

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	29/03/2022 11:23 (SGT)
Date of Accident	26/03/2022 17:15 (SGT)
Exact Location of Accident	Joo Chiat Rd, Singapore
Additional Location Information	ONAN ROAD
Country/State of Loss	Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SLG8738Z
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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) +65-83831911
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	400001149
Cover Note Number	-

DRIVER

Name of Driver	NEO TING HUA (LIANG TINGHUA)
NRIC No	SXXXX521B

Date Of Birth	19/11/1983
Occupation	Outdoor
Date Of Driving Pass	02/04/2003
Driving experience	18 YEARS AND 11 MONTHS
Gender	Male
Mobile Number	(Phone) +65-83831911
Alt. Phone Number	-
Email Address	gr.sg.accident@grab.com
Address	BLK 634B SENJA ROAD #18-235
Address complement	-
Postcode	672634
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	Collision - Major/Minor Rd
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 vehicle 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	Geylang Neighbourhood Police Centre
Police Station Phone No	(Phone) +65-18008486999
Alt. Police Station Phone No	(Fax) +65-68486799
Police Station Address	1 Cassia Link Singapore 397618
Was notice of intended Prosecution given?	No
If yes, against whom?	-

CIRCUMSTANCES OF ACCIDENT

ON THE ABOVE STATED DATE AND TIME, I WAS DRIVING ALONG THE LEFT MOST LANE OF JOO CHIAT ROAD, JUST PAST THE EXIT OF ONAN ROAD. SUDDENLY, I WAS HIT BY A VEHICLE (SLB5417X) WHICH WAS A EXITING ONAN ROAD. WE BOTH CAME TO A STOP AND I PROCEEDED TO TAKE SOME PHOTOS. BASED ON THE PHOTOS TAKEN BY MYSELF, THE SAID VEHICLE HAD MADE AN EXCESSIVELY WIDE TURN WHILST EXITING ONAN ROAD AND AS SUCH, HAD HIT ONTO MY CAR. WE INITIALLY AGREED FOR A PERSONAL SETTLEMENT HOWEVER UPON GIVING HER MY QUOTATION FOR DAMAGES AS WELL AS FOR MY LOSS OF INCOME, SHE BECAME UNAGREEABLE. I ALSO WENT TO POW FAMILY CLINIC WHERE I RECEIVED 3 DAYS ME FOR PAIN ON MY NECK AND BACK. I WILL BE CLAIMING INSURANCE AGAINST HER. THAT IS ALL.

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	SLB5417X
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

INJURED PERSONS DETAILS

INJURED 1

Name of injured person	NEO TING HUA (LIANG TINGHUA)
Gender	Male
Phone No	(Phone) +65-83831911
Address	-
Address Complement	-
Post Code	-
Approximate Age Years Old	-
Injuries Sustained	PAIN ON NECK AND BACK
Injured person in which vehicle?	SLG8738Z
Were seat belts worn?	Yes
Was this injured conveyed to hospital by ambulance?	No

SKETCH PLANIMPORTANT NOTICE

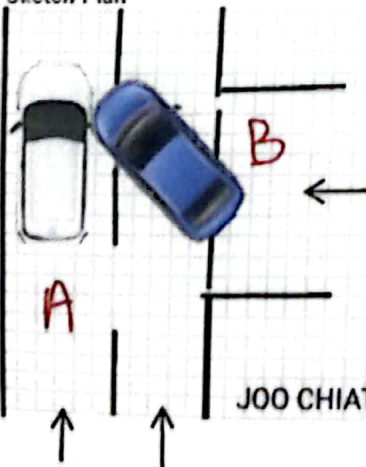
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7. By the lodgement of this report to the insurers, you hereby consent to the archiving of this report at the centre and to copies of the report being made available aforesaid.
8. Consent under the Personal Data Protection Act (PDPA)
I understand, 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 - SLG 87387

