

## 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	25/06/2019 12:20
Date Of Accident	24/06/2019 13:20
Exact Location Of Accident	ALONG ORCHARD LINK MANDARIN ORCHARD HOTEL LOBBY
Country/State of Loss	SINGAPORE

### DETAILS OF OWN VEHICLE

Vehicle Registration Number	SLM3077Z
<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	HO MING CHONG
NRIC No	S1613066D
Date Of Birth	02/04/1963
Occupation	OUTDOOR
Date Of Driving Pass	15/11/1985
Driving Experience	33 YEARS AND 7 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-93514452
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)	4
Passenger 1	NAME: : PASSENGER 1 GENDER: : MALE
Passenger 2	NAME: : PASSENGER 2 GENDER: : MALE
Passenger 3	NAME: : PASSENGER 3 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]	TECK GHEE NPP
Was notice of intended Prosecution given?	NO
If Yes, against whom?	

#### Circumstances of Accident

REFER TO POLICE REPORT - T/20190624/2159 LODGED AT TECK GHEE NPP. I AM A GRAB DRIVER DRIVING A TOYOTA PRIUS CAR BEARING REGISTRATION NUMBER SLM3077Z. ON 24/06/19 AT ABOUT 1320HRS, I PICKED UP 3 PASSENGERS FROM MANDARIN ORCHARD HOTEL LOBBY AT ORCHARD LINK. WHILE I WAS EXITING THE LOBBY AFTER PICKING UP MY PASSENGERS, A BLACK AUDI CAR BEARING REGISTRATION NUMBER SKK977T EXITED FROM THE CARPARK OF THE HOTEL AND COLLIDED ONTO THE REAR OF MY CAR. HIS FRONT RIGHT OF HIS VEHICLE HAD KNOCKED ONTO MY REAR RIGHT HIND OF MY CAR. I CHECKED WITH MY PASSENGERS WHETHER ARE THEY INJURED HOWEVER THEY INFORMED THAT THEY ARE NOT. SUBSEQUENTLY THEY ALIGHTED MY CAR AND LEFT AS I INFORMED THAT I WAS NOT ABLE TO SEND THEM TO THEIR LOCATION. I MADE A CHECK ON MY CAR AND DISCOVERED THAT THERE IS A SLIGHT DENT ON THE RIGHT REAR OF MY CAR. I THEN EXCHANGED PARTICULARS WITH THE DRIVER AND WE BOTH DECIDE TO LODGE FOR INSURANCE CLAIMS. THERE WAS NO GOVERNMENT PROPERTY DAMAGED. NO AMBULANCE OR POLICE CAME DOWN TO SCENE AS WELL. I WENT TO SEE A DOCTOR AT MOUNT ALVERNIA HOSPITAL AND WAS GIVEN 5 DAYS OF MC FROM 24/06/19 TO 28/06/19 AS I FELT PAIN TO MY NECK, LOWER BACK, RIGHT PALM AND RIGHT FOOT. I WISH TO STATE THAT I HAVE AN IN-BUILT CAMERA IN MY CAR CAPTURING THE FRONT OF MY VEHICLE. I HAVE ALREADY INFORMED MY GRAB COMPANY REGARDING THIS TRAFFIC ACCIDENT.

#### 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	SKK977T
Vehicle Make/Model/Colour	AUDI / A4 2.0 TFSI QU S-TRONIC / BLACK
Details Of Properties	
Vehicle Category	PRIVATE CAR
Name of Driver	ZHANG YIJUN
NRIC/Passport Number	S8214862J
Contact Number	96410129
Address	
Postcode	
Insurance Company Name	
Nature Of Damage	
No. Of Passenger (Including Driver)	

#### DETAILS OF INJURED PERSON 1

Name	HO MING CHONG
Approximate Age	
Injuries Sustain	
Injured person in which vehicle?	SLM3077Z
Were seat belts worn?	YES
Was this injured conveyed to hospital by ambulance?	NO
Address	
Postcode	

# 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/are permitted to 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.

