

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	08/02/2022 19:17 (SGT)
Date of Accident	07/02/2022 07:10 (SGT)
Exact Location of Accident	KPE, Singapore
Additional Location Information	-
Country/State of Loss	Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SLQ4330P
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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) +65-98388203
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	G 400001194 MCX
Cover Note Number	-

DRIVER

Name of Driver	LIM WAI CHOENG
NRIC No	SXXXX387H

Date Of Birth
Occupation
Date Of Driving Pass
Driving experience
Gender
Mobile Number
Alt. Phone Number
Email Address
Address

Address complement
Postcode

Is the driver the policyholder?
If No, Relationship of the Driver with the Insured
Does Driver Own Other Vehicles?
Vehicle Registration Number of Other Vehicle Owned by Driver
Insurance Company of Other Vehicle Owned by Driver

13/04/1970
Outdoor
03/08/1990
31 YEARS AND 6 MONTHS
Male
(Phone) +65-98388203
-
gr.sg.accident@grab.com
27 PASIR RIS GROVE #15-50
-

518073
No
Hirer
No
-
-

GENERAL INFORMATION OF THE ACCIDENT

Type of Accident
Weather Conditions
Road Surface

Chain Collision
Clear
Dry

OTHER INFORMATION

Was any foreign vehicle involved in the accident?
Number of vehicles involved in the accident
Was anybody injured in the Accident?
Was any injured conveyed to hospital by ambulance?
Was any other vehicle or property damaged?
Number of Passengers (Including Driver)
Has the driver been approached by unknown person(s) soliciting/offering accident claims assistance?

No
5
Yes
No
Yes
2
No

PASSENGER 1

Name
Gender

UNKNOWNM
Male

DETAILS OF POLICE ACTION

Was the accident reported to the police?
Police Station Name
Police Station Phone No
Alt. Police Station Phone No
Police Station Address
Was notice of intended Prosecution given?
If yes, against whom?

Yes
Traffic Police
(Phone) +65-65470000
(Fax) +65-65474900
10 Ubi Avenue 3 Singapore 408865
No
-

CIRCUMSTANCES OF ACCIDENT

ON 07/02/2022 AT AROUND 7AM, I WAS DRIVING MY CAR (SLQ4330P), TRAVELLING ALONG SENGKANG TOWARDS KPE HEADING TOWARDS CLEMENTI CAMP. I WAS TRAVELLING ON THE EXTREME RIGHT LANE AND I NOTICED THAT A CAR (SKG8868T) IN FRONT OF MY CAR HAD CAME TO A STOP, HENCE I ALSO TRIED TO STOP MY CAR. HOWEVER, THE CAR IN FRONT HAD STOPPED ABRUPTLY HENCE I COULD NOT STOP IN TIME AND HAD HIT INTO IT. AT THE VERY SAME TIME, I EXPERIENCED A VERY STRONG IMPACT COMING FROM BEHIND AND REALISED THAT A TAXI (SHB5717C) HAD COLLIDED INTO THE BACK OF MY CAR, THUS PUSHING MY CAR TO SURGE FORWARD AND HIT INTO THE CAR IN FRONT OF MINE. AFTER THE ACCIDENT, I HAD PAIN AND DISCOMFORT IN MY BACK, NECK AND SHOULDERS AND ALSO EXPERIENCED NUMBNESS IN MY HANDS SO I WENT TO SEE A DOCTOR AT CARE MEDICAL CLINIC ON THE SAME DAY AND WAS GIVEN 5 DAYS OF MC.

ATTACHMENT(S)

Are accident photos available for attachment?
Was there any video captured by Car Camera?

Yes
No

Was there any audio recorded?

No

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	SHB5717G
Vehicle Manufacturer	-
Vehicle Model	-
Vehicle Variant	-
Vehicle Colour	-
Vehicle Category	Taxi
Name of Driver	-
Contact Number	-
Address	-
Address complement	-
Postcode	-
Insurance Company Name	-
Nature Of Damage	-
Details of property damaged in accident	-
No. Of Passenger (Including Driver)	3

DETAILS OF OTHER VEHICLE PROPERTY 2

Vehicle Registration Number	SKG8868T
Vehicle Manufacturer	-
Vehicle Model	-
Vehicle Variant	-
Vehicle Colour	-
Vehicle Category	Private car
Name of Driver	-
Contact Number	-
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	SGX2118Y
Vehicle Manufacturer	-
Vehicle Model	-
Vehicle Variant	-
Vehicle Colour	-
Vehicle Category	Private car
Name of Driver	-
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 4

Vehicle Registration Number	SND7634M
Vehicle Manufacturer	-
Vehicle Model	-
Vehicle Variant	-
Vehicle Colour	-
Vehicle Category	Private car

Name of Driver
Contact Number
Address
Address complement
Postcode
Insurance Company Name
Nature Of Damage
Details of property damaged in accident
No. Of Passenger (Including Driver)

2

INJURED PERSONS DETAILS

INJURED 1

Name of injured person

Gender

Phone No

Address

Address Complement

Post Code

Approximate Age Years Old

Injuries Sustained

Injured person in which vehicle?

Were seat belts worn?

Was this injured conveyed to hospital by ambulance?

LIM WAI CHOENG

Male

(Phone) +65-98388203

PAIN ON BACK, NECK, SHOULDERS, NUMBNESS IN HANDS
AND 5 DAYS MC.

SLQ4330P

Yes

No

SKETCH PLAN

IMPORTANT NOTICE

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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

Witnessed by Reporting Centre Personnel

Sketch Plan

- ☒ A SLQ4330P (4)
- ☒ B SHB5717C (5)
- ☒ C SKG8868T (3)
- ☒ D SGX2118Y(1)
- ☒ E SND7634M (2)

SENGKANG EXIT
TO KPE



Describe Circumstances of the Accident

REFER TO POLICE REPORT.

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



**SINGAPORE
POLICE FORCE**



T/20220207/7041

1 of 3

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

Report No. T/20220207/7041

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 07/02/2022 16:52		Vide Report No.:		Station Diary No.:	
Informant's Particulars					
Name of Informant: LIM WAI CHOENG			Address: 27 PASIR RIS GROVE #15-50 SINGAPORE 518073		
ID Type / ID No.: NRIC NO / S7012387H			Contact No.: Home/Office:		Mobile: 98388203
Nationality: SINGAPORE CITIZEN			Email: WAICHOENG@FONTCRAFT.COM.SG		
Sex: Male	Age: 51	Date of Birth: 13/04/1970	Type of Informant: Driver		
Race: Chinese			Language: English		Institution / School Name:
Occupation: Private Hirer			Driving Licence Information: Class:		Date of Expiry:

General Information of the Accident

Type of Accident:	Injury Attended by Police	Drink Drive: No	Date/Time of Accident: 07/02/2022 07:00	Type of Location: Straight Road
Location: KALLANG PAYA LEBAR EXPRESSWAY				
Weather: Clear		Road Surface: Dry		Road Speed Limit:
Traffic Flow: One Way		Traffic Control: Not Controlled		Traffic Volume: Moderate
Type of Collision: Chain Collision				Anyone conveyed by ambulance: No

Details of Vehicle Involved

Vehicle No.	Type	Make	Model	Color	Conditio	No of
SHB5717C	Car				Seriously Damaged	0
SKG8868T	Car					0
SLQ4330P	Car				Seriously Damaged	1



**SINGAPORE
POLICE FORCE**



T/20220207/7041

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

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Report No. T/20220207/7041

CONTINUATION OF REPORT

Details of Person Involved			
Any Pedestrian Involved: No			
No. of Pedestrians Injured: NIL		Use of Pedestrian Crossing: NA	
Driver			
Name	LIM WAI CHOENG	ID No.	S7012387H
Related Vehicle	SLQ4330P (Car)	Contact No.	98388203
Hospital/Clinic	CARE MEDICAL CLINIC	Class of Driving Licence & Expiry	Class: NIL Date of Expiry: NIL
Date	07/02/2022	Date	NIL
No. of Days granted Medical Leave	05	Degree of	Serious
Passenger			
Name	PATRICK	ID No.	NIL
Related Vehicle	NIL	Contact No.	NIL
Hospital/Clinic	NIL	Class of Driving Licence & Expiry	Class: NIL Date of Expiry: NIL
Date	NIL	Date	NIL
No. of Days granted Medical Leave	NIL	Degree of	NIL

Brief Details.

On 07/02/2022 at around 7am, I was driving my car (SLQ4330P), travelling along Sengkang towards KPE heading towards Clementi Camp. I was travelling on the extreme right lane and I noticed that a car (SKG8868T) in front of my car had came to a stop, hence I also tried to stop my car. However, the car in front had stopped abruptly hence I could not stop in time and had hit into it. At the very same time, I experienced a very strong impact coming from behind and realised that a taxi (SHB5717C) had collided into the back of my car, thus pushing my car to surge forward and hit into the car in front of mine.

After the accident, I had pain and discomfort in my back, neck and shoulders and also experienced numbness in my hands so I went to see a doctor at Care Medical Clinic on the same day and was given 5 days of MC.





**SINGAPORE
POLICE FORCE**



T/20220207/7041

3 of 3

Report No. T/20220207/7041

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

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 /
SYED MUHAMMAD ISA BIN OMAR
ALHABSHEE
Contact No.: 65476214

NP 128

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

Date/Time:
07/02/2022 16:52

Classification Of Case: