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 witholding 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.

- 4. The issue and acceptance 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 07/02/2022 16:34 (SGT) Date of Accident 05/02/2022 17:45 (SGT) Exact Location of Accident PIE, Singapore Additional Location Information Country/State of Loss Singapore

DETAILS OF OWN VEHICLE

Honda

Vehicle Registration Number SLQ774T

INSURED/POLICYHOLDER

Is company? Yes Name Of Registered Owner **GRAB RENTALS PTE LTD** Company Reg No 201617200G **Email Address** gr.sq.accident@grab.com Mobile Phone No (Phone) +65-90905770 Alternative Phone No (Office) +65-66550005

VEHICLE PARTICULARS

Manufacturer

Model Vezel Variant Exact purpose for which vehicle was being used at time of Private hire accident Are you claiming under your own insurance policy for repair to No - Claiming third party your vehicle? 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 Policy Number D21MFL0000447_01 Cover Note Number

DRIVER

Name of Driver TAN BOON LEONG NRIC No. S1773726J

Date Of Birth 26/11/1965 Occupation Outdoor Date Of Driving Pass 16/07/1987 Driving experience 34 YEARS AND 7 MONTHS Gender Mobile Number (Phone) +65-90267134 Alt. Phone Number Email Address gr.sg.accident@grab.com Address APT BLK 492F TAMPINES STREET 45 Address complement #03-690 Postcode 526492 Is the driver the policyholder? No If No. Relationship of the Driver with the Insured Hirer Does Driver Own Other Vehicles? Nο 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 Was anybody injured in the Accident? Yes Was any injured conveyed to hospital by ambulance? No Was any other vehicle or property damaged? Yes Number of Passengers (Including Driver) Has the driver been approached by unknown person(s) soliciting/offering accident claims assistance? No PASSENGER 1 Name AZMAN BIN MD HASSAN Gender Male DETAILS OF POLICE ACTION Was the accident reported to the police? Police Station Name Toa Payoh Neighbourhood Police Centre Police Station Phone No (Phone) +65-18002519999 (Fax) +65-63548749 Alt. Police Station Phone No 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 REFER TO POLICE REPORT T/20220207/2017 ATTACHMENT(S) Are accident photos available for attachment? Yes Was there any video captured by Car Camera? No Was there any audio recorded?

DETAILS OF OTHER VEHICLE PROPERTY 1

SME1453P

Vehicle Registration Number

Vehicle Manufacturer	Toyota
Vehicle Model	Estima
Vehicle Variant	-
Vehicle Colour	-
Vehicle Category	Private car
Name of Driver	CHONG CHAN KWONG
NRIC No	S6940042F
Contact Number	-
Address	-
Address complement	-
Postcode	-
Insurance Company Name	-
Nature Of Damage	-
Details of property damaged in accident	-
No. Of Passenger (Including Driver)	-

DETAILS OF OTHER VEHICLE PROPERTY 2

Vehicle Registration Number Vehicle Manufacturer	SNC8808C BMW
Vehicle Model	520i
Vehicle Variant	-
Vehicle Colour	White
Vehicle Category	Private car
Name of Driver	TAN TZE WOON (CHEN ZHIWEN)
NRIC No	S8014126B
Contact Number	(Phone) +65-97105411
Address	<u>-</u>
Address complement	-
Postcode	-
Insurance Company Name	-
Nature Of Damage	-
Details of property damaged in accident	-
No. Of Passenger (Including Driver)	-

INJURED PERSONS DETAILS

INJURED 1

INJURED I	
Name of injured person	TAN BOON LEONG
Gender	Male
Phone No	(Phone) +65-90267134
Address	APT BLK 492F TAMPINES STREET 45
Address Complement	#03-690
Post Code	526492
Approximate Age Years Old	-
Injuries Sustained	NECK PAIN
Injured person in which vehicle?	SLQ774T
Were seat belts worn?	Yes
Was this injured conveyed to hospital by ambulance?	No
WILLIAM OF THE PARTY OF THE PAR	
INJURED 2	
Name of injured person	AZMAN BIN MD HASSAN
	. — –
Name of injured person	Male
Name of injured person Gender	Male -
Name of injured person Gender Phone No Address Address Complement	Male
Name of injured person Gender Phone No Address Address Complement Post Code	Male
Name of injured person Gender Phone No Address Address Complement Post Code Approximate Age Years Old	Male
Name of injured person Gender Phone No Address Address Complement Post Code Approximate Age Years Old Injuries Sustained	Male
Name of injured person Gender Phone No Address Address Complement Post Code Approximate Age Years Old Injuries Sustained Injured person in which vehicle?	Male
Name of injured person Gender Phone No Address Address Complement Post Code Approximate Age Years Old Injuries Sustained	Male BACK PAIN