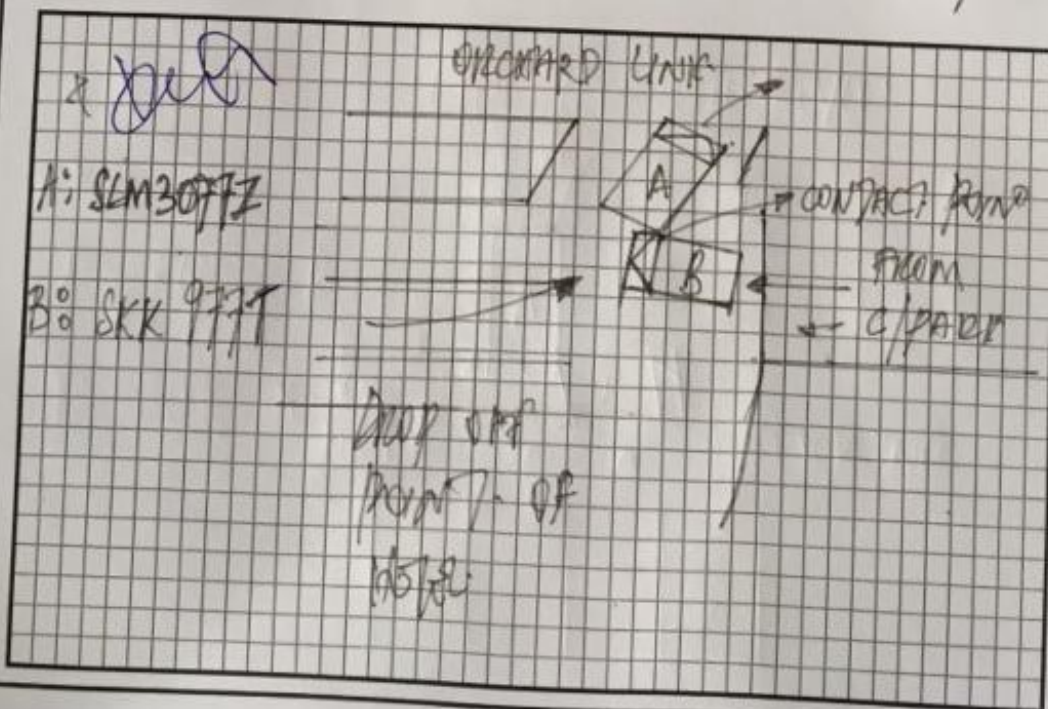
Policyholder's Signature / Date & Time

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

VERIFIED BY AJAX MARS  
REPORTING OFFICER  
Hashim

Witnessed by Reporting Centre  
Personnel

## Sketch Plan



# Police Report



**SINGAPORE  
POLICE FORCE**



T/20190624/2159

1 of 4

Police Station Of Origin:  
Teck Ghee NPP  
321 Ang Mo Kio Street 31 SINGAPORE  
560321  
Tel No: 1800-4599999

Report No. T/20190624/2159

## REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 24/06/2019 17:54	Vide Report No.:	Station Diary No.: 27
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### Informant's Particulars

Name of Informant: HO MING CHONG			Address: APT BLK 999B BUANGKOK CRESCENT #15-753 SINGAPORE 532999	
ID Type / ID No.: NRIC NO / S1613066D			Contact No.: Home/Office: Mobile: 93514452	
Nationality: SINGAPORE CITIZEN			Email:	
Sex: Male	Age: 56	Date of Birth: 02/04/1963	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:	Injury Others	Drink Drive: No	Date/Time of Accident: 24/06/2019 13:20	Type of Location: OUTSIDE HOTEL LOBBY
Location: Along Road 1 ORCHARD LINK  MANDARIN ORCHARD HOTEL LOBBY				
Weather: Clear		Road Surface: Dry		Road Speed Limit:
Traffic Flow: One 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
SKK977T	Car	AUDI	A4 2.0 TFSI QU S- TRONIC	Black		0
SLM3077Z	Car	TOYOTA	PRIUS HYBRID 1.8 CVT	White	Slightly Damaged	3



# Police Report



**SINGAPORE  
POLICE FORCE**



T/20190624/2159

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Report No. T/20190624/2159

Police Station Of Origin:  
Teck Ghee NPP  
321 Ang Mo Kio Street 31 SINGAPORE  
560321  
Tel No: 1800-4599999

## CONTINUATION OF REPORT

Details of Person Involved			
Any Pedestrian Involved: No			
No. of Pedestrians Injured: NIL		Use of Pedestrian Crossing: NA	
Driver			
Name	ZHANG YIJUN	ID No.	S8214862J
Related Vehicle	SKK977T (Car)	Contact No.	96410129
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	HO MING CHONG	ID No.	S1613066D
Related Vehicle	SLM3077Z (Car)	Contact No.	93514452
Hospital/Clinic	MOUNT ALVERNIA HOSPITAL	Class of Driving Licence & Expiry Date	Class: 3 Date of Expiry: NIL
Date Treatment	NIL	Date Discharge	NIL
No. of Days granted Medical Leave	05	Degree of Injury	Slight

### Brief Details.

I am a grab driver driving a Toyota Prius car bearing registration number SLM3077Z.

On 24/06/19 at about 1320hrs, I picked up 3 passengers from Mandarin Orchard Hotel Lobby at Orchard Link. While I was exiting the lobby after picking up my passengers, a black Audi car bearing registration number SKK977T exited from the carpark of the hotel and collided onto the rear of my car. His front right of his vehicle had knocked onto my rear right hind of my car.

I checked with my passengers whether are they injured however they informed that they are not. Subsequently they alighted my car and left as I informed that I was not able to send them to their location.

I made a check on my car and discovered that there is a slight dent on the right rear of my car.

I then exchanged particulars with the driver and we both decided to lodge for insurance claims.

There was no government property damaged. No ambulance or police came down to scene as well.

I went to see a doctor at Mount Alvernia Hospital and was given 5 days of MC from 24/06/19 to 28/06/19 as I felt pain to my neck, lower back, right palm and right foot.

I wish to state that I have an in-built camera in my car capturing the front of my vehicle.

