISCOVERED SOME PAIN ON MY NECK AREA THUS I SEEK MEDICAL TREATMENT AND WERE GIVEN 5 DAYS 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	SHC7185T
Vehicle Make/Model/Colour	HYUNDAI I40 1.7 CRDI F/L AT ABS AIRBAG 4DR
Details Of Properties	NA
Vehicle Category	TAXI
Name of Driver	NA
NRIC/Passport Number	

Contact Number

Address

Postcode

Insurance Company Name

Nature Of Damage

No. Of Passenger (Including Driver)

DETAILS OF INJURED PERSON 1

Name

LAI WAN CHEONG

Approximate Age

Injuries Sustain

PAIN ON NECK AREA

Injured person in which vehicle?

SLJ3143G

Were seat belts worn?

Was this injured conveyed to hospital by ambulance?

NO

Address

Postcode

Sketch Plan

SKETCH PLAN

IMPORTANT NOTICE

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3. Information provided must be as truthful and accurate as possible. Any willful misrepresentation or withholding of material facts may allow insurers to contest or repudiate policy liability.
4. The cause and circumstances of the loss must be reported to the Police for investigation.
5. Any false reporting may be referred to the Insurers of the QIA Redress Management Centre established by the General Insurance Association of Singapore (GIA) for arbitration and that costs of this report will be made a liable application by interested parties.
6. By the completion of this report, the Insurers, you hereby consent to the printing of the report at the centre and to provide of the report being made available to the Insurers.
7. Consent under the Personal Data Protection Act (PDPA):
 (a) I understand, acknowledge, agree and consent that:
 (i) My insurer, my reinsurer and the General Insurance Association of Singapore (GIA) may be permitted to collect, use, disclose and/or process my personal data/personal information and/or any other personal information provided by me or processed by my insurer, reinsurer, the "Personal Information" and disclose and transfer such Personal Information to all insurers, who have insured my vehicle involved in this accident (all insurers), and have insured vehicles involved in this accident (all insurers) and any relevant government agency/authority (such as the Insurers), the Insurers' lawyers/law firms, the Monetary Authority of Singapore and any relevant government agency/authority (such as the Insurers), 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 obligations or responding to any enquiries by the Insurers, reports or forces 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/mails; and/or
 (iv) complying with applicable law in administering, processing, handling and/or dealing with my claims.
 (b) I understand that the Insurers, my reinsurer, 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 also 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 based outside of Singapore) for one or more of the above Purposes.

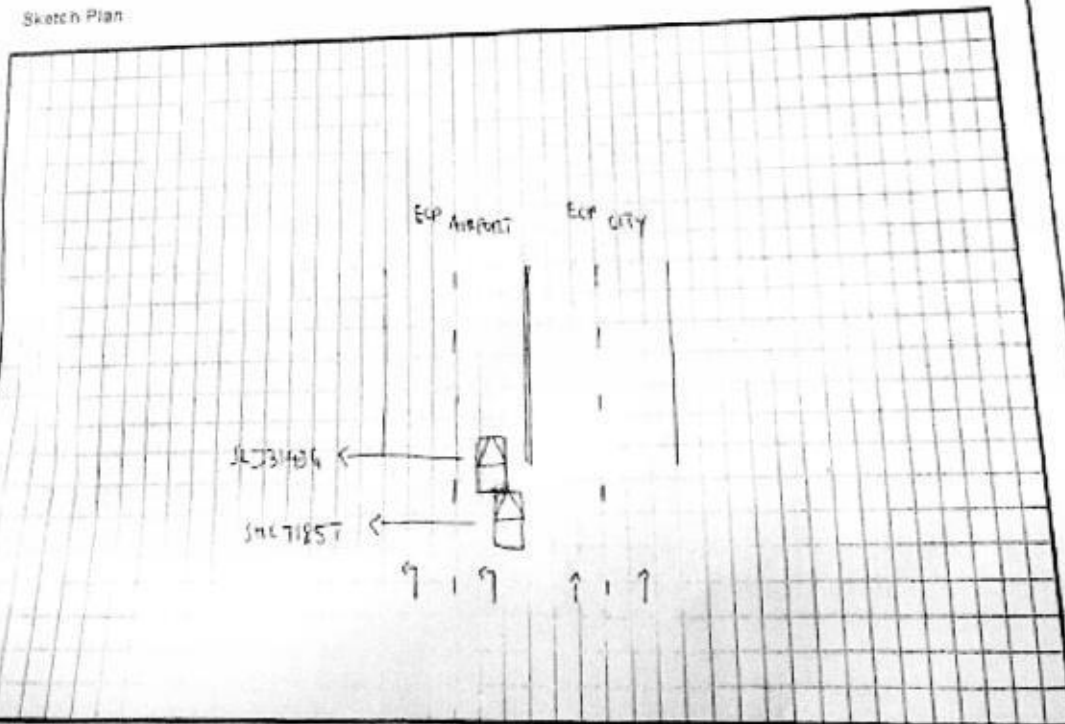
VERIFIED BY AJAX MARS
REPORTING OFFICER
MOHAMMAD SULHANDI BIN
MOHD AFFANDI

Policyholder's Signature / Date & Time

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

Witnessed by Reporting Centre
Personal

Sketch Plan



police report



**SINGAPORE
POLICE FORCE**

Police Station Of Origin
Tampines N.P.C.
8 Tampines Avenue # SINGAPORE 520662
Tel No: 1800-5871888



1/20190528/2058

1 of 4

Report No: 1/20190528/2058

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made
28/05/2019 11:50

Vide Request No

Station Diary No:
43

Informant's Particulars

Name of Informant
LAI WAN CHEONG

Address
APT BLK 925 JURONG WEST STREET 92 #08-99
SINGAPORE 640925

Contact No: Mobile: 97696770

Home/Office:

Email:

ID Type / ID No:
NRIC NO / S1245057E

Nationality:
SINGAPORE CITIZEN

Sex: Age: Date of Birth:

Male

61

08/08/1957

Type of Informant:

Driver

Language:

Institution / School Name:

Race:

Chinese

Occupation:

GRAB

Driving Licence Information:

Class: 3

Date of Expiry:

General Information of the Accident

Type of Accident: Non-Injury
Others:

Drink
Drive:
No

Date/Time of
Accident:
28/05/2019 06:20

Type of Location:
Straight Road

Location:
Along Road 1
PAN ISLAND EXPRESSWAY

TOWARDS ECP (AIRPORT)

Weather:
Clear

Road Surface:
Dry

Road Speed Limit:

Traffic Flow:
Two Way

Traffic Control:
Not Controlled

Traffic Volume:
No Traffic

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
SHC7185T	Car				Slightly Damaged	0
SLJ3143G	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**

Police Station Of Origin
Tampines N.P.C
6 Tampines Avenue 4 SINGAPORE 529682
Tel No. 1800-5871999



Report No. T62114

CONTINUATION OF REPORT

Driver Name	LAI WAN CHEONG	ID No.	S1245057E
Related Vehicle	SLJ3143G (Car)	Contact No.	97696770
Hospital/Clinic	SUNSHINE CLINIC FAMILY PRACTICE & SURGERY	Class of Driving Licence & Expiry Date	Class 3 Date of Expiry: NIL
Date Treatment	26/05/2019	Date Discharge	NIL
No. of Days granted Medical Leave	05	Degree of Injury	Slight

Brief Details

On the 26/05/2019 at about 0820hrs, I was driving along PIE towards Changi Airport in my taxi bearing the plate number SLJ3143G with one passenger on board. I then went into the slip road on the left towards ECP (Changi Airport) when suddenly one taxi bearing the plate number SHC7185T went into the slip road and hit the rear side of my car.

As a result, my rear bumper fell off and the exhaust pipe got damaged. No one was injured at that point of time.

After a while I discovered some pain on my back and my neck area thus I seek medical treatment and were given 5 days MC.

police report

SINGAPORE
POLICE FORCE



T/20190528/2058

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Report No. T/20190528/2058

Location Of Origin
Area N P C
Address Avenue 4 SINGAPORE 529682
No. 1800-5871999

CONTINUATION OF REPORT

Policy

Sketch

police report



SINGAPORE
POLICE FORCE

Police Station Of Origin:
Tampines N.P.C
6 Tampines Avenue 4 SINGAPORE 529682
Tel No: 1800-5871999



T/20190526/2058

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Report No: T/20190526/2058

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:
G/
Sgt 3 MOHAMAD IZWAN BIN MOHAMAD
ISHAK

Signature Of Informant:

Signature Of Interpreter:
Not applicable

Date/Time:
28/05/2019 11:56

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

Classification Of Case:

Authentication Stamp
NP168