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)

Lunderstand, acknowledge, agree and consent that :

- (a) My insurer, my w orkshop 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) w ho have insured vehicle(s) involved in this accident (all insurer(s) w ho have insured vehicle(s) involved in this accident shall be collectively referred to as the "Insurers"), the Insurers' law yers/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 law yers/law firms), which may be sited outside of Singapore, for one or more of the above Purposes.

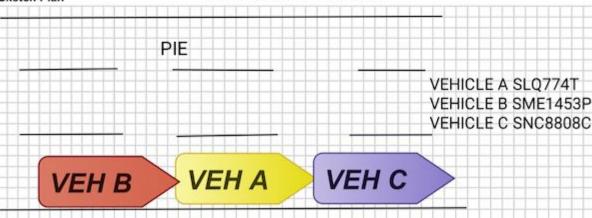
Policyholder's Signature / Date & Time

Driver's Signature (If driver is not the policyholder) / Date 07/02/2022, 1210hrs

Witnessed by Reporting Centre

Personnel MAMAT

Sketch Plan



Describe Circumstances of the Accident

REFER TO POLICE REPORT T/20220207/2017
Declaration
I/We declare the foregoing particulars are true in every respect.

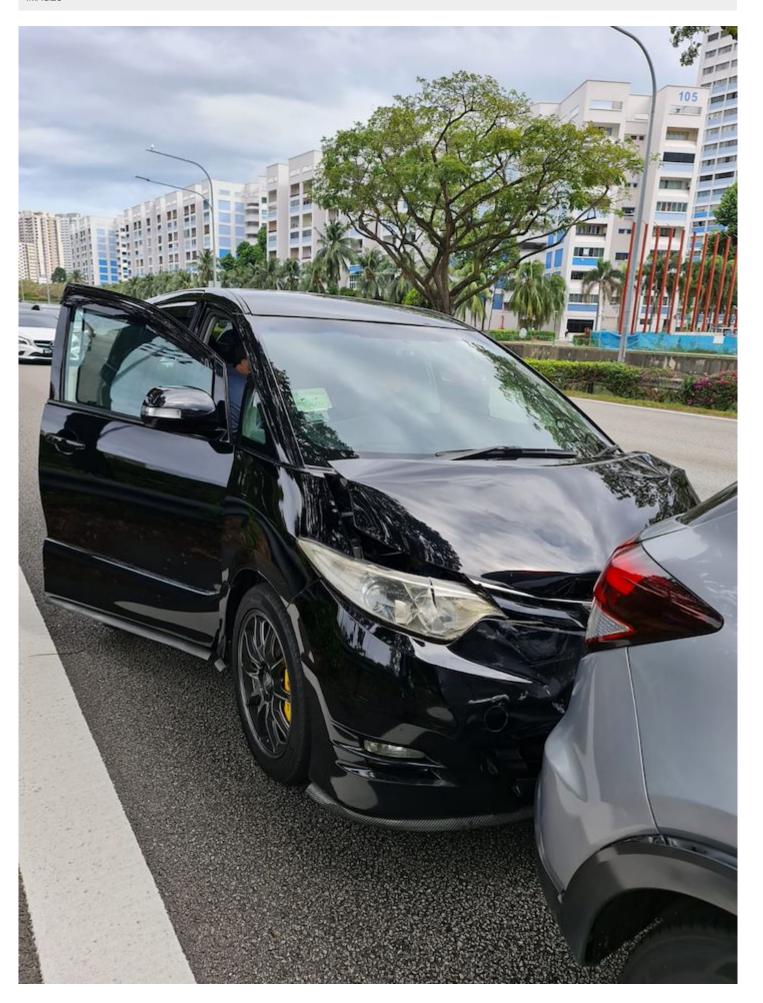
Policyholder's Signature / Date & Time

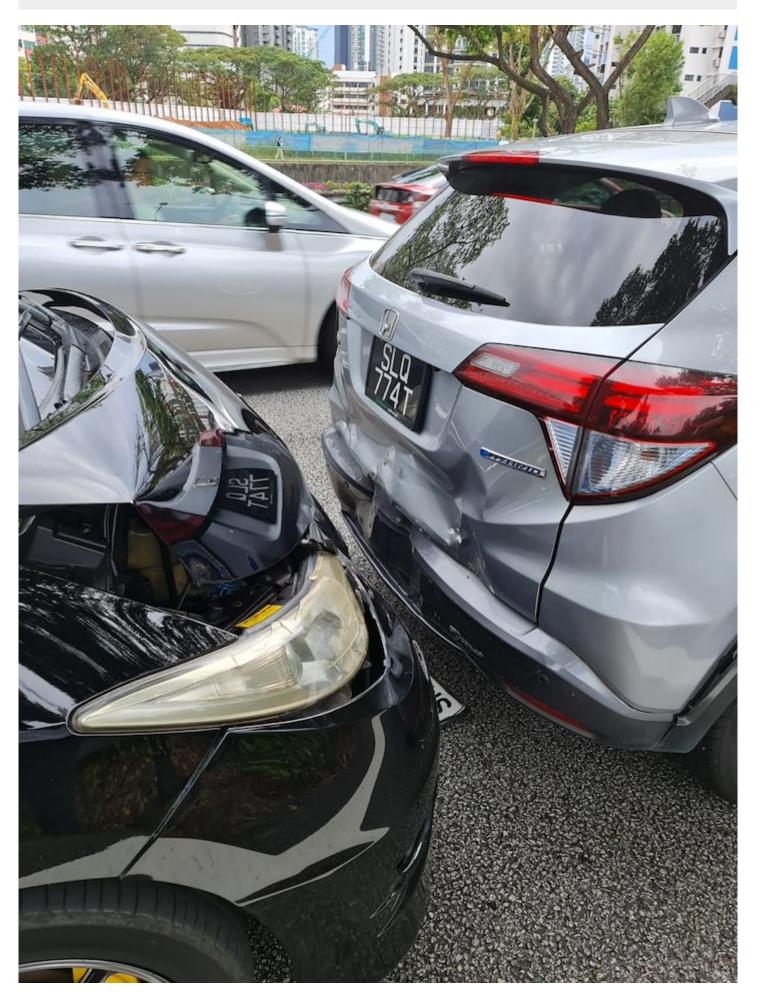
Driver's Signature (If driver is not the policyholder) / Date & Time