B - SLB 5417X

JOO CHIAT ROAD X ONAN ROAD

Describe Circumstances of the Accident

PLEASE REFER TO POLICE REPORT T/20220327/2070

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



SINGAPORE POLICE FORCE

Police Station Of Origin:
Geylang N.P.C
1 Cassia Link SINGAPORE 397618
Tel No: 1800-8486999



T/20220327/2070

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Report No. T/20220327/2070

CONTINUATION OF REPORT

Details of Person Involved			
Any Pedestrian Involved: No			
No. of Pedestrians Injured: NIL		Use of Pedestrian Crossing: NA	
Driver			
Name	LEONG SOCK CHAN	ID No.	S1210559B
Related Vehicle	SLB5417X (Car)	Contact No.	96776909
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	NEO TING HUA	ID No.	S8335521B
Related Vehicle	SLG8738Z (Car)	Contact No.	83831911
Hospital/Clinic	POW FAMILY CLINIC & SURGERY	Class of Driving Licence & Expiry Date	Class: 3 Date of Expiry: NIL
Date Treatment	27/03/2022	Date Discharge	27/03/2022
No. of Days granted Medical Leave	03	Degree of Injury	Slight

Brief Details.

On the above stated date and time, I was driving along the left most lane of Joo Chiat Road, just past the exit of Onan Road. Suddenly, I was hit by a vehicle (SLB5417X) which was exiting Onan Road. We both came to a stop and I proceeded to take some photos. Based on the photos taken by myself, the said vehicle had made an excessively wide turn whilst exiting Onan Road and as such, had hit onto my car.

We initially agreed for a personal settlement however upon giving her my quotation for damages as well as for my loss of income, she became unagreeable. I also went to Pow Family Clinic where I received 3 days mc for pain on my neck and back. I will be claiming insurance against her.

That is all.

27-03-2022

**SINGAPORE
POLICE FORCE**

T/20220327/2070

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Report No. T/20220327/2070

Police Station Of Origin:
Geylang N.P.C
1 Cassia Link SINGAPORE 397618
Tel No: 1800-8486999

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:
G / SGT 3 MOHAMAD AKMAL
BIN MOHD ROSLAN

Signature Of Informant:

