

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	24/12/2019 11:49
Date Of Accident	23/12/2019 17:30
Exact Location Of Accident	ALONG BUKIT TIMAH ROAD
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SLT2523Y
Insured/Policyholder	
Name Of Registered Owner	GRAB RENTALS PTE LTD
Co Reg No	2XXXXX200G
Email Address	NOEMAIL
Mobile Phone No	
Alternative Phone No	OFFICE-31388644

Vehicle Particulars

Manufacturer	TOYOTA
Model	PRIUS-1.8 HYBRID CVT (A)
Exact Purpose for which vehicle was being used at time of accident	
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	RAYMOND CHEW SOON HAR
NRIC No	SXXXX103I
Date Of Birth	17/11/1960
Occupation	OUTDOOR
Date Of Driving Pass	06/03/1981
Driving Experience	38 YEARS AND 9 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-88921914
Fax Number	
Contact Number	
EEmail Address	NOEMAIL

Address	BLK 117 BISHAN ST 12 #22-31
Postcode	570117
Was driver an employee of the Insured's Company	NO
If No, Relationship of the Driver with the Insured	OTHER - LESSEE
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	RAINING
Road Surface	WET

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: : MINARNI GENDER: : FEMALE

Details of Police Action

Was the accident reported to the police?	YES
If Yes, Please state which Police Station	
Police Station Name	TOA PAYOH NEIGHBOURHOOD POLICE CENTRE
Police Station Address	ROAD: 93 TOA PAYOH CENTRAL TOA PAYOH COMMUNITY BUILDING , POSTCODE: 319194 , COUNTRY: SINGAPORE
Police Station Contact	TEL NO: 1800-2519999 - FAX NO: 63548749
Was notice of intended Prosecution given?	NO
If Yes, against whom?	

Circumstances of Accident

REFER TO POLICE REPORT NO. T/20191224/2007

Attachment(s)

Are accident photos available for attachment?	YES
Was there any video captured by Car Camera?	YES
Remarks/ Reasons:	SD CARD WITH WORKSHOP
Was there any audio recorded?	NO

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	SJP1232M
Vehicle Make/Model/Colour	MAZDA
Details Of Properties	VEH B
Vehicle Category	PRIVATE CAR
Name of Driver	LEE PEI YONG
NRIC/Passport Number	SXXXX667H
Contact Number	96748192

Address
Postcode
Insurance Company Name
Nature Of Damage FRONT PORTION
No. Of Passenger (Including Driver) 1

DETAILS OF INJURED PERSON 1

Name RAYMOND CHEW SOON HAR
Approximate Age
Injuries Sustain
Injured person in which vehicle? SLT2523Y
Were seat belts worn?
Was this injured conveyed to hospital by ambulance? NO
Address (DRIVER)
Postcode

DETAILS OF INJURED PERSON 2

Name MINARNI
Approximate Age
Injuries Sustain
Injured person in which vehicle? SLT2523Y
Were seat belts worn?
Was this injured conveyed to hospital by ambulance? NO
Address (FEMALE PASSENGER)
Postcode

Sketch Plan

SKETCH PLAN

IMPORTANT NOTICE

- 2527
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 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.
- (d) my Personal Information will also be collected and used to compile claims history for the purpose of fraud detection, investigation and management in present and all future claims.
- (e) the information so collected under (d) above may be shared / disclosed:
 - (i) to all insurers and/or any other third parties that assist in evaluating, investigating, controlling or managing fraud, regulators, law enforcement and government agencies as reasonably required for the purposes stated, or
 - (ii) for complying with requirements under any regulations, laws or court orders.

Policyholder's Signature
Date & Time:

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

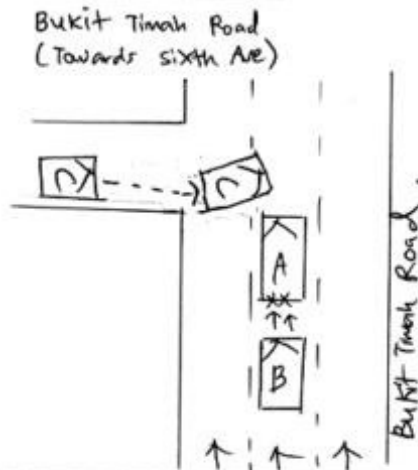
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Reporting Centre Personnel's Signature
Name:
NRIC/FIN No.:

24/12/19 10.50 AM

Jenny Ng

Sketch Plan #2

SKETCH PLAN



(A) SLT 2523 Y

(b) SJP 1232M

(c) SCM 4025 Z

DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

Please refer to police report: T/20191224/2007

DECLARATION

I/We declare the foregoing particulars are true in every respect.