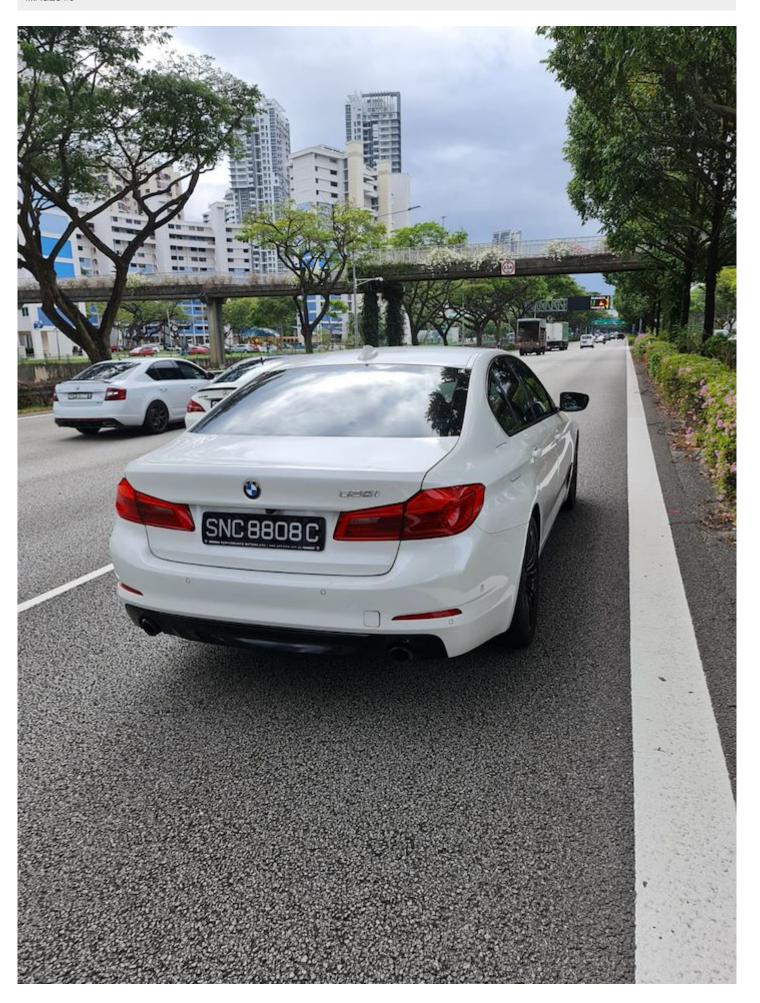
07/02/2022, 1210hrs

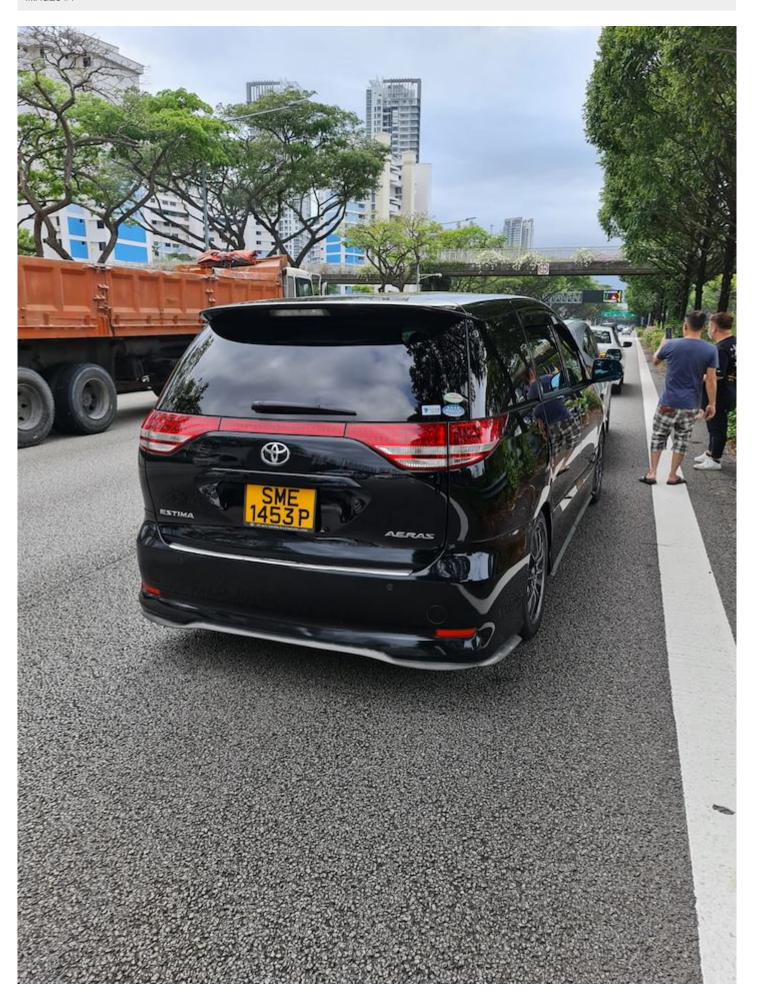
Witnessed by Reporting Centre Personnel MANAT

MAMAT





























I of 4 Report No. T/20220207/2017

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

HE CHILD IN HITHIRD PRODUCTION	100000000000000000000000000000000000000	
Date/Time Report Made: 07/02/2022 10:24	Vide Report No.:	Station Diary No.: 27

07/02/20	022 10:24		21			
Informa	nt's Partic	ulars				
Name of	Informant ON LEON		Address APT BLK 492F TAMPINES STREET 45 #03-690 SING 526492			
	/ ID No : O / S17737	26J	Contact No.: Home/Office:	Mobile: 90267134		
National SINGAP	ty: ORE CITIZ	EN	Email:			
Sex Male	Age: 56	Date of Birth: 26/11/1965	Type of Informant: Driver			
Race Chinese		Language:	Institution / School Name:			
Occupation FULL TIME GRAB DRIVER		Driving Licence Information: Class: 2B,3 Date of Expiry:				

Type of Accident:	Injury Others	Drink Drive: No	Date/Time of Accident: 05/02/2022 17:45	Type of Location Straight Road
Weather	EXPRESSWAY	Road Surface:	R	oad Speed Limit
Clear		Traffic Control:	10.25	raffic Volume:
Traffic Flow: One Way		Not Controlled	141	oderate

Details of Vehicle Involved							
Vehicle No.	Туре	Make	Model	Color	Condition	No of Passenger	
SLQ774T	Car	HONDA	VEZEL HYBRID 1.5X AUTO	Grey	Seriously Damaged	1	
SME1453P	Car	TOYOTA	ESTIMA AERAS 2.4 A	Black	Seriously Damaged	0	
SNC8808C	Car	BMW	520I LED NAV	White	Slightly Damaged	0	





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

Report No. T/20220207/2017

	runiund No				
Any Pedestrian In No. of Pedestrian	e Injured MIII	T			
Driver	s injured. NIL	Use of Pedestrian Crossing: NA			
Name	TAN BOON LEONG	10			
	THE BOOK ELONG	li li	No.	S1773726J	
Related Vehicle	SLQ774T (Car)	Co	ntact I	No. 90267134	
Hospital/Clinic	DOCTORS INC. MEDICAL GR	Dr. Lie	ving ence a piry Da	Date of Expiry:	
Date Treatment		Date Discharg			
	ted Medical Leave 03	Degree of Inju	rv S	light	
Passenger	The state of the s	ATTENDED TO STATE OF THE PARTY	, ,	- Indian	
Name	AZMAN BIN MD HASSAN	ID	No.	S6811209E	
Related Vehicle	SLQ774T (Car)	Co	ntact I	No. 91472427	
Hospital/Clinic	TAN TOCK SENG HOSPITAL	Dri	iss of ving ence & piry Da	Date of Expiry: 1	
Date Treatment	NIL	Date Discharg			
No. of Days gran	ted Medical Leave 01	Degree of Inju			
Driver		ARREST MANAGEMENT		DESTRUCTION OF THE PARTY	
Name	CHONG CHAN KWANG	ID	No.	S6940042F	
Related Vehicle	SME1453P (Car)	Co	ntact N	No. NIL	
Hospital/Clinic	NIL	Dri Lic	iss of ving ence & piry Da	Date of Expiry: N	
Date Treatment	NIL	Date Discharg			
	ted Medical Leave NIL	Degree of Inju	and the local division in which the		



Tel No: 1800-2519999



Police Station Of Origin: Toa Payoh N.P.C 93 Toa Payoh Central #01-02 Toa Payoh Community Building SINGAPORE 319194 CONTINUATION OF REPORT

Report No. T/20220207/2017

Driver					- 101	
Name	TAN TZE WOON			ID No		S8014126B
Related Vehicle	SNC8808C (Car)			Conta	ct No.	97105411
Hospital/Clinic	NIL			Class Drivin Licens Expiry	g	Class: NIL Date of Expiry: NIL
Date Treatment					NIL	
No. of Days granted Medical Leave NIL Degree of				of Injury	NIL	

On 05/02/2022 at about 1740hrs, I was sending one passenger namely Azman to the vicinity of Bukit Batok in my car (SLQ774T). At that point of time, I was driving on the first lane and traffic was moderate.

While driving, I noticed the BMW car (SNC8808C) in front of me pressing on his brake intermittently. As such, I decided to slow down my car to create a distance with him. The BMW car then came to a stop as such I did as well. Out of a sudden, I felt an impact from the rear of my car, which caused my car to jerk forward and hitting the rear of the BMW car.

I then realised that another car (SME1453P) had collided onto the rear of my car. I then alighted my car to make a check on my passenger and the other drivers. There were no visible injuries at that point of time. All three drivers then exchanged particulars with each other and left the scene.

My car sustained serious damages at its rear and slight damages at its front. The BMW car sustained slight damages to it rear while the car behind sustained serious damages at its front.

I then informed the matter to my insurance company who advised me to see a doctor and to lodge a police report. On 07/02/2022, I went to a clinic and received 3 days of medical leave due to pain on my neck and shoulder.





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

Report No. T/20220207/2017

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 Recordir E / SGT 3 MUHAMMAD NOOR HAIKAL BIN MUHAMMAD		Signature Of Informant:	
Signature Of Interpreter: Not applicable		Date/Time: 07/02/2022 10:24	
Officer In Charge Of Case: TP / AEIT /		Classification Of Case:	
SI TAN JEOK LENG Contact No.: 65476151	SINGAPORE POLICE FORCE	SN 168	
Authentication Stamp NP168		SNATURE	