Police Report



**SINGAPORE  
POLICE FORCE**



T/20190624/2159

3 of 4

Police Station Of Origin:  
Teck Ghee NPP  
321 Ang Mo Kio Street 31 SINGAPORE  
560321  
Tel No: 1800-4599999

Report No. T/20190624/2159

CONTINUATION OF REPORT

I have already informed my Grab company regarding this traffic accident.

Police Report



SINGAPORE  
POLICE FORCE



T/20190624/2159

Police Station Of Origin:  
Teck Ghee NPP  
321 Ang Mo Kio Street 31 SINGAPORE  
560321  
Tel No: 1800-4599999

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Report No. T/20190624/2159

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 2 KIAM JIN HUAT

Signature Of Informant:

Signature Of Interpreter:  
Not applicable

Date/Time:  
24/06/2019 17:54

Officer In Charge Of Case:  
TP / AEIT /  
SI ANG YI TING, STEPHANIE  
Contact No.: 65476414

Classification Of Case:

Authentication Stamp  
NP168



Signature: \_\_\_\_\_

SN 085

Singapore Police Force



Accident Photo



Accident Photo



Accident Photo



Accident Photo





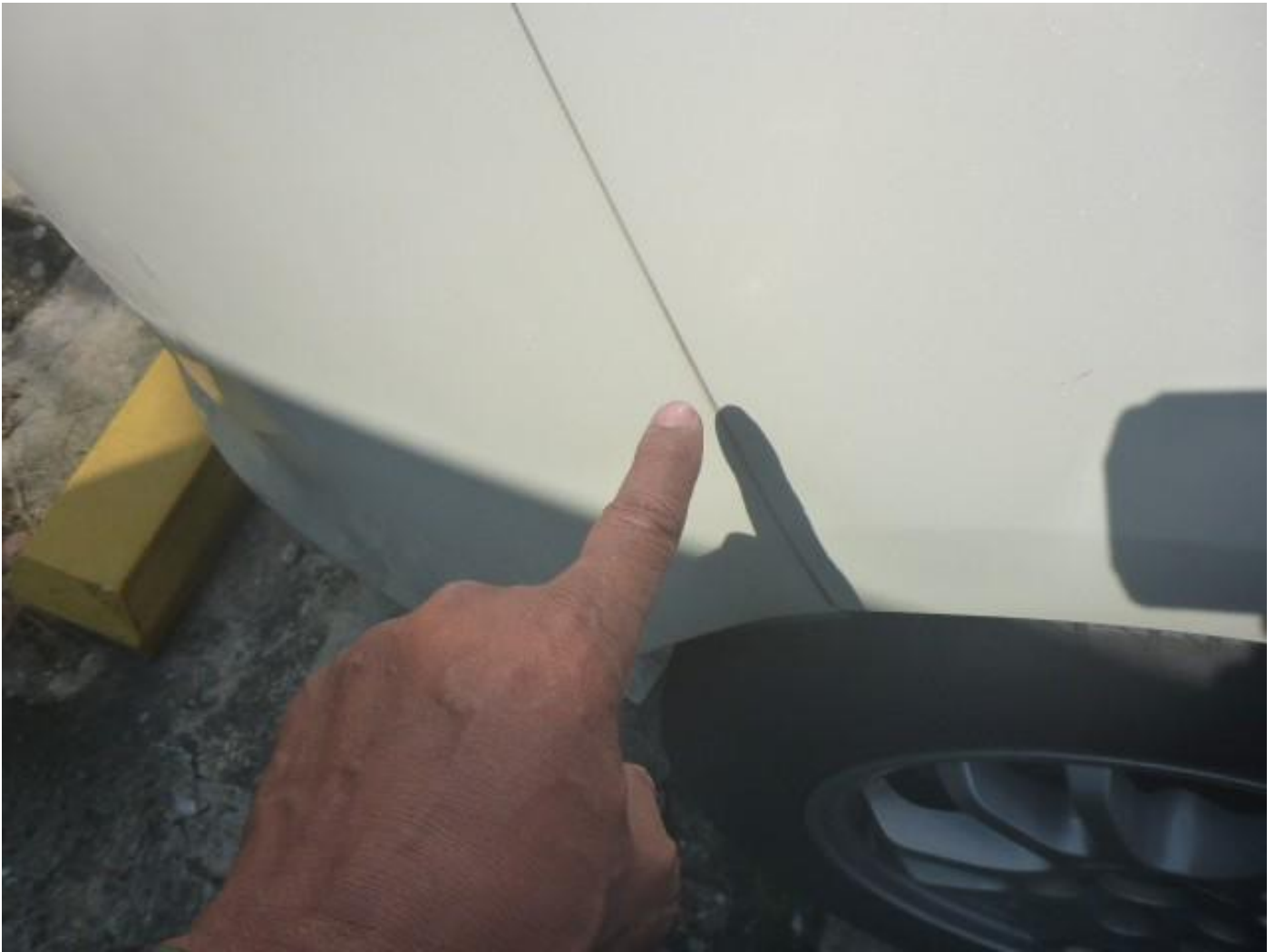
**Accident Photo**



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Accident Photo

