

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	17/03/2020 16:18
Date Of Accident	17/03/2020 09:00
Exact Location Of Accident	ALONG SLE
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SLZ9432Z
Insured/Policyholder	
Name Of Registered Owner	GRAB RENTALS PTE LTD
Co Reg No	201617200G
Email Address	NOEMAIL
Mobile Phone No	
Alternative Phone No	OFFICE-31388644

Vehicle Particulars

Manufacturer	TOYOTA
Model	SIENTA HYBRID-1.5 X 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	29141713
Cover Note Number	

Driver

Name of Driver	TEE XIANG HONG
NRIC No	S7177001Z
Date Of Birth	28/05/1971
Occupation	OUTDOOR
Date Of Driving Pass	07/11/1995
Driving Experience	24 YEARS AND 4 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-85339439
Fax Number	
Contact Number	
EEmail Address	NOEMAIL

Address	13 SENGKANG EAST AVE #08-05
Postcode	544805
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)	2
Passenger 1	NAME: : LEE BEE PING GENDER: : FEMALE

Details of Police Action

Was the accident reported to the police?	YES
If Yes, Please state which Police Station	
Police Station Name	HOUGANG NEIGHBOURHOOD POLICE CENTRE
Police Station Address	ROAD: 60 HOUGANG AVE 9 , POSTCODE: 538775 , COUNTRY: SINGAPORE
Police Station Contact	TEL NO: 1800-4890999 - FAX NO: 63128989
Was notice of intended Prosecution given?	NO
If Yes, against whom?	

Circumstances of Accident

REFER TO POLICE REPORT NO. T/20200317/2038

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	SHA9726E
Vehicle Make/Model/Colour	HYUNDAI / YELLOW
Details Of Properties	VEH B
Vehicle Category	TAXI
Name of Driver	ONG KAH HOE
NRIC/Passport Number	S0189259B
Contact Number	98390468

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

DETAILS OF INJURED PERSON 1

Name TEE XIANG HONG
Approximate Age
Injuries Sustain
Injured person in which vehicle? SLZ9432Z
Were seat belts worn?
Was this injured conveyed to hospital by ambulance? NO
Address (DRIVER)
Postcode

DETAILS OF INJURED PERSON 2

Name LEE BEE PING
Approximate Age
Injuries Sustain
Injured person in which vehicle? SLZ9432Z
Were seat belts worn?
Was this injured conveyed to hospital by ambulance? NO
Address (FEMALE PASSENGER)
Postcode

Sketch Plan
SKETCH PLAN

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. The 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 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:
NRIC/FIN No.:

Sketch Plan #2

SKETCH PLAN

Along SLE towards Woodlands of Upper Thomson Flavour

veh A: SLZ 9432Z
veh B: SHA 9726E

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:
NRIC/FIN No.:

Police Report



**SINGAPORE
POLICE FORCE**



T/20200317/2038

1 of 4

Police Station Of Origin:
Hougang N.P.C
60 Hougang Avenue 9 SINGAPORE 538775
Tel No: 1800-4890999

Report No: T/20200317/2038

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 17/03/2020 12:10	Vide Report No.:	Station Diary No.: 46
--	------------------	--------------------------

Informant's Particulars

Name of Informant: TEE XIANG HONG			Address: 13 SENGKANG EAST AVENUE #08-05 SINGAPORE 544805	
ID Type / ID No.: NRIC NO / S7177001Z			Contact No.: Home/Office:	

General Information of the Accident

Type of Accident:	Injury Others	Drink Drive: No	Date/Time of Accident: 17/03/2020 09:00	Type of Location:
Location: Along Road 1 SELETAR EXPRESSWAY				
SLE towards woodlands				
Weather: Clear		Road Surface: Dry	Road Speed Limit:	
Traffic Flow:		Traffic Control:	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
SHA726E	TAXI					0
SLZ9432Z	Car				Slightly Damaged	1

Details of Person Involved

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

Police Report



**SINGAPORE
POLICE FORCE**



T/20200317/2038

2 of 4

Report No. T/20200317/2038

Police Station Of Origin:
Hougang N.P.C
60 Hougang Avenue 9 SINGAPORE 538775
Tel No: 1800-4890999

CONTINUATION OF REPORT

Driver			
Name	ONG KAH HOE	ID No.	S0189259B
Related Vehicle	SHA9726E (TAXI)	Contact No.	98390468
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	TEE XIANG HONG	ID No.	S7177001Z
Related Vehicle	SLZ9432Z (Car)	Contact No.	85339439
Hospital/Clinic	CARE MEDICAL PTE LTD	Class of Driving Licence & Expiry Date	Class: 2B,3,4,5 Date of Expiry: NIL
Date Treatment	17/03/2020	Date Discharge	17/03/2020
No. of Days granted Medical Leave	05	Degree of Injury	Slight
Passenger			
Name	LEE BEE PING	ID No.	S7622082D
Related Vehicle	SLZ9432Z (Car)	Contact No.	98639209
Hospital/Clinic	CARE MEDICAL PTE LTD	Class of Driving Licence & Expiry Date	Class: NIL Date of Expiry: NIL
Date Treatment	17/03/2020	Date Discharge	17/03/2020
No. of Days granted Medical Leave	04	Degree of Injury	Slight

Brief Details.

On 17/03/2020 at about 0900hrs, I was driving my car- one green Toyota Sienta (Registration Plate Number: SLZ9432Z) on the first lane of Seletar Expressway (SLE) towards Woodlands. As I was driving on the said lane, the vehicle in front of mine had stopped as there was a heavy jam ahead. I was able to stop in time. However, after I had stopped my vehicle, one taxi - one yellow Comfort Delgro taxi (Registration Plate Number: SHA9726E) collided into the rear-left region of my vehicle.

Upon collision, I got out of my vehicle and spoke to the other driver - Ong Kah Hoe (NRIC: S0189259B, H/P: 98390468). We decided to go for our own insurance claims. At the point of time, no one was injured (including my wife - Lee Bee Ping - NRIC: S7622082D, H/P: 98639209). As such, we exchanged particulars, took photo of the damages and subsequently moved off. No police or ambulance attended to the incident.

Police Report



**SINGAPORE
POLICE FORCE**



T/20200317/2038

Police Station Of Origin:
Hougang N.P.C
60 Hougang Avenue 9 SINGAPORE 538775
Tel No: 1800-4890999

3 of 4

Report No: T/20200317/2038

CONTINUATION OF REPORT

After we left the accident location, My wife and I started feeling pain and discomfort. As such, we went to Care Medical Pte Ltd to get ourselves checked. I was given a 5 days MC for my injuries - sore back and neck and numbness on shoulder region. My wife was given 4 days MC for her injuries - sore neck and back as well as numbness on right shoulder region.

As a result of the accident, the damages on my vehicle was that there was a crack, paint marks and dents on the rear left bumper. The damage to the other vehicle was that there was paint marks and the front right bumper region was slightly dislodged. There is a in-vehicle camera in my vehicle which is working. I am not sure whether there is any in-vehicle camera in the other vehicle or the vicinity of the accident location.

Police Report



SINGAPORE
POLICE FORCE



T/20200317/2038

Police Station Of Origin:
Hougang N.P.C
60 Hougang Avenue 9 SINGAPORE 538775
Tel No: 1800-4890999

4 of 4

Report No. T/20200317/2038

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 LEE JIA YI

Signature Of Informant:

Signature Of Interpreter:
Not applicable

Date/Time:
17/03/2020 12:10

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

Classification Of Case:

Authentication Stamp
NP168



Signature:

Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo

