

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	26/07/2019 14:11
Date Of Accident	25/07/2019 17:20
Exact Location Of Accident	ALONG FARRER RD TOWARDS HOLLAND RD
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SLK7407P
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 & 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	KOH SENG CHUAN
NRIC No	S0123032H
Date Of Birth	22/08/1954
Occupation	OUTDOOR
Date Of Driving Pass	18/11/1977
Driving Experience	41 YEARS AND 8 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-83282270
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: : JACLYN CHOO SUI YIN GENDER: : FEMALE

Details of Police Action

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

Circumstances of Accident

REFER TO POLICE REPORT - T/20190726/2053 LODGED AT THOMSON NPP. ON 25/07/2019 AT ABOUT 1720HRS, I WAS DRIVING MY VEHICLE (SLK7407P) ALONG FARRER RD GOING TOWARDS HOLLAND RD. I WAS BEHIND TWO OTHER VEHICLES. AS I SAW THE VEHICLE IN FRONT OF ME COMING TO A STOP. I STEPPED ON MY BRAKE AND MY VEHICLE CAME TO A STOP. I THEN SAW THE FIRST VEHICLE TURNING LEFT INTO A CONDOMINIUM. AS THE VEHICLE IN FRONT OF ME STARTED MOVING, I SLOWLY DROVE MY VEHICLE FORWARD. SUDDENLY I FELT AN IMPACT COMING FROM THE REAR OF MY VEHICLE. I THEN ALIGHTED FROM MY VEHICLE DISCOVERED THAT A VEHICLE (SLP3091R) HAD KNOCKED ONTO THE REAR SIDE OF MY VEHICLE. THERE WERE SCRATCHES AND DENTS ON MY VEHICLE AND A DENT ON THE FRONT SIDE OF THE OTHER VEHICLE. WE THEN PROCEEDED TO EXCHANGE OUR DETAILS AND WE DROVE OFF SOON AFTER. I WISH TO ADD THAT I DO NOT HAVE ANY REAR VIEW CAMERA AND THAT THE DRIVER OF SLP3091R HAD A FRONT VIEW CAMERA IN HIS VEHICLE. I WISH TO ALSO ADD THAT AT THAT POINT OF TIME, I HAD A PASSENGER WITH ME. SHE INFORMED ME THAT SHE WILL GO FOR A CHECK ON 26/07/2019. SHE COMPLAINT OF HAVING PAIN ON THE BACK OF HER NECK AND FELT LIKE VOMITING. DUE TO THE INCIDENT, I FELT PAIN ON THE BACK OF MY VEHICLE, I HAD BLURRED VISION AND I FELT LIKE VOMITING. I THEN WENT TO KHOO TECK PUAT HOSPITAL AND WAS GIVEN 7 DAYS OF MC. I AM LODGING THIS REPORT FOR INSURANCE CLAIMS PURPOSES. PARTICULARS OF MY PASSENGER: NAME: MISS JACLYN CHOO SUI YIN NRIC: S893308F HP: 83365977

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	SLP3091R
Vehicle Make/Model/Colour	NISSAN / QASHQAI 1.2 DIG-T CVT ABS 2WD 5DR

Details Of Properties

Vehicle Category	PRIVATE CAR
Name of Driver	SEAH CHEE KIONG
NRIC/Passport Number	S1815613Z
Contact Number	92391824
Address	
Postcode	
Insurance Company Name	
Nature Of Damage	
No. Of Passenger (Including Driver)	

DETAILS OF INJURED PERSON 1

Name	KOH SENG CHUAN
Approximate Age	
Injuries Sustain	
Injured person in which vehicle?	SLK7407P
Were seat belts worn?	YES
Was this injured conveyed to hospital by ambulance?	NO
Address	
Postcode	

DETAILS OF INJURED PERSON 2

Name	JACLYN CHOO SUI YIN
Approximate Age	
Injuries Sustain	
Injured person in which vehicle?	SLK7407P
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) 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.

Policyholder's Signature / Date & Time

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

Witnessed by Reporting Centre
Personnel

Sketch Plan

A hand-drawn diagram on graph paper showing a 2D coordinate system. The horizontal axis is labeled "FAR" and the vertical axis is labeled "DEP". A point is marked with a small house icon and labeled "A" and "B". The coordinates are given as A: SLP 740 EP and B: SLP 309 IR. Arrows indicate the positive directions for both axes.

Police Report



**SINGAPORE
POLICE FORCE**



T/20190726/2053

Police Station Of Origin:
Thomson NPP
25 Sin Ming Road #01-180 SINGAPORE
570025
Tel No: 1800-4529999

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Report No. T/20190726/2053

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 26/07/2019 12:46	Vide Report No.:	Station Diary No.: 10
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Informant's Particulars

Name of Informant: KOH SENG CHUAN		Address: APT BLK 444 SIN MING AVE #14-455 SINGAPORE 570444	
ID Type / ID No.: NRIC NO / S0123032H		Contact No.: Home/Office: Mobile: 83282270	
Nationality: SINGAPORE CITIZEN		Email:	
Sex: Male	Age: 64	Date of Birth: 22/08/1954	Type of Informant: Driver
Race: Chinese		Language: English	Institution / School Name:
Occupation: PRIVATE HIRE DRIVER		Driving Licence Information: Class: 3,4 Date of Expiry:	

General Information of the Accident

Type of Accident:	Injury Others	Drink Drive: No	Date/Time of Accident: 25/07/2019 17:20	Type of Location: Straight Road
Location: Along Road 1 Traveling Toward Road 2 FARRER ROAD HOLLAND ROAD Driving along Farrer Road, towards Holland Road				
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
SLK7407P	Car				Slightly Damaged	1
SLP3091R	Car				Slightly Damaged	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/20190726/2053

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Report No. T/20190726/2053

Police Station Of Origin:
Thomson NPP
25 Sin Ming Road #01-180 SINGAPORE
570025
Tel No. 1800-4529999

CONTINUATION OF REPORT

Driver			
Name	KOH SENG CHUAN	ID No.	S0123032H
Related Vehicle	SLK7407P (Car)	Contact No.	83282270
Hospital/Clinic	KHOO TECK PUAT HOSPITAL	Class of Driving Licence & Expiry Date	Class: 3,4 Date of Expiry: NIL
Date Treatment	25/07/2019	Date Discharge	25/07/2019
No. of Days granted Medical Leave	07	Degree of Injury	Slight
Driver			
Name	SEAH CHEE KIONG	ID No.	S1815613Z
Related Vehicle	SLP3091R (Car)	Contact No.	92391824
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

Brief Details.

On 25/07/2019 at about 1720hrs, I was driving my vehicle(SLK7407P) along Farrer Rd going towards Holland Rd. I was behind two other vehicles. As I saw the vehicle in front of me coming to a stop, I stepped on my brake and my vehicle came to a stop. I then saw the first vehicle turning left into a Condominium. As the vehicle in front of me started moving, I slowly drove my vehicle forward. Suddenly I felt an impact coming from the rear of my vehicle.

I then alighted from my vehicle and discovered that a vehicle(SLP3091R) had knocked onto the rear side of my vehicle. There were scratches and dents on my vehicle and a dent on the front side of the other vehicle. We then proceeded to exchange our details and we drove off soon after. I wish to add that I do not have any rear view camera and that the driver of SLP3091R has a front view camera in his vehicle. I wish to also add that at that point of time, I had a passenger with me. She informed me that she will go for a check on 26/07/2019. She complaint of having pain on the back of her neck and felt like vomiting.

Due to the incident, I felt pain on the back of my neck, I had blurred vision and I felt like vomiting. I then went to Khoo Teck Puat Hospital and was given 7 days of MC. I am lodging this report for Insurance claims purposes.

Particulars of my passenger:
Name: Miss Jaclyn Choo Sui Yin
NRIC: S893308F
HP: 83365977

Police Report



**SINGAPORE
POLICE FORCE**



T/20190726/2053

Police Station Of Origin:
Thomson NPP
25 Sin Ming Road #01-180 SINGAPORE
570025
Tel No: 1800-4529999

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Report No. T/20190726/2053

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 QAMARUL FITRI BIN JEFFREY

Signature Of Informant:

Signature Of Interpreter:

Not applicable

Date/Time:

26/07/2019 12:46

Officer In Charge Of Case:

TP / AEIT /

SSI 2 JUREMAH BINTE AHMAD

Contact No: 65476219

SN 070

Classification Of Case:

Authentication Stamp

NP168

Police Report



**SINGAPORE
POLICE FORCE**



T/20190726/2053

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Report No. T/20190726/2053

Police Station Of Origin:
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CONTINUATION OF REPORT