

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	10/06/2019 14:34
Date Of Accident	09/06/2019 17:20
Exact Location Of Accident	JUNCTION OF NORTH BRIDGE RD & PARLIAMENT PLACE
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SLR6537S
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	REPORTING ONLY
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	NA

Driver

Name of Driver	KOK CHEE CHUEN
NRIC No	S1464564J
Date Of Birth	03/12/1961
Occupation	OUTDOOR
Date Of Driving Pass	20/12/1984
Driving Experience	34 YEARS AND 5 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-93661551
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	COLLISION - CHANGE/CROSS LANE
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?	YES
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]	SENGKANG NPC
Was notice of intended Prosecution given?	NO
If Yes, against whom?	

Circumstances of Accident

REFER TO POLICE REPORT NO: T/20190609/2122 LODGED AT SENGKANG NPC. ON THE 09/06/2019 AT ABOUT 1720 HRS, I WAS DRIVING MY VEHICLE SLR6537S ALONG HIGH STREET TO PICK UP PASSENGER. AS I WAS DRIVING, THERE WAS A VEHICLE SLE5494G WHICH DROVE FROM NORTH BRIDGE ROAD AND AS I DID NOT HAVE ENOUGH TIME TO STOP AND THE TRAFFIC LIGHT WAS IN MY FAVOUR. I COLLIDED ONTO THE VEHICLE RIGHT DRIVER SIDE PORTION INSIDE THE YELLOW BOX. AFTER THE COLLISION, I MADE A CHECK ON MY VEHICLE AND THE FRONT VEHICLE PORTION OF MY VEHICLE IS DAMAGED. THE DRIVER DID NOT GIVE ME HIS PARTICULARS. POLICE AND AMBULANCE CAME TO MY INCIDENT AND THE DRIVER WAS CONVEYED TO HOSPITAL. THERE IS A IN BUILT CAMERA INSIDE MY VEHICLE. NO PHYSICAL INJURIES FROM MY POINT OF MY VIEW ON BOTH PARTIES. I AM NOT INJURED IN ANY WAY AND I WAS ADVISED BY POLICE TO MAKE A REPORT VIDE REPORT NUMBER A/20190609/0113.

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	SLE5494G
Vehicle Make/Model/Colour	MAZDA CX-5 SKYACTIV-G 2.0 SP.6EAT 2WD LED
Details Of Properties	NA
Vehicle Category	PRIVATE CAR
Name of Driver	UNKNOWN
NRIC/Passport Number	
Contact Number	UNKNOWN

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

DETAILS OF INJURED PERSON 1	
Name	UNKNOWN
Approximate Age	
Injuries Sustain	
Injured person in which vehicle?	SLE5494G
Were seat belts worn?	YES
Was this injured conveyed to hospital by ambulance?	YES
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.

VERIFIED BY AJAX MARS
REPORTING OFFICER
Hashim Kamari

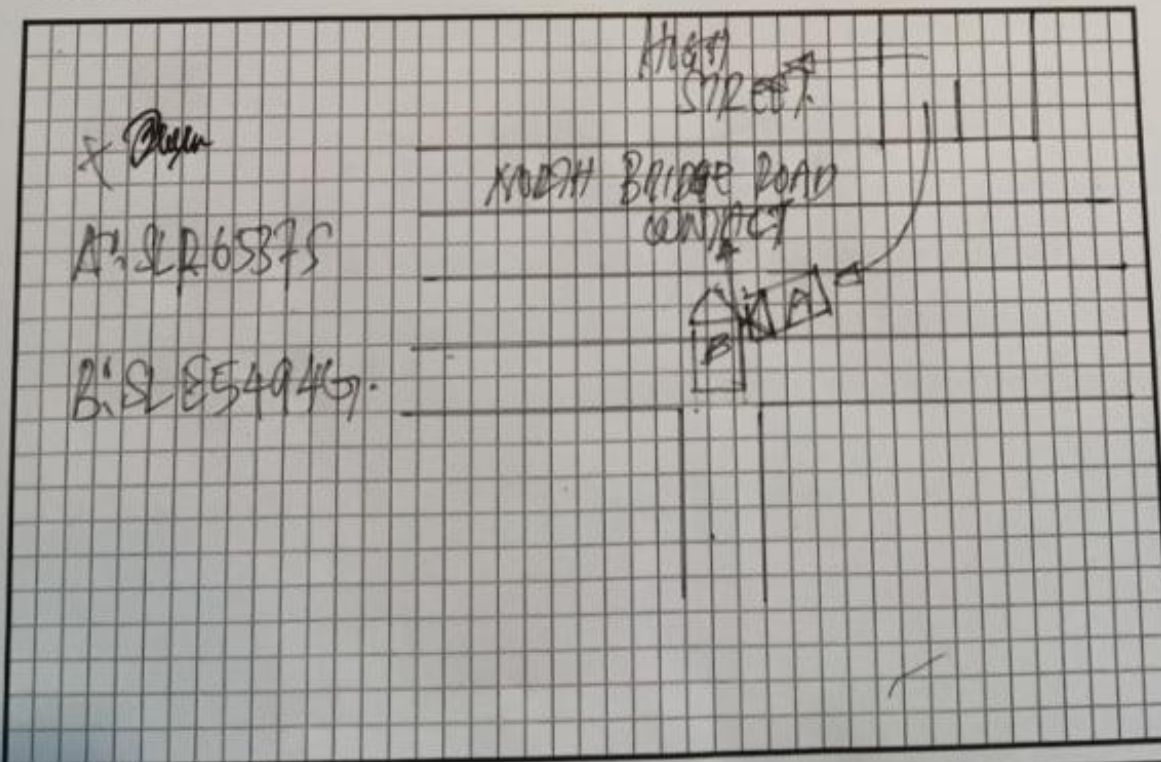
Policyholder's Signature / Date & Time

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

Witnessed by Reporting Centre
Personnel

10/06/17

Sketch Plan



POLICE REPORT



**SINGAPORE
POLICE FORCE**



T/20190609/2122

1 of 3

Police Station Of Origin:
Sengkang N.P.C
2 Sengkang Square #01-02 SINGAPORE
545025
Tel No: 1800-343 8999

Report No. T/20190609/2122

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 09/06/2019 21:31	Vide Report No.: A/20190609/0113	Station Diary No.: 162
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Informant's Particulars

Name of Informant: KOK CHEE CHUEN			Address: APT BLK 408A FERNVALE ROAD #16-36 SINGAPORE 791408	
ID Type / ID No.: NRIC NO / S1464564J			Contact No.: Home/Office:	Mobile: 93661551
Nationality: SINGAPORE CITIZEN			Email:	
Sex: Male	Age: 57	Date of Birth: 03/12/1961	Type of Informant: Driver	
Race: Chinese			Language: English	Institution / School Name:
Occupation: self-employed			Driving Licence Information: Class: 3	Date of Expiry:

General Information of the Accident

General Information of the Accident:				
Type of Accident:	Non-Injury Conveyed By Ambulance	Drink Drive: No	Date/Time of Accident: 09/06/2019 17:20	Type of Location: T-Junction
Location: Along Road 1 HIGH STREET				
Weather: Clear		Road Surface: Dry	Road Speed Limit: 10 Km/h	
Traffic Flow: Two Way		Traffic Control: Traffic Light - Working	Traffic Volume: Moderate	
Type of Collision: Between Moving Vehicles - Head To Side			Anyone conveyed by ambulance: Yes	

Details of Vehicle Involved

Vehicle No.	Type	Make	Model	Color	Condition	No of Passenger
SLE5494G	Car					0
SLR6537S	Car					0

Details of Person Involved

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

POLICE REPORT



**SINGAPORE
POLICE FORCE**



T/20190609/2122

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Report No. T/20190609/2122

Police Station Of Origin:
Sengkang N.P.C
2 Sengkang Square #01-02 SINGAPORE
545025
Tel No: 1800-343 8999

CONTINUATION OF REPORT

Name	Unknown		ID No.	NIL
Related Vehicle	SLE5494G (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	KOK CHEE CHUEN		ID No.	S1464564J
Related Vehicle	SLR6537S (Car)		Contact No.	93661551
Hospital/Clinic	NIL		Class of Driving Licence & Expiry Date	Class: 3 Date of Expiry: NIL
Date Treatment	NIL		Date Discharge	NIL
No. of Days granted Medical Leave	NIL		Degree of Injury	NIL

Brief Details.

On the 09/06/2019 at about 1720hrs, I was driving my vehicle SLR6537S along high street to pick up passenger. As I was driving, there was a vehicle SLE5494G which drove from north bridge road and as I did not have enough time to stop and the traffic light was in my favour, I collided onto the vehicle right driver side portion inside the yellow box. After the collision, I made a check on my vehicle and the front vehicle portion of my vehicle is damaged. The driver did not give me his particulars. Police and ambulance came to my incident and the driver was conveyed to hospital. There is a in built camera inside my vehicle. No physical injuries from my point of my view on both parties. I am not injured in any way and I was advised by police to make a report vide report number A/20190609/0113.

POLICE REPORT



SINGAPORE
POLICE FORCE



T/20190609/2122

Police Station Of Origin:
Sengkang N.P.C
2 Sengkang Square #01-02 SINGAPORE
545025
Tel No: 1800-343 8999

3 of 3

Report No. T/20190609/2122

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:
F /
Sgt 3 DALJIT SINGH

Signature Of Informant:

Signature Of Interpreter:
Not applicable

Date/Time:
09/06/2019 21:31

Officer In Charge Of Case:
TP / GIT /
Sr Staff Sgt MA JUNXIANG
Contact No.: 65476251

Classification Of Case:

Authentication Stamp
NP168



Signature:

Singapore Police Force

SN 085

Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo

