

# 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 Submission ..... 08/03/2021 12:45 (SGT)  
Date of Accident ..... 07/03/2021 16:45 (SGT)  
Exact Location of Accident ..... Sims Way, Singapore  
Additional Location Information ..... -  
Country/State of Loss ..... Singapore

## DETAILS OF OWN VEHICLE

Vehicle Registration Number ..... SLP3967P

### INSURED/POLICYHOLDER

Is company? ..... Yes  
Name Of Registered Owner ..... GRAB RENTALS PTE LTD  
Company Reg No ..... 2XXXXX200G  
Email Address ..... gr.sg.accident@grab.com  
Mobile Phone No ..... (Phone) +65-98738808  
Alternative Phone No ..... (Office) +65-66550005

### VEHICLE PARTICULARS

Manufacturer ..... Toyota  
Model ..... Prius  
Variant ..... -  
Exact purpose for which vehicle was being used at time of accident ..... Private hire  
Are you claiming under your own insurance policy for repair to your vehicle? ..... No - Claiming third party  
Vehicle Category ..... Private hire

### INSURANCE COMPANY

Name of Insurance Company ..... MSIG  
Type of Coverage ..... Comprehensive  
Fleet Policy ..... Yes  
Policy Number ..... G400000730MCX  
Cover Note Number ..... -

### DRIVER

Name of Driver ..... TAN TONG SAN  
NRIC No ..... SXXXX364I  
Date Of Birth ..... 03/10/1970  
Occupation ..... Outdoor

|                                                                    |                                    |
|--------------------------------------------------------------------|------------------------------------|
| Date Of Driving Pass .....                                         | 09/05/2008                         |
| Driving experience .....                                           | 12 YEARS AND 10 MONTHS             |
| Gender .....                                                       | Male                               |
| Mobile Number .....                                                | (Phone) +65-98738808               |
| Alt. Phone Number .....                                            | -                                  |
| Email Address .....                                                | meridienlimosus@gmail.com          |
| Address .....                                                      | BLK 102 TAMPINES STREET 11 #04-113 |
| Address complement .....                                           | -                                  |
| Postcode .....                                                     | 521102                             |
| Is the driver the policyholder? .....                              | No                                 |
| If No, Relationship of the Driver with the Insured .....           | Hirer                              |
| Does Driver Own Other Vehicles? .....                              | No                                 |
| Vehicle Registration Number of Other Vehicle Owned by Driver ..... | -                                  |
| Insurance Company of Other Vehicle Owned by Driver .....           | -                                  |

#### 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 the accident? .....                                                   | No  |
| Number of vehicles involved in the accident .....                                                         | 2   |
| Was anybody injured in the Accident? .....                                                                | Yes |
| Was any injured conveyed to hospital by ambulance? .....                                                  | No  |
| Was any other material or property damaged? .....                                                         | Yes |
| Number of Passengers (Including Driver) .....                                                             | 4   |
| Has the driver been approached by unknown person(s) soliciting/offering accident claims assistance? ..... | No  |

#### PASSENGER 1

|              |         |
|--------------|---------|
| Name .....   | UNKNOWN |
| Gender ..... | Male    |

#### PASSENGER 2

|              |         |
|--------------|---------|
| Name .....   | UNKNOWN |
| Gender ..... | Female  |

#### PASSENGER 3

|              |         |
|--------------|---------|
| Name .....   | UNKNOWN |
| Gender ..... | Male    |

#### DETAILS OF POLICE ACTION

|                                                 |                                        |
|-------------------------------------------------|----------------------------------------|
| Was the accident reported to the police? .....  | Yes                                    |
| Police Station Name .....                       | Rochor Neighbourhood Police Centre     |
| Police Station Phone No .....                   | (Phone) +65-18002949999                |
| Alt. Police Station Phone No .....              | (Fax) +65-63918583                     |
| Police Station Address .....                    | 11 Kampong Kapor Road Singapore 208678 |
| Was notice of intended Prosecution given? ..... | No                                     |
| If yes, against whom? .....                     | -                                      |

#### CIRCUMSTANCES OF ACCIDENT

ON 7/3/21 AT AROUND 1645HRS, I WAS DRIVING MY VEHICLE A (SLP3967P) ALONG SIMS WAY INTENDING TO TURN RIGHT ONTO GEYLANG ROAD AT THE 3RD LANE. SUDDENLY VEHICLE B (SLF9470T) REAR ENDED MY VEHICLE WHILE I WAS WAITING FOR THE TRAFFIC LIGHT TO TURN GREEN. I SUFFER SOME SLIGHT INJURY AT MY BACK.

#### ATTACHMENT(S)

|                                                     |     |
|-----------------------------------------------------|-----|
| Are accident photos available for attachment? ..... | Yes |
|-----------------------------------------------------|-----|

Was there any video captured by Car Camera? ..... Yes  
Was there any audio recorded? ..... No

### DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number ..... SLF9470T  
Vehicle Manufacturer ..... Honda  
Vehicle Model ..... Vezel  
Vehicle Variant ..... -  
Vehicle Colour ..... -  
Vehicle Category ..... Private car  
Name of Driver ..... TRICIA LIM  
NRIC No ..... SXXXX721C  
Contact Number ..... (Phone) +65-84688648  
Address ..... -  
Address complement ..... -  
Postcode ..... -  
Insurance Company Name ..... -  
Nature Of Damage ..... -  
Details of property damaged in accident ..... -  
No. Of Passenger (Including Driver) ..... 4

### INJURED PERSONS DETAILS

#### INJURED 1

Name of injured person ..... TAN TONG SAN  
Address ..... -  
Address Complement ..... -  
Post Code ..... -  
Approximate Age Years Old ..... -  
Injuries Sustained ..... SLIGHT INJURY AT BACK  
Injured person in which vehicle? ..... SLP3967P  
Were seat belts worn? ..... -  
Was this injured conveyed to hospital by ambulance? ..... No

**SKETCH PLAN**

**IMPORTANT NOTICE**

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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 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:

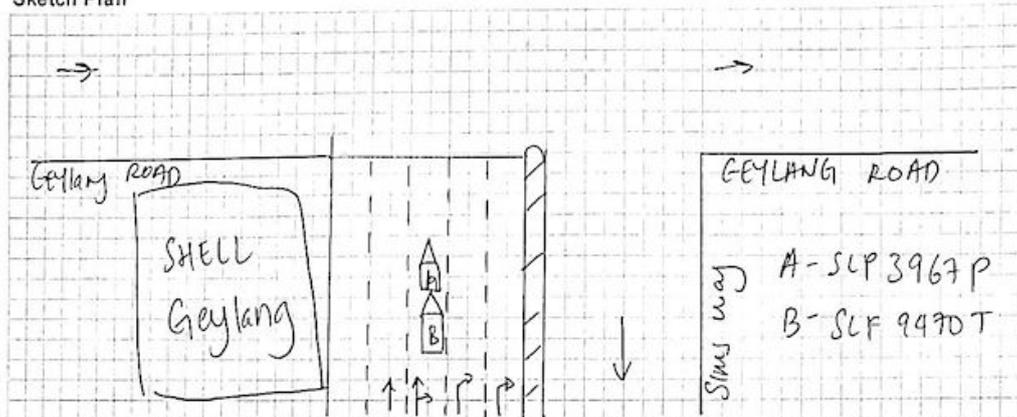
- (i) processing, handling and/or dealing with my claims including the settlement of the claims and any necessary investigations relating to the claims;
  - (ii) investigating the accident and/or my claims;
  - (iii) carrying out and/or dealing with my instructions or responding to any enquiries by me;
  - (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/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.

|                                                                                                                                        |                                                                                                                                                                                        |                                                                                                                                                   |
|----------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------|
| <br>_____<br>Policyholder's Signature / Date & Time | <br>_____<br>Driver's Signature (if driver is not the policyholder) / Date & Time<br>7/3/21 2030hrs | <br>_____<br>Witnessed by Reporting Centre Personnel KHAIKUL |
|----------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------|

**Sketch Plan**



Describe Circumstances of the Accident

on 9/3/21 at around 1645 hrs I was driving  
my vehicle A(SLP3967P) along Sims way intending to turn  
right onto geylang road at the 3rd lane. Suddenly  
vehicle B(SLF9470T) rear ended my vehicle while I  
was waiting for the traffic light to turn green. I suffer  
some slight injury at my back.

Declaration

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  
9/3/21 2030 hrs

Witnessed by Reporting Centre Personnel  
KHAIRUN









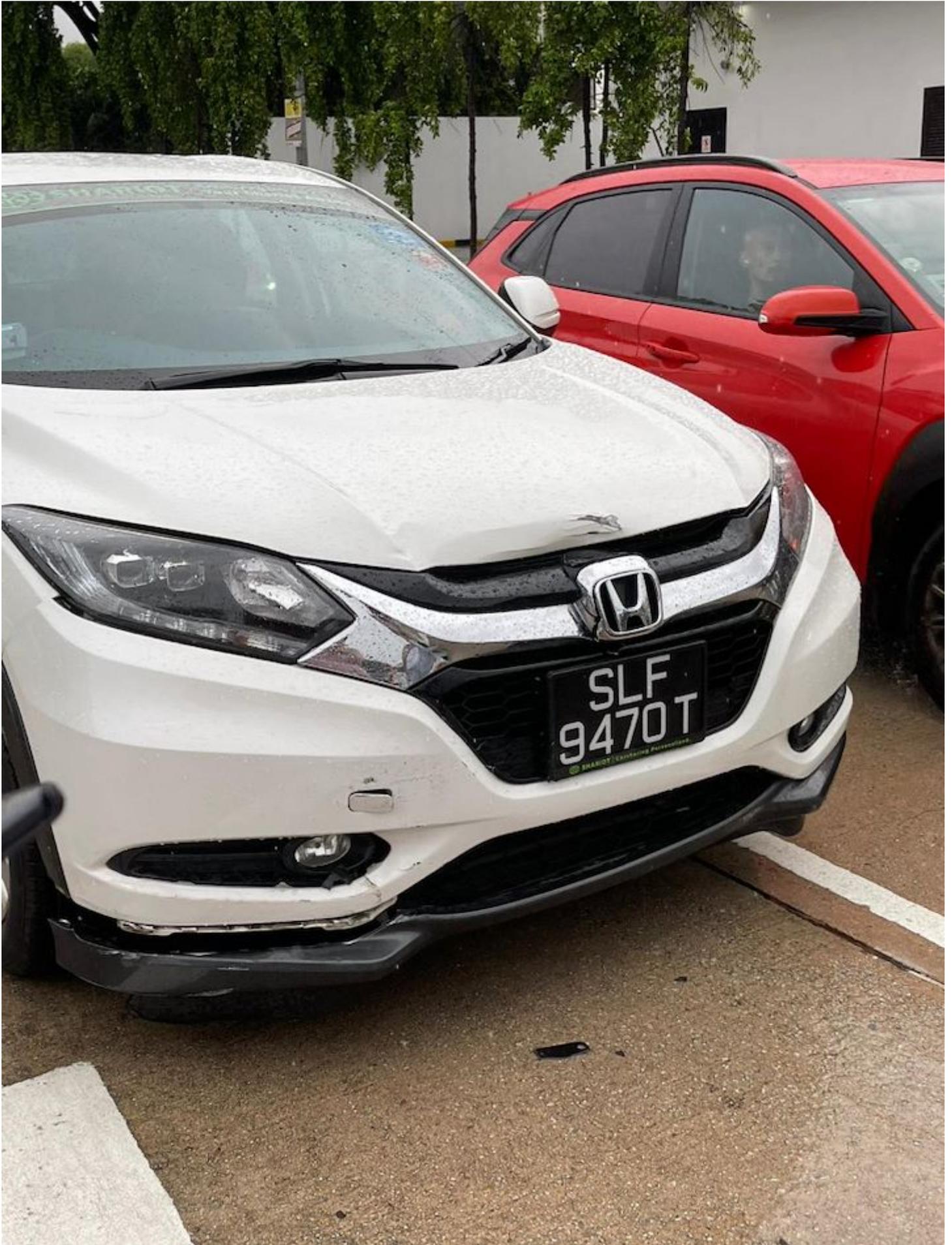













**SINGAPORE  
POLICE FORCE**

Police Station Of Origin:  
Rochor N.P.C  
11 Kampong Kapur Road SINGAPORE  
208678  
Tel No: 1800-2949999



T/20210308/2062

1 of 3

Report No. T/20210308/2062

**REPORT OF A TRAFFIC ACCIDENT**

|                                            |                  |                          |
|--------------------------------------------|------------------|--------------------------|
| Date/Time Report Made:<br>08/03/2021 13:56 | Vide Report No.: | Station Diary No.:<br>69 |
|--------------------------------------------|------------------|--------------------------|

**Informant's Particulars**

|                                          |            |                                                                        |                              |
|------------------------------------------|------------|------------------------------------------------------------------------|------------------------------|
| Name of Informant:<br>TAN TONG SAN       |            | Address:<br>APT BLK 102 TAMPINES STREET 11 #04-113 SINGAPORE<br>521102 |                              |
| ID Type / ID No.:<br>NRIC NO / S7034364I |            | Contact No.:<br>Home/Office: Mobile: 98738808                          |                              |
| Nationality:<br>SINGAPORE CITIZEN        |            | Email:                                                                 |                              |
| Sex:<br>Male                             | Age:<br>50 | Date of Birth:<br>03/10/1970                                           | Type of Informant:<br>Driver |
| Race:<br>Chinese                         |            | Language:<br>English                                                   | Institution / School Name:   |
| Occupation:<br>PRIVATE HIRE DRIVER       |            | Driving Licence Information:<br>Class: 3 Date of Expiry:               |                              |

**General Information of the Accident**

|                                                              |                                             |                                            |                                     |
|--------------------------------------------------------------|---------------------------------------------|--------------------------------------------|-------------------------------------|
| Type of Accident:<br>Non-Injury<br>Others                    | Drink Drive:<br>No                          | Date/Time of Accident:<br>07/03/2021 16:45 | Type of Location:<br>Bend           |
| Location:<br>SIMS WAY                                        |                                             |                                            |                                     |
| Weather:<br>Drizzling                                        | Road Surface:<br>Wet                        | Road Speed Limit:                          |                                     |
| Traffic Flow:<br>Dual Carriage Way                           | Traffic Control:<br>Traffic Light - Working | Traffic Volume:<br>Light                   |                                     |
| Type of Collision:<br>Between Moving Vehicles - Head To Rear |                                             |                                            | Anyone conveyed by ambulance:<br>No |

**Details of Vehicle Involved**

| Vehicle No. | Type | Make | Model | Color | Condition        | No of Passenger |
|-------------|------|------|-------|-------|------------------|-----------------|
| SLF9470T    | Car  |      |       |       | Slightly Damaged | 3               |
| SLP3967P    | Car  |      |       |       | Slightly Damaged | 3               |

**Details of Person Involved**

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



**SINGAPORE  
POLICE FORCE**



T/20210308/2062

Police Station Of Origin:  
Rochor N.P.C  
11 Kampong Kapur Road SINGAPORE  
208678  
Tel No: 1800-2949999

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Report No. T/20210308/2062

**CONTINUATION OF REPORT**

| Driver                            |                                                                                    |                  |                                                                           |
|-----------------------------------|------------------------------------------------------------------------------------|------------------|---------------------------------------------------------------------------|
| Name                              | TAN TONG SAN                                                                       |                  | ID No. S7034364I                                                          |
| Related Vehicle                   | SLP3967P (Car)                                                                     |                  | Contact No. 98738808                                                      |
| Hospital/Clinic                   | YANG & CHIN MEDICAL & DENTAL ASSOCIATES YANG ING SHYONG MEDICAL & AESTHETIC CLINIC |                  | Class of Driving Licence & Expiry Date<br>Class: 3<br>Date of Expiry: NIL |
| Date Treatment                    | 08/03/2021                                                                         | Date Discharge   | 08/03/2021                                                                |
| No. of Days granted Medical Leave | 03                                                                                 | Degree of Injury | NIL                                                                       |

**Brief Details.**

On 07/03/2021 at around 1645hrs, I was waiting in line along Sims Way, turning right into Geylang Rd. A few moments later, I felt an impact from my rear. I asked my 3 passengers if they were injured, and they informed me that they were fine and not injured. I then came out to make a check and discovered a slight dent and scratches on the rear left side of my vehicle (SLP3967P). The other car (SLF9470T), had a dent on the front bonnet, bumper and some scratches, all on the right side. I have gone to the clinic to make a check as I felt some pains at my lower back area and gotten 3 days MC. I am reporting this for insurance purposes.



**SINGAPORE  
POLICE FORCE**



T/20210308/2062

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Report No. T/20210308/2062

Police Station Of Origin:  
Rochor N.P.C  
11 Kampong Kapur Road SINGAPORE  
208678  
Tel No: 1800-2949999

**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:<br>A /<br>Sgt 2 MUHAMMAD JANNATUN NA'IM BIN AZUWAN |
| Signature Of Interpreter:<br>Not applicable                                                   |
| Officer In Charge Of Case:<br>TP / GIA /<br>Staff Sgt WONG SIEU LUI<br>Contact No.: 65476151  |
| Authentication Stamp<br>NP188<br><br>SIGNATURE                                                |

|                                |
|--------------------------------|
| Signature Of Informant:<br>    |
| Date/Time:<br>08/03/2021 13:56 |
| Classification Of Case:        |





**GENERAL INSURANCE ASSOCIATION OF SINGAPORE RECORDS MANAGEMENT CENTRE**  
 6 Raffles Quay #18-00 Singapore 048580  
 Tel (65) 6224 0010 Fax (65) 6224 0030  
 Operating Hours : Monday to Friday, 09:00 – 17:00  
 UEN: S66550020G / GST Reg. No.: M400017735

**IMPORTANT NOTE:** Please submit the completed Addendum form to the same Authorised Reporting Centre with whom you submitted the Original Report.

**ADDENDUM**

**(A) PARTICULARS OF PERSON MAKING THE AMENDMENTS:**

Original Report No : SA0G21380001 Vehicle Registration No: SLP3967P  
 Name(as shown in NRIC) : GRAB RENTALS PTE LTD NRIC/FIN/Passport No : 201617200G  
 (\*Vehicle Driver / Vehicle Owner) (\*) Please delete as appropriate  
 Address : 18 Sin Ming Lane Midview City #01-08 Singapore( 573960 )  
 Contact (Tel) : 66550005 Mobile No. : \_\_\_\_\_  
 Email Address : \_\_\_\_\_  
 Date of Accident : 07/03/2021 Time of Accident : 16:45hrs  
 Place of Accident : Sims Way  
 Insurance Company: MSIG INSURANCE (SINGAPORE) PTE. LTD.

**(B) ADDITIONAL INFORMATION / AMENDMENTS:**

I have made a report on the above mentioned accident and would like to include additional information or make the following amendments:

- Add police report

\_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_



Policyholder / Driver's Signature  
 Date: \_\_\_\_\_

QA  
 Reporting Centre Personnel's Signature  
 Name: **Ashikin**  
 NRIC/FIN No.: \_\_\_\_\_  
 Date: 09/03/2021