Signature Of Interpreter:
Not applicable

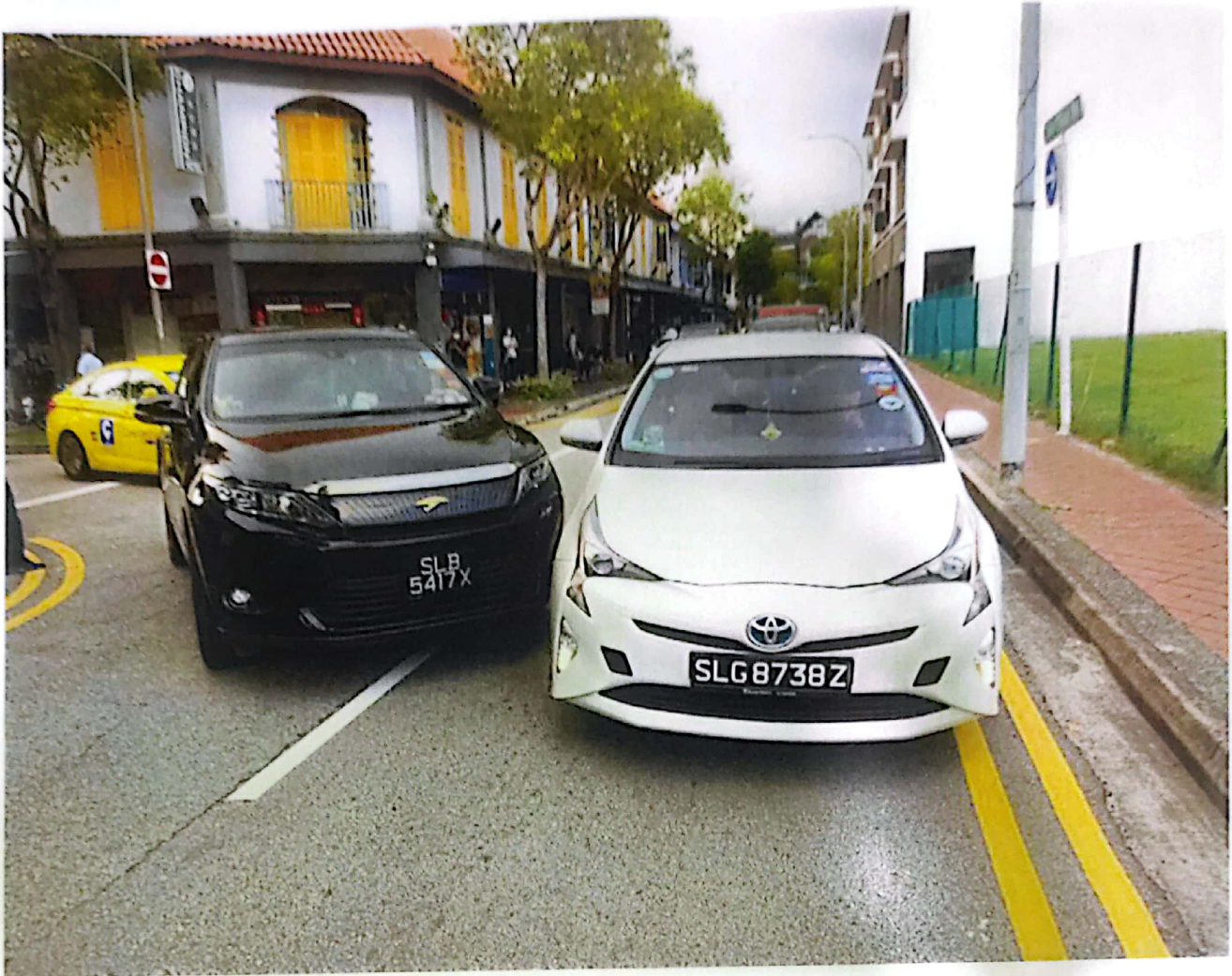
Date/Time:
27/03/2022 19:53

Officer In Charge Of Case:
TP / AEIT /
INSP (1) BOON YEN KIAN
Contact No.: 65476172

Classification Of Case:

NP168









SINGAPORE POLICE FORCE



T/20220327/2070

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Report No. T/20220327/2070

Police Station Of Origin:
Geylang N.P.C
1 Cassia Link SINGAPORE 397618
Tel No: 1800-8486999

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 27/03/2022 19:53	Video Report No.:	Station Diary No.: 74
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Informant's Particulars			Address: APT BLK 634B SENJA ROAD #18-235 SINGAPORE 672634	
Name of Informant: NEO TING HUA			Contact No.:	Mobile: 83831911
ID Type / ID No.: NRIC NO / S8335521B			Home/Office:	
Nationality: SINGAPORE CITIZEN			Email:	
Sex: Male	Age: 38	Date of Birth: 19/11/1983	Type of Informant: Driver	Institution / School Name:
Race: Chinese			Language:	
Occupation: GRAB DRIVER			Driving Licence Information: Class: 3	Date of Expiry:

General Information of the Accident				
Type of Accident:	Injury Others	Drink Drive: No	Date/Time of Accident: 26/03/2022 17:15	Type of Location: T-Junction
Location: JOO CHIAT ROAD				
Weather: Clear		Road Surface: Dry	Road Speed Limit:	
Traffic Flow: One Way		Traffic Control: Not Controlled	Traffic Volume: Moderate	
Type of Collision: Between Moving Vehicles - Head To Side			Anyone conveyed by ambulance: No	

Details of Vehicle Involved						
Vehicle No.	Type	Make	Model	Color	Condition	No of Passenger
SLB5417X	Car	TOYOTA	HARRIER 2.0 AT PREMIUM STYLE MAUVE 2WD	Black	Slightly Damaged	0
SLG8738Z	Car	TOYOTA	PRIUS HYBRID 1.8 CVT	White	Slightly Damaged	0