

## 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	11/03/2020 22:52
Date Of Accident	11/03/2020 17:15
Exact Location Of Accident	JUNCTION OF ORCHID CLUB RD / YISHUN AVE 1
Country/State of Loss	SINGAPORE

### DETAILS OF OWN VEHICLE

Vehicle Registration Number	SLM4464H
<b>Insured/Policyholder</b>	
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	NISSAN
Model	QASHQAI-1.2 DIG-T CVT ABS 2WD 5DR (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	29141713
Cover Note Number	

### Driver

Name of Driver	YEW LENG WHATT
NRIC No	SXXXX461I
Date Of Birth	13/12/1963
Occupation	OUTDOOR
Date Of Driving Pass	23/08/1985
Driving Experience	34 YEARS AND 6 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-90622833
Fax Number	
Contact Number	
EEmail Address	NOEMAIL

Address	BLK 809 WOODLANDS ST 81 #10-177
Postcode	730809
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	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)	1

#### Details of Police Action

Was the accident reported to the police?	YES
If Yes, Please state which Police Station	
Police Station Name	HONG KAH NORTH NEIGHBOURHOOD POLICE POST
Police Station Address	<b>ROAD:</b> BLK 370 BUKIT BATOK STREET 31 , <b>POSTCODE:</b> 650370 , <b>COUNTRY:</b> SINGAPORE
Police Station Contact	<b>TEL NO:</b> 1800-5679999 - <b>FAX NO:</b> 65652508
Was notice of intended Prosecution given?	NO
If Yes, against whom?	

#### Circumstances of Accident

REFER TO POLICE REPORT NO. T/20200311/2170

#### 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	SHC7021H
Vehicle Make/Model/Colour	HYUNDAI
Details Of Properties	VEH B
Vehicle Category	TAXI
Name of Driver	TAN PAU SENG
NRIC/Passport Number	SXXXX515G
Contact Number	97649650
Address	
Postcode	
Insurance Company Name	

Nature Of Damage	FRONT PORTION
No. Of Passenger (Including Driver)	1

**DETAILS OF INJURED PERSON 1**

Name	YEW LENG WHATT
Approximate Age	
Injuries Sustain	
Injured person in which vehicle?	SLM4464H
Were seat belts worn?	
Was this injured conveyed to hospital by ambulance?	NO
Address	(DRIVER)
Postcode	

**SKETCH PLAN**

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7. By the lodgment 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:

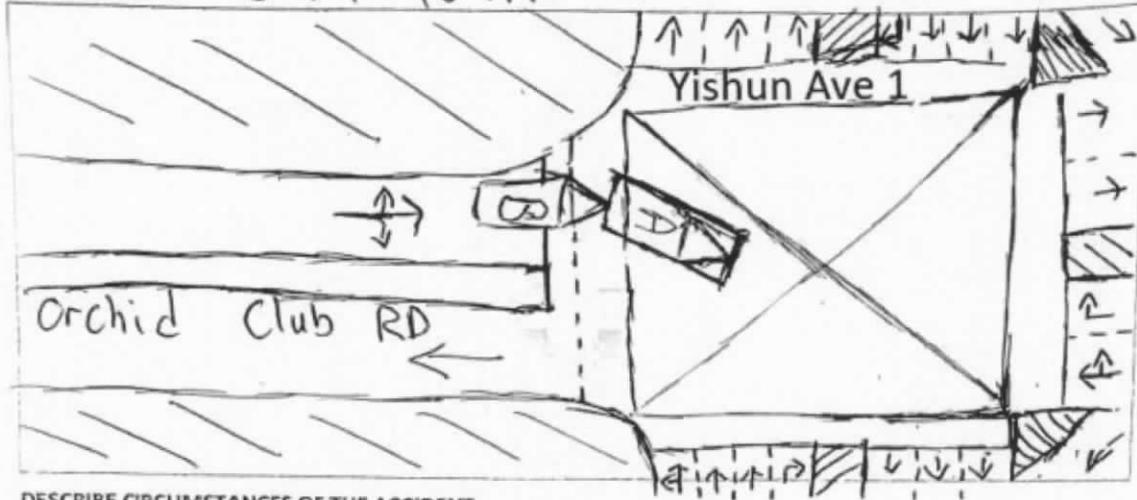
- (a) My insurer, my workshop and the General Insurance Association of Singapore ("GIA") may/are permitted to collect, use, disclose and/or process my personal data/personal information set out in this [form] and any other personal information provided by me or possessed by my insurer (collectively the "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.
- (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:

Reporting Centre Personnel's Signature  
Name: **NH YOU HAM**  
NRIC/FIN No.: **S8240344B**

SKETCH PLAN A-SLMH464H / B-SHC7021H.



