

# 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 ..... 23/03/2021 16:12 (SGT)  
Date of Accident ..... 23/03/2021 12:05 (SGT)  
Exact Location of Accident ..... Punggol Central & Punggol East, Singapore  
Additional Location Information ..... Slip Road  
Country/State of Loss ..... Singapore

## DETAILS OF OWN VEHICLE

Vehicle Registration Number ..... SLU5300Z

### INSURED/POLICYHOLDER

Is company? ..... Yes  
Name Of Registered Owner ..... GRAB RENTALS PTE LTD  
Company Reg No ..... 201617200G  
Email Address ..... gr.sg.accident@grab.com  
Mobile Phone No ..... (Phone) +65-83180802  
Alternative Phone No ..... (Office) +65-66550005

### VEHICLE PARTICULARS

Manufacturer ..... Honda  
Model ..... Vezel  
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 - Reporting only  
Vehicle Category ..... Private hire  
Transmission ..... Auto  
CC ..... 1496

### INSURANCE COMPANY

Name of Insurance Company ..... India International Insurance Pte Ltd  
Type of Coverage ..... Comprehensive  
Fleet Policy ..... Yes  
Policy Number ..... D21MFL0000447  
Cover Note Number ..... -

### DRIVER

Name of Driver ..... YONG YU YEN  
NRIC No ..... S8029810B

Date Of Birth .....	24/09/1980
Occupation .....	Outdoor
Date Of Driving Pass .....	22/04/2004
Driving experience .....	16 YEARS AND 11 MONTHS
Gender .....	Male
Mobile Number .....	(Phone) +65-83180802
Alt. Phone Number .....	-
Email Address .....	BYYYONG@GMAIL.COM
Address .....	BLK 299A COMPASSVALE STREET #08-136
Address complement .....	-
Postcode .....	541299
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 .....	Collided into Motorcyclist
Weather Conditions .....	Clear
Road Surface .....	Dry

#### 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) .....	1
Has the driver been approached by unknown person(s) soliciting/offering accident claims assistance? .....	No

#### DETAILS OF POLICE ACTION

Was the accident reported to the police? .....	Yes
Police Station Name .....	Traffic Police
Police Station Phone No .....	(Phone) +65-65470000
Alt. Police Station Phone No .....	(Fax) +65-65474900
Police Station Address .....	10 Ubi Avenue 3 Singapore 408865
Was notice of intended Prosecution given? .....	No
If yes, against whom? .....	-

#### CIRCUMSTANCES OF ACCIDENT

ON 23/03/2021 AT ABOUT 1205HRS, I WAS DRIVING VEHICLE A ( SLU5300Z ). I WAS DRIVING ALONG PUNGGOL EAST AND PUNGGOL CTRL SLIP RD. ONCE MAJOR RD ( PUNGGOL CTRL ) CLEAR, I MOVE MY VEHICLE AND DIDN'T NOTICE MOTORCYCLE B ( FBM5087A ). I HIT ONTO THE MOTORCYCLE AND MY VEHICLE LEFT SIDE SUSTAIN SCRATCHES. I BRING THRID PARTY TO NEAREST POLYCLINIC. EXCHANGED PARTICULARS.

#### 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 .....	FBM5087A
Vehicle Manufacturer .....	-
Vehicle Model .....	-
Vehicle Variant .....	-

Vehicle Colour .....	-
Vehicle Category .....	Motorcycle
Name of Driver .....	YEO CHENG CHUAN
NRIC No .....	S0951205E
Contact Number .....	(Phone) +65-87931856
Address .....	-
Address complement .....	-
Postcode .....	-
Insurance Company Name .....	-
Nature Of Damage .....	-
Details of property damaged in accident .....	-
No. Of Passenger (Including Driver) .....	1

#### INJURED PERSONS DETAILS

##### INJURED 1

Name of injured person .....	YEO CHENG CHUAN
Address .....	-
Address Complement .....	-
Post Code .....	-
Approximate Age Years Old .....	-
Injuries Sustained .....	-
Injured person in which vehicle? .....	FBM5087A
Were seat belts worn? .....	-
Was this injured conveyed to hospital by ambulance? .....	No

# SKETCH PLAN

## IMPORTANT NOTICE

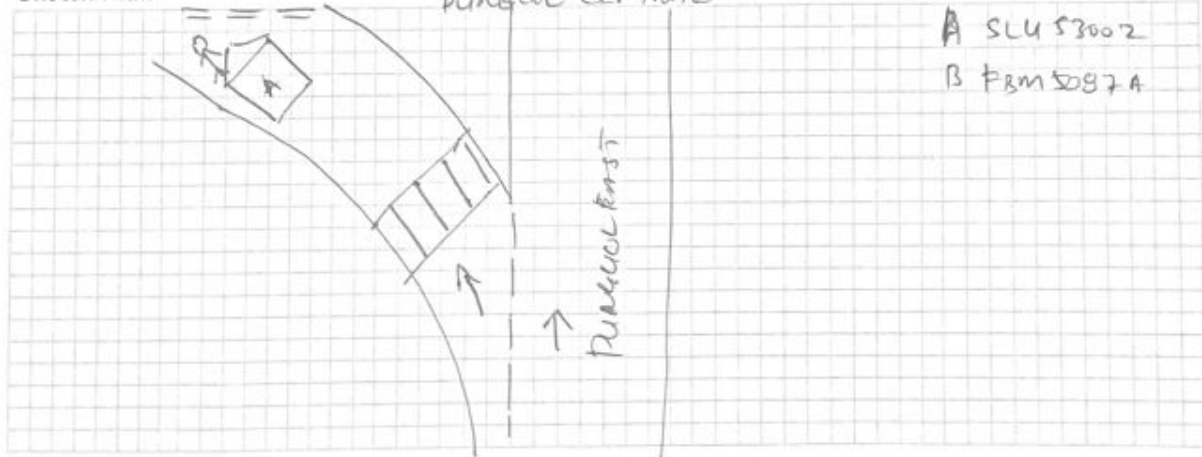
1. Please report correctly the details of the accident to speed up the claims process.
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6. The report will be forwarded by the insurers of the GIA Records Management Centre established by the General Insurance Association of Singapore (GIA) for archiving 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.

Policyholder's Signature / Date & Time

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

Witnessed by Reporting Centre Personnel

## Sketch Plan



Describe Circumstances of the Accident

ON 23/2/21 AT ABOUT 1205 HRS, I WAS DRIVING VEHICLE A  
(SL4 5300Z). I WAS DRIVING ALONG PUNIKUL EAST AND PUNIKUL CIRE  
SLIP RD. I ~~WAS~~ ~~CHASE~~ ONCE ALONG RD (PUNIKUL CIRE) (BEFORE I HAD  
MY VEHICLE AND DIDN'T NOTICE MOTORCYCLE B (FNU 887A). I HIT ONE  
THE MOTORCYCLE AND MY VEHICLE LEFT SIDE FORETRAIN BRATCHES. I  
RANG THIRD PARTY TO NEAREST POLICE LINE. IN CHARGE PARTICULAR

