

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 02/03/2021 10:11 (SGT)
Date of Accident 01/03/2021 17:30 (SGT)
Exact Location of Accident AYE, Singapore
Additional Location Information -
Country/State of Loss Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number SLX781K

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) +65-91079420
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 - Claiming third party
Vehicle Category Private hire

INSURANCE COMPANY

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

DRIVER

Name of Driver SALEH BIN MAMAT
NRIC No S1715975E
Date Of Birth 12/06/1965
Occupation Outdoor

Date Of Driving Pass	20/04/1988
Driving experience	32 YEARS AND 11 MONTHS
Gender	Male
Mobile Number	(Phone) +65-91079420
Alt. Phone Number	-
Email Address	SALEHJEPUN@GMAIL.COM
Address	BLK 160 HOUGANG STREET 11 #08-37
Address complement	-
Postcode	530160
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	Chain Collision
Weather Conditions	Clear
Road Surface	Dry

OTHER INFORMATION

Was any foreign vehicle involved in the accident?	No
Number of vehicles involved in the accident	4
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	Toa Payoh Neighbourhood Police Centre
Police Station Phone No	(Phone) +65-18002519999
Alt. Police Station Phone No	(Fax) +65-63548749
Police Station Address	93 Toa Payoh Central Toa Payoh Community Building #01-02 Singapore 319194
Was notice of intended Prosecution given?	No
If yes, against whom?	-

CIRCUMSTANCES OF ACCIDENT

ON 01/03/2021, AT ABOUT 1730HRS, I WAS DRIVING MY VEHICLE SLX781K ALONG AYE. WHILE DRIVING ON FIRST LANE, SUDDENLY FRONT VEHICLE (B) SJL2671T APPLIED BRAKE AND STOP. I SLOWLY STOP MY VEHICLE AND MANAGED TO STOP IN TIME. WHILE MY VEHICLE WAS STATIONARY, VEHICLE (C) SLQ6033J COLLIDED ONTO MY REAR BUMPER. BECAUSE OF THE IMPACT, MY VEHICLE PUSHED FORWARD AND HIT ONTO FRONT VEHICLE B - SJL2671T. ALIGHTED AND REALISED THERE WAS ONE MORE VEHICLE D - SGW7588X BEHIND VEHICLE C - SLQ6033J. TOTAL 4 VEHICLES INVOLVED IN THIS ACCIDENT. EXCHANGED PARTICULARS. NOBODY WAS INJURED.

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	SJL2671T
Vehicle Manufacturer	Honda
Vehicle Model	Stream

Vehicle Variant	-
Vehicle Colour	-
Vehicle Category	Private car
Name of Driver	JORDAN
NRIC No	S8879099E
Contact Number	(Phone) +65-88183760
Address	-
Address complement	-
Postcode	-
Insurance Company Name	-
Nature Of Damage	-
Details of property damaged in accident	-
No. Of Passenger (Including Driver)	1

DETAILS OF OTHER VEHICLE PROPERTY 2

Vehicle Registration Number	SLQ6033J
Vehicle Manufacturer	Honda
Vehicle Model	-
Vehicle Variant	-
Vehicle Colour	-
Vehicle Category	Private hire
Name of Driver	WONG
NRIC No	S8019341F
Contact Number	(Phone) +65-98606215
Address	-
Address complement	-
Postcode	-
Insurance Company Name	-
Nature Of Damage	-
Details of property damaged in accident	-
No. Of Passenger (Including Driver)	1

DETAILS OF OTHER VEHICLE PROPERTY 3

Vehicle Registration Number	SGW7588X
Vehicle Manufacturer	Honda
Vehicle Model	-
Vehicle Variant	-
Vehicle Colour	-
Vehicle Category	Private car
Name of Driver	ADRIAN TAY
NRIC No	S7617522E
Contact Number	(Phone) +65-94507799
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	SALEH BIN MAMAT
Address	BLK 160 HOUGANG STREET 11 #08-37
Address Complement	-
Post Code	530160
Approximate Age Years Old	56
Injuries Sustained	NOT STATED
Injured person in which vehicle?	SLX781K
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.
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 willful 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 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 Sketch Plan	Driver's Signature (If driver is not the policyholder) / Date & Time 1/3/2021 @ 1845H.	Witnessed by Reporting Centre Personnel [Signature]

A - SLX 781 K

B - SJL 2671 T

C - SLQ 6033 J

D - SGW 7588 X

Describe Circumstances of the Accident

On 1/3/2021, at about 1730hrs, I was driving my vehicle SLX 751K along Aye. While driving on first lane, suddenly front vehicle (B) SJL 2671T applied brake and stop. I slowly stop my vehicle and managed to stop in time. While my vehicle were stationary, vehicle (C) SLQ 6033J was collided onto my rear bumper. Because of the impact, my vehicle pushed forward and hit onto front vehicle B - SJL 2671T. Alighted and realised was one more vehicle ^{O - JGN 7588X.} behind vehicle C - SLQ 6033J. Total 4 vehicles involved in this accident. Exchanged particulars. Nobody was injured.

Declaration

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

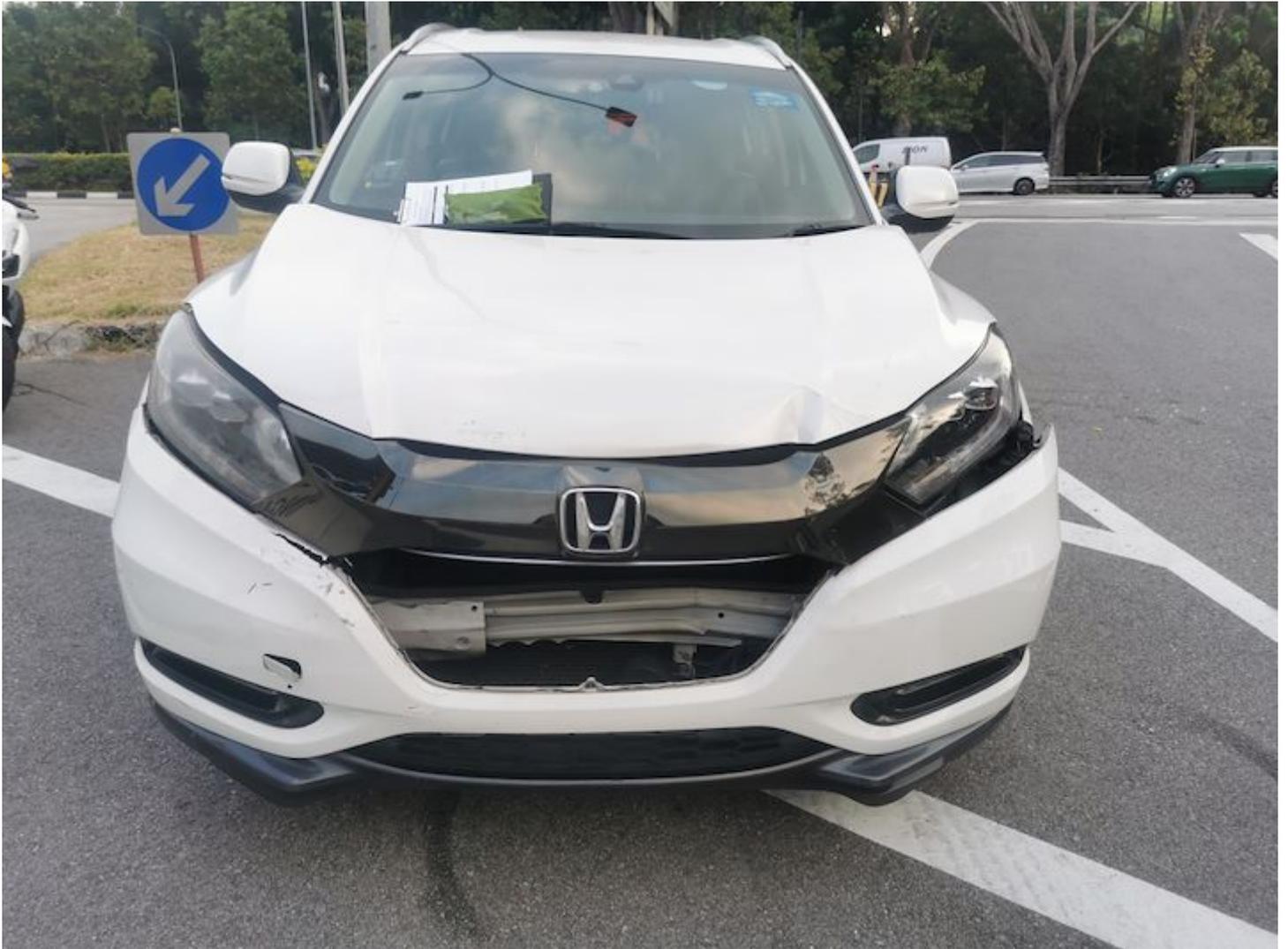
Policyholder's Signature / Date & Time

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

Witnessed by Reporting Centre Personnel

[Handwritten signatures and dates]
 1/3/2021 - 1845h











































































**SINGAPORE
POLICE FORCE**



T/20210302/2029

1 of 4

Report No. T/20210302/2029

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

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 02/03/2021 12:03	Vide Report No.:	Station Diary No.: 27
--	------------------	--------------------------

Informant's Particulars			
Name of Informant: SALEH BIN MAMAT		Address: APT BLK 160 HOUGANG STREET 11 #08-37 SINGAPORE 530160	
ID Type / ID No.: NRIC NO / S1715975E		Contact No.: Home/Office: Mobile: 91079420	
Nationality: SINGAPORE CITIZEN		Email:	
Sex: Male	Age: 55	Date of Birth: 12/06/1965	Type of Informant: Driver
Race: Malay		Language:	Institution / School Name:
Occupation: GRAB DRIVER		Driving Licence Information: Class: 2B,2A,3,4,5 Date of Expiry:	

General Information of the Accident				
Type of Accident:	Non-injury	Drink Drive: No	Date/Time of Accident: 01/03/2021 17:00	Type of Location: Expressway
Location: AYER RAJAH EXPRESSWAY				
Weather: Clear		Road Surface: Dry		Road Speed Limit:
Traffic Flow: Dual Carriage Way		Traffic Control: Not Controlled		Traffic Volume: Moderate
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
SGW7588X	Car	HONDA		Black	Slightly Damaged	0
SJL2671T					Slightly Damaged	0
SLQ6033J					Slightly Damaged	0
SLX781K	Car	HONDA	Vezel	White	Slightly Damaged	0



**SINGAPORE
POLICE FORCE**



T/20210302/2029

2 of 4

Report No. T/20210302/2029

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

Details of Person Involved			
Any Pedestrian Involved: No			
No. of Pedestrians Injured: NIL		Use of Pedestrian Crossing: NA	
Name	ADRIEN TAY	ID No.	S7617522E
Related Vehicle	SGW7588X (Car)	Contact No.	NIL
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
Name	JORDAN	ID No.	S8879099E
Related Vehicle	SJL2671T	Contact No.	88183760
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
Name	WONG	ID No.	S8019341F
Related Vehicle	SLQ6033J	Contact No.	98606215
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



**SINGAPORE
POLICE FORCE**



T/20210302/2029

3 of 4

Report No. T/20210302/2029

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

Driver			
Name	SALEH BIN MAMAT	ID No.	S1715975E
Related Vehicle	NIL	Contact No.	91079420
Hospital/Clinic	NIL	Class of Driving Licence & Expiry Date	Class: 2B,2A,3,4,5 Date of Expiry: NIL
Date Treatment	NIL	Date Discharge	NIL
No. of Days granted Medical Leave	NIL	Degree of Injury	NIL

Brief Details.

On 01/03/2021 at about 1730hrs, I was travelling along AYE towards City and was driving a GRAB company car bearing SLX781K. The traffic volume was moderate and I was travelling on the 1st lane of the expressway.

Subsequently, I observed that the car in front of me bearing SGW7588X was slowing down and came to a stop. I then managed to stop on time however my vehicle had collision with the said car in front of me due to the impact from the rear. I realized that the car behind me bearing SLQ6033J had hit my rear of my vehicle. Thereafter, I realized that the 4th vehicle behind the 3rd vehicle bearing SKL2671T was the one which caused our vehicle to have a chain-collision. We managed to exchange our particulars and none of us was conveyed or TP was activated.

I wish to state that there was no government property damaged and nobody was injured at that point of time. My car was equipped with car camcorder however it could not capture the footage as the memory card was faulty. On 02/03/2021, I consulted doctor from DOCTORS INC. MEDICAL GROUP and was given 4 days of MC from 02/03/2021 until 05/03/2021 by Dr Kevin Loy (MC: 0000168036).

I am lodging this report for claiming purposes.

- V1) SGW7588X
- V2) SLX781K
- V3) SLQ6033J
- V4) SKL2671T



**SINGAPORE
POLICE FORCE**



T/20210302/2029

4 of 4

Report No. T/20210302/2029

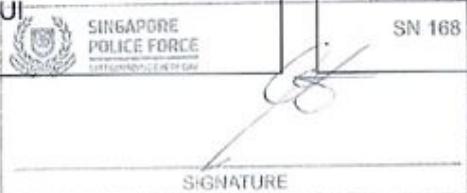
Police Station Of Origin:
Toa Payoh N.P.C
93 Toa Payoh Central #01-02 Toa Payoh
Community Building SINGAPORE 319194
Tel No: 1800-2519999

CONTINUATION OF REPORT

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 / Sgt 3 AHMAD MUHAIMIN AMZAR BIN MOHD YUSOF	Signature Of Informant: 
Signature Of Interpreter: Not applicable	Date/Time: 02/03/2021 12:03
Officer In Charge Of Case: TP / GIA / Staff Sgt WONG SIEU LUI Contact No.: 65476151	Classification Of Case: SN 168
Authentication Stamp NP168	



**SINGAPORE
POLICE FORCE**



T/20210302/2035

1 of 3

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

Report No. T/20210302/2035

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 02/03/2021 12:16	Vide Report No.: T/20210302/2029	Station Diary No.: 37
--	-------------------------------------	--------------------------

Informant's Particulars

Name of Informant: SALEH BIN MAMAT			Address: APT BLK 160 HOUGANG STREET 11 #08-37 SINGAPORE 530160		
ID Type / ID No.: NRIC NO / S1715975E			Contact No.: Home/Office: Mobile: 91079420		
Nationality: SINGAPORE CITIZEN			Email:		
Sex: Male	Age: 55	Date of Birth: 12/06/1965	Type of Informant: Driver		
Race: Malay			Language:	Institution / School Name:	
Occupation: GRAB DRIVER			Driving Licence Information: Class: 2B,2A,3,4,5 Date of Expiry:		

General Information of the Accident

Type of Accident:	Non-Injury	Drink Drive: No	Date/Time of Accident: 01/03/2021 17:30	Type of Location:
Location: AYER RAJAH EXPRESSWAY				
Weather:		Road Surface:		Road Speed Limit:
Traffic Flow:		Traffic Control:		Traffic Volume:
Type of Collision:				Anyone conveyed by ambulance: No

Details of Person Involved

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



**SINGAPORE
POLICE FORCE**



T/20210302/2035

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

2 of 3

Report No. T/20210302/2035

CONTINUATION OF REPORT

Driver			
Name	SALEH BIN MAMAT	ID No.	S1715975E
Related Vehicle	NIL	Contact No.	91079420
Hospital/Clinic	NIL	Class of Driving Licence & Expiry Date	Class: 2B,2A,3,4,5 Date of Expiry: NIL
Date Treatment	NIL	Date Discharge	NIL
No. of Days granted Medical Leave	NIL	Degree of Injury	NIL

Brief Details.

Vide to T/20210302/2029, I wish to state the sequence of the car involved in the accident.

Vehicle bearing ^{WPT}SGQ7588X hit onto my rear. I am the 3rd vehicle and the impact has caused the front vehicle in front of me bearing SLQ6033J to have a slight collision followed by the car utmost front bearing SJL2671T.

- V1) SJL2671T
- V2) SLQ6033J
- V3) SLX781K
- V4) SGW7588X



**SINGAPORE
POLICE FORCE**



T/20210302/2035

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

3 of 3

Report No. T/20210302/2035

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 / Sgt 3 AHMAD MUHAIMIN AMZAR BIN MOHD YUSOF	Signature Of Informant: 
Signature Of Interpreter: Not applicable	Date/Time: 02/03/2021 12:16
Officer In Charge Of Case: TP / GIA / Staff Sgt WONG SIEU LUJ Contact No.: 65476151	Classification Of Case:
Authentication Stamp NP168	<div data-bbox="526 1848 997 2045" style="border: 1px solid black; padding: 5px;">  SINGAPORE POLICE FORCE  SN 168 SIGNATURE </div>