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

Refer to Police report.

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:

Reporting Centre Personnel's Signature

Name: NG YOU HAN  
NRIC/FIN No.: 88240344B.

Police Report



**SINGAPORE  
POLICE FORCE**



T/20200311/21

Police Station Of Origin:  
Hong Kah North NPP  
370 Bukit Batok Street 31 #01-201  
SINGAPORE 650370  
Tel No: 1800-5679999

Report No. T/2

**REPORT OF A TRAFFIC ACCIDENT**

Date/Time Report Made: 11/03/2020 22:06	Vide Report No.:	Station Dis: 64
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**Informant's Particulars**

Name of Informant: YEY LENG WHATT		Address: APT BLK 809 WOODLANDS STREET 81 #10-177 SINGAPORE 730809	
ID Type / ID No.:		Contact No.:	Mobile: 90622833
NRIC NO / S15764611		Home/Office:	
Nationality: SINGAPORE CITIZEN		Email:	
Sex: Male	Age: 56	Date of Birth: 13/12/1963	Type of Informant: Driver
Race: Chinese		Language:	Institution / School Na
Occupation: GRAB DRIVER		Driving Licence Information: Class: 2B,3	Date of Expiry:

**General Information of the Accident**

Type of Accident:	Injury Others	Drink Drive: No	Date/Time of Accident: 11/03/2020 17:15	Type of X-Junct
Location: Along Road 1 ORCHID CLUB ROAD YISHUN AVENUE 2 along orchid club road towards Yishun Ave 2				
Weather: Clear		Road Surface: Dry	Road Speed L	
Traffic Flow:		Traffic Control:	Traffic Volume	
Type of Collision: Between Moving Vehicles - Head To Rear				Anyone convey ambulance: No

**Details of Vehicle Involved**

Vehicle No.	Type	Make	Model	Color	Condition	No of Pa
SHC7021H	Car	HYUNDAI	I40 1.7 CRDI F/L AT ABS AIRBAG 4DR	Yellow		0
SLM4464H	Car	NISSAN	QASHQAI 1.2 DIG-T CVT ABS 2WD 5DR	White	Slightly Damaged	0

Police Report



**SINGAPORE  
POLICE FORCE**



T/20200311/2170

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Report No. T/20200311/2170

Police Station Of Origin:  
Hong Kah North NPP  
370 Bukit Batok Street 31 #01-201  
SINGAPORE 650370  
Tel No: 1800-5679999

CONTINUATION OF REPORT

Details of Person Involved			
Any Pedestrian Involved: No		Use of Pedestrian Crossing: NA	
No. of Pedestrians Injured: NIL			
Driver			
Name	YEW LENG WHATT	ID No.	S15764611
Related Vehicle	SLM4464H (Car)	Contact No.	90622833
Hospital/Clinic	ONECARE CLINIC BUKIT GOMBAK	Class of Driving Licence & Expiry Date	Class: 2B,3 Date of Expiry: NIL
Date Treatment	11/03/2020	Date Discharge	NIL
No. of Days granted Medical Leave	03	Degree of Injury	NIL

**Brief Details.**

On 11/03/2020 at 1715hrs, I was travelling along Orchid Club Rd towards Yishun Ave 2, as I was approaching a cross junction ahead, the traffic appears to be green as I intend to make a right turn. However there is still vehicle oncoming, thus I came to a stop and asses the traffic till its my favor to make a right turn. Suddenly, a taxi from the rear collide onto my vehicle. I alighted from the vehicle and exchanged particulars with him and left the place.

Taxi driver details as follows:

Tan Pau Seng  
S1132515G  
Blk 686C Jurong West Central 1 #05-154  
HP: 97649650  
SHC7021H



**SINGAPORE  
POLICE FORCE**

Police Station Of Origin:  
Hong Kah North NPP  
370 Bukit Batok Street 31 #01-201  
SINGAPORE 650370  
Tel No: 1800-5679999

T/20200311/2170

Report No. T/2020

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 do not have the certificate with you now, please fax a copy to 65474885 stating the report number as reference.

Signature Of Officer Recording The Report:  
J/  
Sgt 2 BENJAMIN LEE CHAI JUN

Signature Of Informant:

Signature Of Interpreter:  
Not applicable

Date/Time:  
11/03/2020 22:06

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

Classification Of Case:

Authentication Stamp  
NP168

SINGAPORE  
POLICE FORCE  
SAFETY AND SECURITY  
  
SIGNATURE