

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 | 28/05/2019 08:17 |
| Date Of Accident | 27/05/2019 06:25 |
| Exact Location Of Accident | ALONG AIRPORT VOULEVARD TOWARDS T2 |
| Country/State of Loss | SINGAPORE |

DETAILS OF OWN VEHICLE

| | |
|-----------------------------|----------------------|
| Vehicle Registration Number | SMA5872H |
| 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 | SIENTA HYBRID 1.5X 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 | A29114756MKF |
| Cover Note Number | |

Driver

| | |
|----------------------|-----------------------|
| Name of Driver | CHEW CHYE SIN RICHARD |
| NRIC No | S7021929H |
| Date Of Birth | 28/06/1970 |
| Occupation | OUTDOOR |
| Date Of Driving Pass | 07/04/1994 |
| Driving Experience | 25 YEARS AND 1 MONTH |
| Gender | MALE |
| Mobile Number | (LOCAL) +65-94787759 |
| Fax Number | |
| Contact Number | |
| EEmail 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) | 7 |
| Passenger 1 | NAME: : PASSENGER 1 GENDER: : FEMALE |
| Passenger 2 | NAME: : PASSENGER 2 GENDER: : FEMALE |
| Passenger 3 | NAME: : PASSENGER 3 GENDER: : FEMALE |
| Passenger 4 | NAME: : PASSENGER 4 GENDER: : MALE |
| Passenger 5 | NAME: : PASSENGER 5 GENDER: : MALE |
| Passenger 6 | NAME: : PASSENGER 6 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] | GEYLANG NPC |
| Was notice of intended Prosecution given? | NO |
| If Yes, against whom? | |

Circumstances of Accident

Refer to police report no: T/20190527/2038 On 27 May 2019 at about 6.25am, I was travelling along Airport Boulevard towards Terminal 2 in vehicle SMA5872H. As the traffic ahead is relatively heavy, I slowed down my vehicle. Out a sudden, I was hit on the rear by vehicle SHB6289P. After the collision, both drivers came out of the vehicle to exchange particulars. The collision resulted in the rear of my vehicle to be dented. Shortly after exchanging particulars, I left the scene.

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 | SHB6289P |
| Vehicle Make/Model/Colour | MERCEDES BENZ E 220 CDI BLUEEFFICIENCY |
| Details Of Properties | NA |
| 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 | CHEW CHYE SIN RICHARD |
| Approximate Age | |
| Injuries Sustain | |
| Injured person in which vehicle? | SMA5872H |
| Were seat belts worn? | YES |
| Was this injured conveyed to hospital by ambulance? | NO |
| Address | |
| Postcode | |

Sketch Plan

IMPORTANT NOTICE

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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.