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

Witnessed by Reporting Centre  
Personnel

23/3/21/ 1509 HRS

BRUNY

















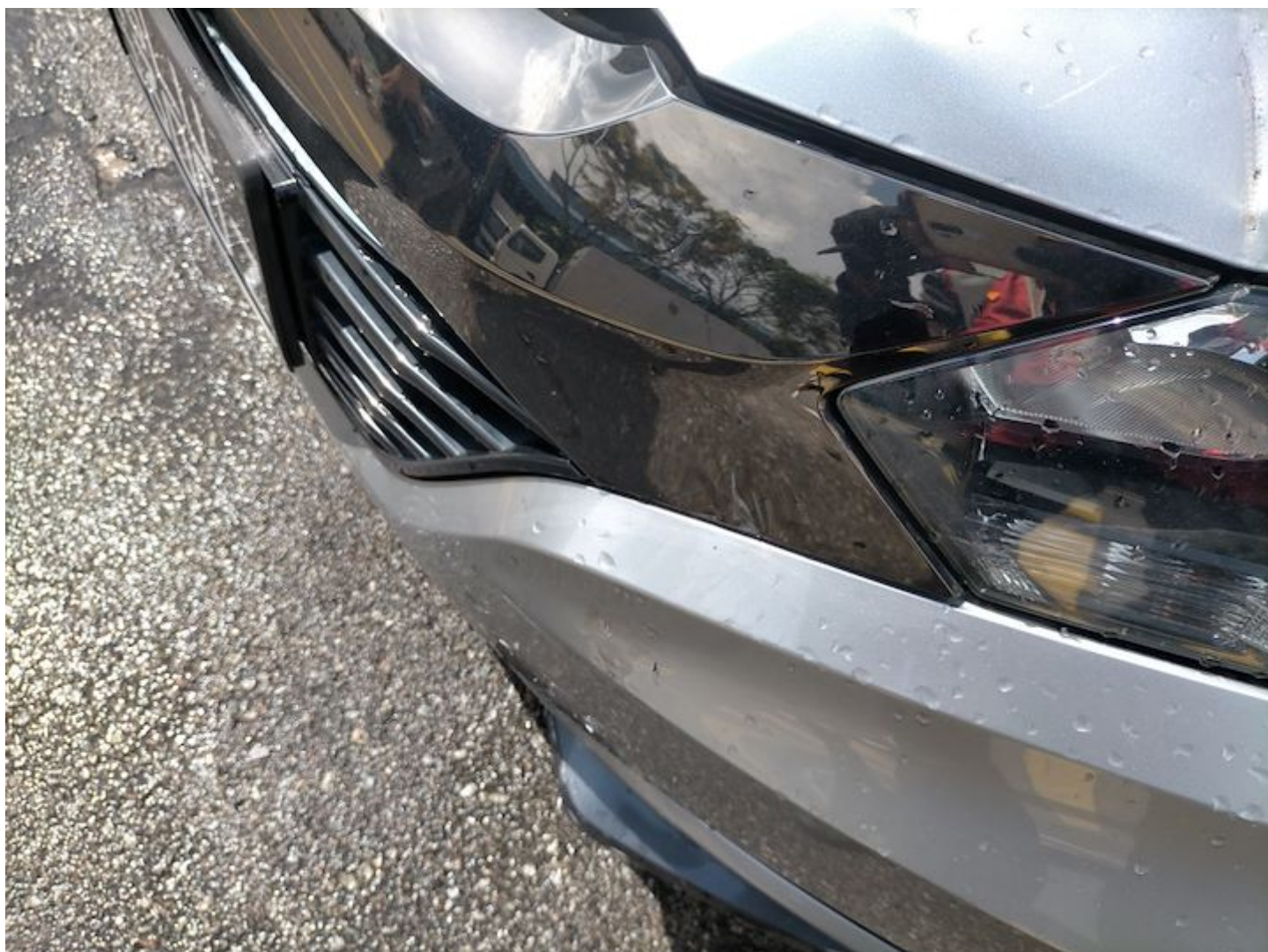










































**SINGAPORE  
POLICE FORCE**



T/20210323/7034

Police Station Of Origin:  
Traffic Police  
10 Ubi Avenue 3 SINGAPORE 408865  
Tel No: 65470000

1 of 3  
Report No. T/20210323/7034

**REPORT OF A TRAFFIC ACCIDENT**

Date/Time Report Made: 23/03/2021 18:32		Vide Report No.:		Station Diary No.:	
<b>Informant's Particulars</b>					
Name of Informant: YONG YU YEN			Address: 299A COMPASSVALE STREET #08-136 SINGAPORE 541299		
ID Type / ID No.: NRIC NO / S8029810B			Contact No.: Home/Office: Mobile: 83180802		
Nationality: SINGAPORE CITIZEN			Email: ycube168@gmail.com		
Sex: Male	Age: 40	Date of Birth: 24/09/1980	Type of Informant: Driver		
Race: Chinese			Language: English		Institution / School Name:
Occupation:			Driving Licence Information: Class: ,3		Date of Expiry:

<b>General Information of the Accident</b>				
Type of Accident:	Injury Others	Drink Drive: No	Date/Time of Accident: 23/03/2021 12:05	Type of Location: Bend
Location:  PUNGGOL EAST				
Weather: Clear		Road Surface: Dry		Road Speed Limit: 50 Km/h
Traffic Flow: Dual Carriage 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	Conditio	No of
FBM5087A	Motorcycle	YAMAHA		Yellow	Slightly Damaged	0
SLU5300Z	Car	HONDA	Vezel Hybrid	Silver	Slightly Damaged	0





**SINGAPORE  
POLICE FORCE**



T/20210323/7034

Police Station Of Origin:  
Traffic Police  
10 Ubi Avenue 3 SINGAPORE 408865  
Tel No: 65470000

2 of 3  
Report No. T/20210323/7034

**CONTINUATION OF REPORT**

Details of Person Involved			
Any Pedestrian Involved: No			
No. of Pedestrians Injured: NIL		Use of Pedestrian Crossing: NA	
<b>Rider</b>			
Name	YEO CHENG CHUAN	ID No.	S0951205E
Related Vehicle	FBM5087A (Motorcycle)	Contact No.	87931856
Hospital/Clinic	NIL	Class of Driving Licence & Expiry	Class: 2 Date of Expiry: NIL
Date	NIL	Date	NIL
No. of Days granted Medical Leave	NIL	Degree of	Slight
<b>Driver</b>			
Name	YONG YU YEN	ID No.	S8029810B
Related Vehicle	SLU5300Z (Car)	Contact No.	83180802
Hospital/Clinic	NIL	Class of Driving Licence & Expiry	Class: ,3 Date of Expiry: NIL
Date	NIL	Date	NIL
No. of Days granted Medical Leave	NIL	Degree of	NIL

**Brief Details.**

Vehicle SLU5300Z is turning from Punggol East to Punggol Central using slip road. Upon slowing down and observing right side traffic cleared, SLU5300Z moved off but did not notice motorbike FBM5087A is on the left side of car thus causing head to rear collision. Motorbike rider is thrown off the bike. I immediately got off the vehicle to assist the rider to check rider situation. We exchange driver particulars. Rider later complains left knee hurts. I offer to send rider to nearby Punggol Polyclinic for a check up. Rider accepted the offer and we headed to Punggol Polyclinic for checkup. We parted our ways at Punggol Polyclinic.

A accident report is made with the car rental company at 2pm.



**SINGAPORE  
POLICE FORCE**



T/20210323/7034

Police Station Of Origin:  
Traffic Police  
10 Ubi Avenue 3 SINGAPORE 408865  
Tel No: 65470000

3 of 3

Report No. T/20210323/7034

**CONTINUATION OF REPORT**Sketch Plan

Informant is not able to provide sketch

Signature Of Officer Recording The Report:  
Not applicable

Signature Of Interpreter:  
Not applicable

Officer In Charge Of Case:  
TP / TPIB /  
BOON YEN KIAN  
Contact No.: 65476172

Authentication Stamp  
NP168

Signature Of Informant:  
The identity of the person making this report has  
been authenticated by SingPass. No signature is  
required.

Date/Time:  
23/03/2021 18:32

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: S665S0020G / GST Reg. No.: M400017735

## ADDENDUM

Original Report No : SJ04213N0009 Vehicle Registration No: SLU5300Z

Name(as shown in NRIC) : GRAB RENTALS PTE LTD      NRIC/FIN/Passport No : 201617200G

Address : 18 Sin Ming Lane Midview City #01-08 Singapore( 573960 )

Contact (Tel) : 66550005 Mobile No.:

Email Address : \_\_\_\_\_

Date of Accident : 23/03/2021 Time of Accident : 12:05hrs

Place of Accident : Punggol Central & Punggol East Slip Road

Insurance Company: India International Insurance Pte Ltd

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

- Upload police report



Policyholder / Driver's Signature

Date:

QA

Reporting Centre Personnel's Signature

Name: Ashikin

NRIC/FIN No.:

Date: 24/03/2021