Policyholder's Signature
Date & Time:

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

24/12/19 10.50 am

Reporting Centre Personnel's Signature
Name:

NRIC/FIN No.: Jenny

Police Report



**SINGAPORE
POLICE FORCE**



T20191224/0007

1 of 3

Report No: T20191224/0007

Police Station Of Origin
Toa Payoh N.P.C
83 Toa Payoh Central #01-02 Toa Payoh
Community Building SINGAPORE 319194
Tel No: 1800-2519999

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made:
24/12/2019 00:49

Vide Report No:

Station Diary No:
12

Informant's Particulars

Name of Informant: RAYMOND CHEW SOON HAR			Address: AFT BLK 117 BISHAN STREET 12 #22-31 SINGAPORE 570117		
ID Type / ID No.: NRIC NO / S14321031			Contact No.: Home/Office: Mobile: 88921914		
Nationality: SINGAPORE CITIZEN			Email: 2raymondchew@gmail.com		
Sex: Male	Age: 59	Date of Birth: 17/11/1960	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:	Non-Injury Others:	Drink Drive: No	Date/Time of Accident: 23/12/2019 17:30	Type of Location: Straight Road
Location: Along Road 1 Traveling Toward Road 2 BUKIT TIMAH ROAD				
ALONG BUKIT TIMAH ROAD GOING TOWARDS SIXTH AVENUE				
Weather: Raining		Road Surface: Wet		Road Speed Limit:
Traffic Flow: One Way		Traffic Control: Not Controlled		Traffic Volume: Light
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
SCM4025Z	Car				No Damage	0
SJP1232M	Car				Slightly Damaged	0
SLT2523Y	Car				Slightly Damaged	1

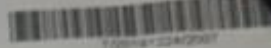
Police Report



**SINGAPORE
POLICE FORCE**

Police Station Of Origin:
Toa Payoh N.P.C.
93 Toa Payoh Central #01-02 Toa Payoh
Community Building SINGAPORE 319194
Tel No: 1800-2519999

CONTINUATION OF REPORT



112019122402001

2 of 2

Report No: 112019122402001

Details of Person Involved			
Any Pedestrian Involved: No		Use of Pedestrian Crossing: NA	
No. of Pedestrians Injured: NIL			
Driver Name		ID No	514321031
RAYMOND CHEW SOON HAR		Contact No	88921914
Related Vehicle		SLT2523Y (Car)	
Hospital/Clinic		Class of Driving Licence & Expiry Date	Class: NIL Date of Expiry: NIL
MOUNT ALVERNIA HOSPITAL			
Date Treatment	NIL	Date Discharge	NIL
No. of Days granted Medical Leave	05	Degree of Injury	NIL

Brief Details.

On 23.12.2019 at about 1730hrs I was driving my vehicle bearing registration of SLT2523Y along Bukit Timah Road going towards Sixth Avenue on the second lane.

While I was driving my vehicle, out of sudden one vehicle bearing registration of SCM4025Z from my left come out from left filter. I make an Emergency break and vehicle from my behind bearing registration of SJP1232M hit onto my rear vehicle. I horn to the said vehicle as it turn out suddenly. However the said vehicle drive out without stopping.

I make a check on my rear vehicle and I discovered that there is a dented on my rear vehicle and my tail light is damaged. Neither traffic police nor ambulance at scene. My vehicle and the rear vehicle who hit behind my vehicle exchange particulars.

My wife and I proceed to Mount Alvernia Hospital for further check-up and both of us was given 5 days of MC dated from 23.12.2019 to 27.12.2019. The reason that my wife need to see a doctor it is because she is passenger.

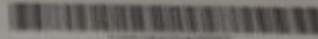
My Wife Particular as follows:

Name: Minarni
Fin: G9067158N
Address: Blk 117 Bishan Street 12 #22-31
Hp: 94458059

Police Report



SINGAPORE
POLICE FORCE



Police Station Of Origin:
Toa Payoh N.P.C.
83 Toa Payoh Central #01-02 Toa Payoh
Community Building SINGAPORE 319184
Tel No: 1800-2519999

Report No: T001401234/2019

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 /

Staff Sgt NUR FHADILAH BINTE MOHD
KHALID

Signature Of Informant:

Signature Of Interpreter:
Not applicable

Date/Time:
24/12/2019 00:49

Officer In Charge Of Case:

TP / GIA /

Staff Sgt WONG SIEU LUI

Contact No.: 65476151

Classification Of Case:

SN 168

Authentication Stamp

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Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo