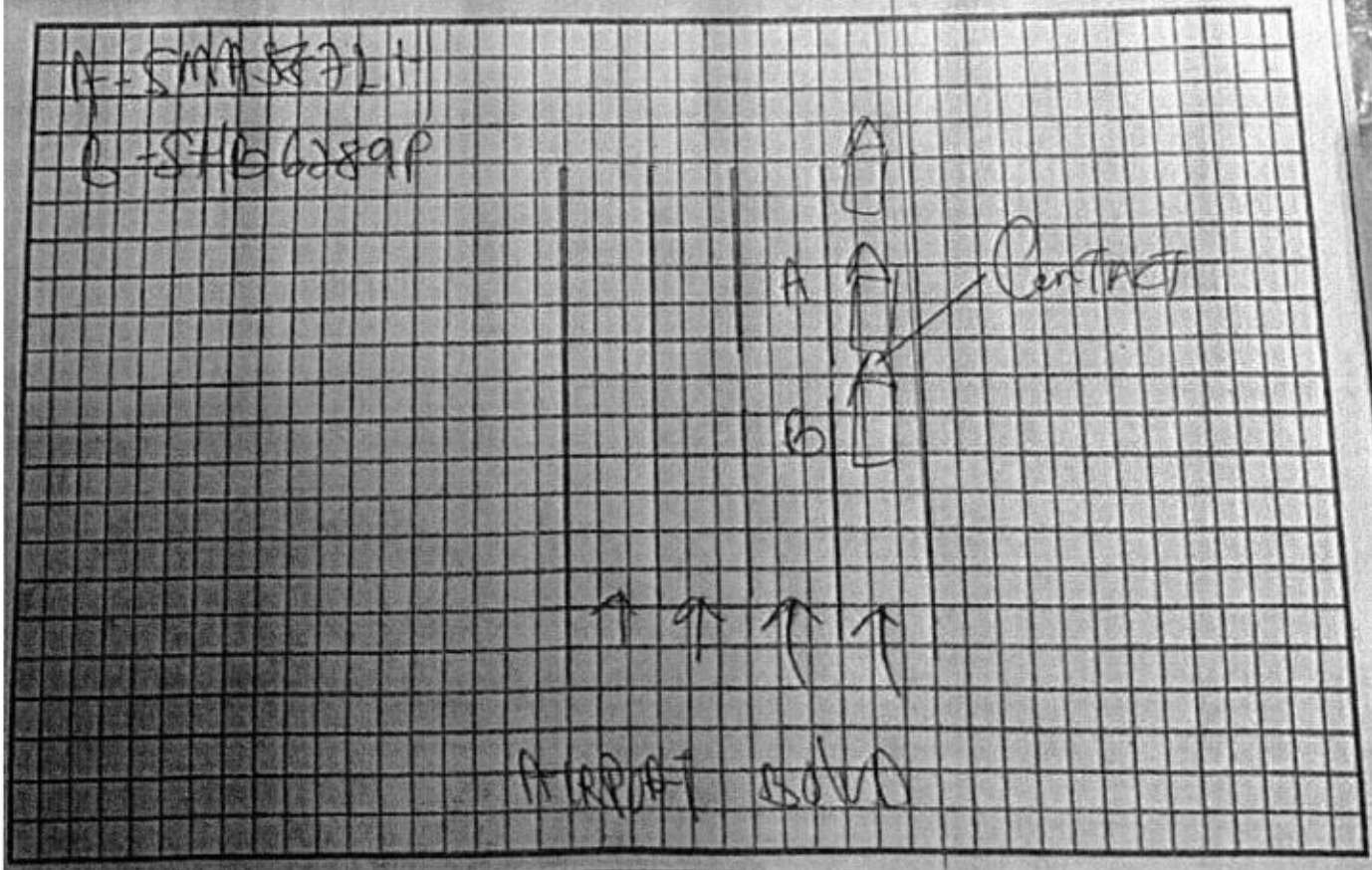
VERIFIED BY AJAX MARS
REPORTING OFFICER
MOHAMED SHARIL
BIN SATAR

Policyholder's Signature / Date & Time

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

Witnessed by Reporting Centre
Personnel

Sketch Plan



TP REPORT 1



SINGAPORE
POLICE FORCE



T/20190527/2038

Police Station Of Origin:
Geylang N.P.C
132 Paya Lebar Road SINGAPORE 409014
Tel No: 1800-8486999

1 of 3

Report No. T/20190527/2038

REPORT OF A TRAFFIC ACCIDENT

| | | | | | |
|---|------------|------------------------------|---|--------------------------|----------------------------|
| Date/Time Report Made: 27/05/2019 11:23 | | Vide Report No.: | | Station Diary No.: 53 | |
| Informant's Particulars | | | | | |
| Name of Informant: CHEW CHYE SIN RICHARD | | | Address: 20 EUNOS CRESCENT #09-2969 SINGAPORE 400020 | | |
| ID Type / ID No.: NRIC NO / S7021929H | | | Contact No.: Home/Office: Mobile: 94787759 | | |
| Nationality: SINGAPORE CITIZEN | | | Email: | | |
| Sex: Male | Age: 48 | Date of Birth: 28/06/1970 | 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: 27/05/2019 06:25 | Type of Location: Straight Road |
| Location: Along Road 1 AIRPORT BOULEVARD Towards Terminal 2 | | | | |
| Weather: Clear | | Road Surface: Dry | | Road Speed Limit: |
| Traffic Flow: One Way | | Traffic Control: Not Controlled | | 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 |
|-------------|------|---------------|--------------------------|-------|------------------|------------------|
| SHB6289P | Car | MERCEDES BENZ | E 220 CDI BLUEEFFICIENCY | White | Slightly Damaged | 0 |
| SMA5872H | Car | TOYOTA | SIENTA HYBRID 1.5X CVT | Green | Slightly Damaged | 0 |

Details of Person Involved

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

TP REPORT 2



**SINGAPORE
POLICE FORCE**



T/20190527/2038

Police Station Of Origin:
Geylang N.P.C
132 Paya Lebar Road SINGAPORE 409014
Tel No: 1800-8486999

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Report No. T/20190527/2038

CONTINUATION OF REPORT

| | | | |
|-----------------------------------|-------------------------|--|-----------------------------------|
| Driver | | | |
| Name | Leau Poh Kuan | ID No. | S7529408E |
| Related Vehicle | SHB6289P (Car) | Contact No. | NIL |
| 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 | CHEW CHYE SIN RICHARD | ID No. | S7021929H |
| Related Vehicle | SMA5872H (Car) | Contact No. | 94787759 |
| Hospital/Clinic | MOUNT ALVERNIA HOSPITAL | Class of Driving Licence & Expiry Date | Class: NIL Date of Expiry: NIL |
| Date Treatment | 27/05/2019 | Date Discharge | 27/05/2019 |
| No. of Days granted Medical Leave | 03 | Degree of Injury | NIL |

Brief Details.

On 27 May 2019 at about 6:25am, I was travelling along Airport Boulevard towards Terminal 2 in vehicle SMA5872H. As the traffic ahead is relatively heavy, I slowed down my vehicle. Out of a sudden, I was hit on the rear by vehicle SHB6289P. After the collision, both drivers came out of the vehicle to exchange particulars.

The collision resulted in the rear of my vehicle to be dented. Shortly after exchanging particulars, I left the scene.

TP REPORT 3



SINGAPORE
POLICE FORCE



T/20190527/2038

Police Station Of Origin:
Geylang N P C
132 Paya Lebar Road SINGAPORE 409014
Tel No. 1800-8486999

3 of 3

Report No. T/20190527/2038

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 65474835 stating the report number as reference.

Signature Of Officer Recording The Report:
G /
Sgt 2 CHAN LIP YANG, DEMIAN

Signature Of Interpreter:
Not applicable

Officer In Charge Of Case:
TP / AEIT /
SSI 2 YEO GEAK ENG CECILIA
Contact No.: 65476404

Authentication Stamp
NP168

Signature Of Informant:

Date/Time:
27/05/2019 11:23

Classification Of Case: