

# 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 ..... 29/07/2021 10:15 (SGT)  
Date of Accident ..... 28/07/2021 12:05 (SGT)  
Exact Location of Accident ..... PIE, Singapore  
Additional Location Information ..... -  
Country/State of Loss ..... Singapore

## DETAILS OF OWN VEHICLE

Vehicle Registration Number ..... SLM9015M

### 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) +65-81980886  
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  
Transmission ..... Auto  
CC ..... 1798

### INSURANCE COMPANY

Name of Insurance Company ..... MSIG Insurance (Singapore) Pte. Ltd.  
Type of Coverage ..... Comprehensive  
Fleet Policy ..... Yes  
Policy Number ..... G400000730MCX  
Cover Note Number ..... -

### DRIVER

Name of Driver ..... CHUA CHEE SAN  
NRIC No ..... SXXXX745B

Date Of Birth .....	23/09/1969
Occupation .....	Outdoor
Date Of Driving Pass .....	18/06/2007
Driving experience .....	14 YEARS AND 1 MONTH
Gender .....	Male
Mobile Number .....	(Phone) +65-81980886
Alt. Phone Number .....	-
Email Address .....	ben.chua9901@gmail.com
Address .....	BLK 189A RIVERVALE DRIVE #15-1020
Address complement .....	-
Postcode .....	541189
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 .....	Side Swipe
Weather Conditions .....	Clear
Road Surface .....	Dry

#### OTHER INFORMATION

Was any foreign vehicle involved in the accident? .....	No
Number of vehicles involved in the accident .....	3
Was anybody injured in the Accident? .....	No
Was any injured conveyed to hospital by ambulance? .....	-
Was any other vehicle or property damaged? .....	Yes
Number of Passengers (Including Driver) .....	2
Has the driver been approached by unknown person(s) soliciting/offering accident claims assistance? .....	No

#### PASSENGER 1

Name .....	UNKNOWN
Gender .....	Female

#### DETAILS OF POLICE ACTION

Was the accident reported to the police? .....	Yes
Police Station Name .....	Sengkang Neighbourhood Police Centre
Police Station Phone No .....	(Phone) +65-18003438999
Alt. Police Station Phone No .....	(Fax) +65-63438939
Police Station Address .....	2 Sengkang Square #01-02
Was notice of intended Prosecution given? .....	No
If yes, against whom? .....	-

#### CIRCUMSTANCES OF ACCIDENT

PLEASE REFER TO POLICE REPORT  
REPORT NO: T20210728/2103

#### 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 .....	XE2148J
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Vehicle Manufacturer .....	-
Vehicle Model .....	-
Vehicle Variant .....	-
Vehicle Colour .....	-
Vehicle Category .....	Commercial vehicle
Name of Driver .....	ZHENG YONGCHANG
Contact Number .....	(Phone) +65-83538278
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 .....	GBE4480X
Vehicle Manufacturer .....	-
Vehicle Model .....	-
Vehicle Variant .....	-
Vehicle Colour .....	-
Vehicle Category .....	Commercial vehicle
Name of Driver .....	TEO KENG KOK
NRIC No .....	SXXXX384A
Contact Number .....	(Phone) +65-96442778
Address .....	-
Address complement .....	-
Postcode .....	-
Insurance Company Name .....	-
Nature Of Damage .....	-
Details of property damaged in accident .....	-
No. Of Passenger (Including Driver) .....	1

**SKETCH PLAN****IMPORTANT NOTICE**

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5. **Any false reporting may be referred to the Police for investigation**.
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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**")

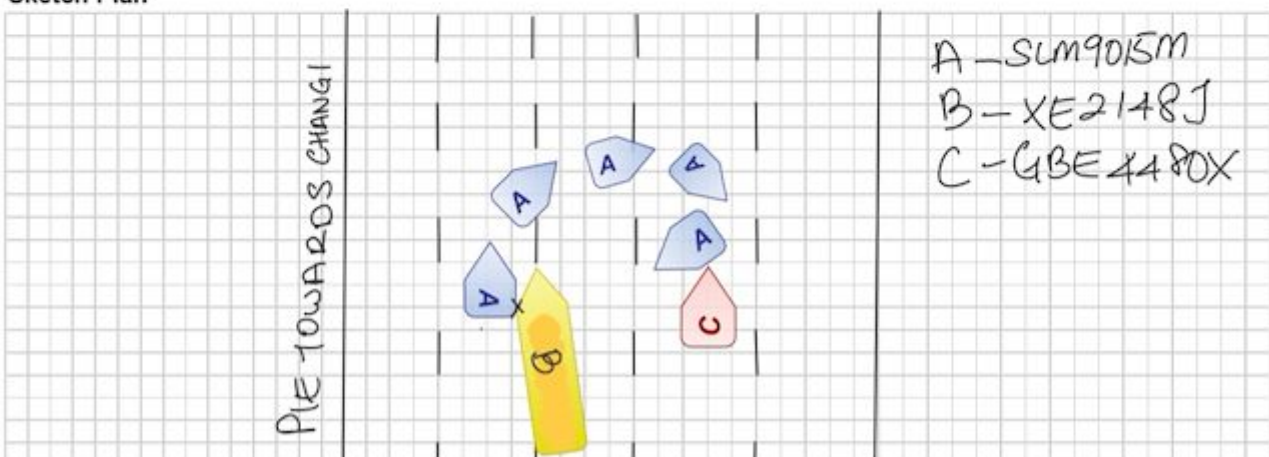
(b) all insurer(s) who have insured vehicle(s) involved in this accident and the Insurers' lawyers/law firms, may/are permitted to collect, use, disclose and/or process my Personal Information for one or more of the above Purposes; and

(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 13:35 28.07.21

Witnessed by Reporting Centre Personnel MD NAZEM

**Sketch Plan**

Describe Circumstances of the Accident

PLEASE REFER TO POLICE REPORT  
REPORT NO: T20210728/2103

**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 13:35 28.07.21



\_\_\_\_\_  
Witnessed by Reporting Centre  
Personnel MD NT/22 IN

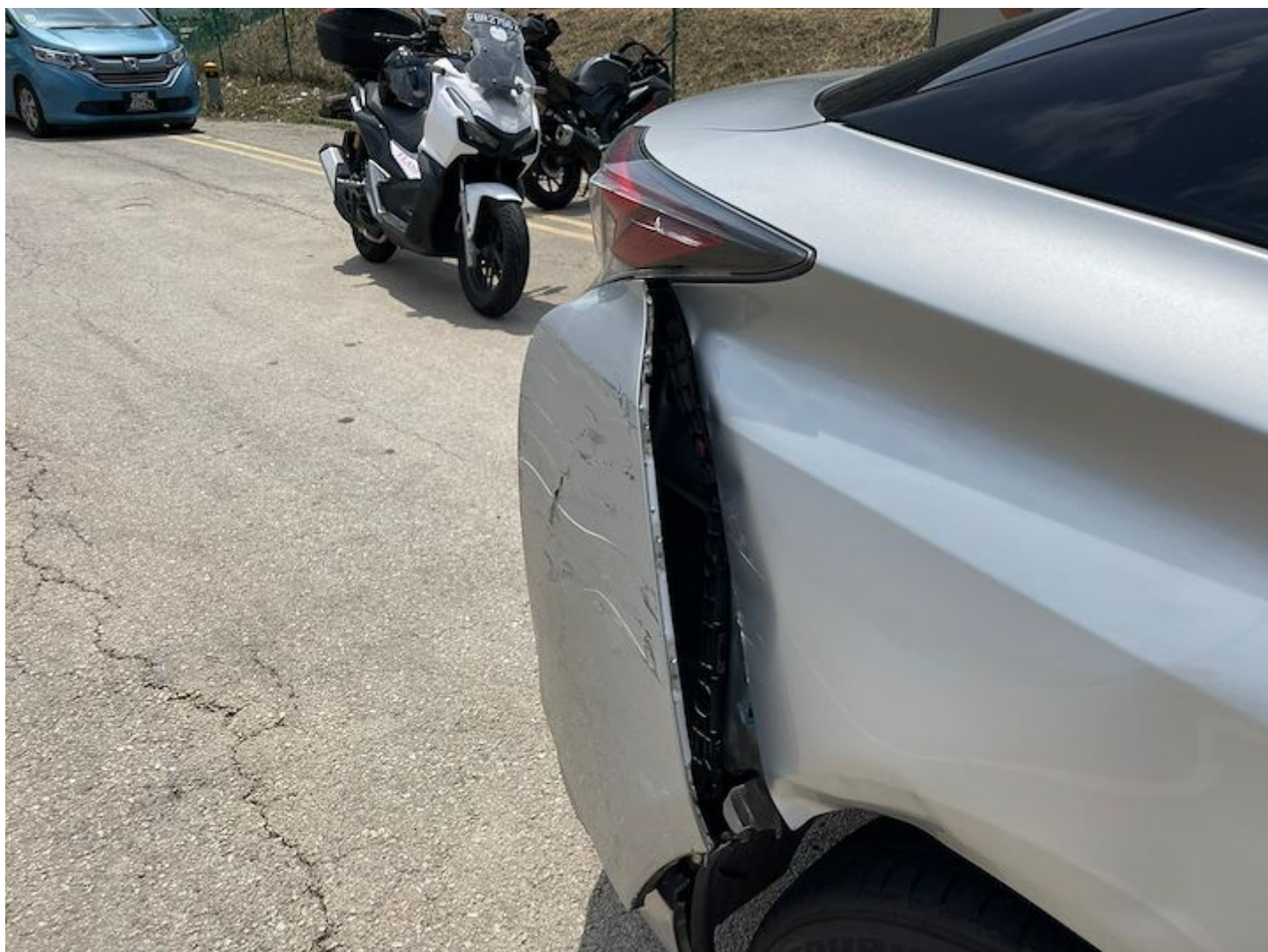

































**SINGAPORE  
POLICE FORCE**


T/20210728/2103

1 of 4

Police Station Of Origin:  
Sengkang N.P.C  
2 Sengkang Square #01-02 SINGAPORE  
545025  
Tel No: 1800-343 8999

Report No. T/20210728/2103

**REPORT OF A TRAFFIC ACCIDENT**

Date/Time Report Made: 28/07/2021 19:59	Vide Report No.:	Station Diary No.: 75
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**Informant's Particulars**

Name of Informant: CHUA CHEE SAN			Address: APT BLK 189A RIVERVALE DRIVE #15-1020 SINGAPORE 541189	
ID Type / ID No.: NRIC NO / S6934745B			Contact No.:	Mobile: 81980886
Nationality: SINGAPORE CITIZEN			Home/Office:	
			Email:	
Sex: Male	Age: 51	Date of Birth: 23/09/1969	Type of Informant: Driver	
Race: Chinese			Language:	Institution / School Name:
Occupation: GRAB DRIVER			Driving Licence Information: Class: 3	
			Date of Expiry:	

**General Information of the Accident**

Type of Accident:	Non-Injury	Drink Drive: No	Date/Time of Accident: 28/07/2021 12:05	Type of Location: Flyover
Location:  PAN-ISLAND EXPRESSWAY				
Weather: Clear		Road Surface: Dry		Road Speed Limit:
Traffic Flow: Dual Carriage Way		Traffic Control:		Traffic Volume: Moderate
Type of Collision: Between Moving Vehicles - Side Swipe - Same Direction				Anyone conveyed by ambulance: No

**Details of Vehicle Involved**

Vehicle No.	Type	Make	Model	Color	Condition	No of Passenger
GBE4480X	Van	NISSAN		Silver	Slightly Damaged	0
SLM9015M	Car	TOYOTA	PRIUS	Silver	Seriously Damaged	1
XE2148J	Lorry	MERCEDES BENZ		Green	Slightly Damaged	0



**SINGAPORE  
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T/20210728/2103

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Police Station Of Origin:  
Sengkang N.P.C  
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545025  
Tel No: 1800-343 8999

Report No. T/20210728/2103

## CONTINUATION OF REPORT

Details of Person Involved			
Any Pedestrian Involved: No			
No. of Pedestrians Injured: NIL		Use of Pedestrian Crossing: NA	
Driver			
Name	TEO KENG KOK	ID No.	S7523384A
Related Vehicle	GBE4480X (Van)	Contact No.	96442778
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	CHUA CHEE SAN	ID No.	S6934745B
Related Vehicle	SLM9015M (Car)	Contact No.	81980886
Hospital/Clinic	NIL	Class of Driving Licence & Expiry Date	Class: 3 Date of Expiry: NIL
Date Treatment	NIL	Date Discharge	NIL
No. of Days granted Medical Leave	NIL	Degree of Injury	NIL
Passenger			
Name	HO HE-JIE, CHERYL	ID No.	S8405559Z
Related Vehicle	SLM9015M (Car)	Contact No.	96264989
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**

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2 Sengkang Square #01-02 SINGAPORE  
545025  
Tel No: 1800-343 8999



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Report No. T/20210728/2103

**CONTINUATION OF REPORT**

<b>Driver</b>			
Name	ZHENG YONGCHANG		ID No. G2728009P
Related Vehicle	XE2148J (Lorry)		Contact No. 83538278
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

**Brief Details.**

On 28/7/2021 at about 1205hrs, I was driving my car(SLM9015M) along PIE going towards Changi. I am a Grab driver and had a passenger with me.

I was travelling along the 4th lane and subsequently while driving, I felt a collision on the rear right side of my car. The collision caused my car to forcefully turn itself towards the 2nd lane and my car was facing against the traffic. My car was then stationary in that position. Shortly after, I felt another collision from the front left side of my car.

After the second collision, I asked my passenger whether she was okay and needed any medical attention. She informed me that she was fine however she informed me that she felt frightened. I then made a call to my insurance company while still in my car to ask for advice. After the call, I went out of my vehicle to check what happened.

Upon doing so, I realised that my first collision was caused by a lorry(XE 2148J) and my 2nd collision was caused by a van(GBE4480X). I then exchanged particulars with them and after further checking our vehicles, we drove off from the incident location.



**SINGAPORE  
POLICE FORCE**



T/20210728/2103

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545025  
Tel No: 1800-343 8999

Report No. T/20210728/2103

**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 MUHAMMAD SUHAIRI BIN MOHD  
HAMZAH

Signature Of Informant:

Signature Of Interpreter:  
Not applicable

Date/Time:  
28/07/2021 19:59

Officer In Charge Of Case:  
TP / GIA /  
SI TAN JEOK LENG  
Contact No.: 65476151

Classification Of Case:

SN 159

Authentication Stamp  
NP168



