

# 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 ..... 27/06/2022 11:42 (SGT)  
Reported by ..... Driver  
Date of Accident ..... 25/06/2022 21:10 (SGT)  
Exact Location of Accident ..... Tampines Ave 10, Singapore  
Additional Location Information ..... -  
Country/State of Loss ..... Singapore

## DETAILS OF OWN VEHICLE

Vehicle Registration Number ..... SLM7359J

### 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) +65-94573359  
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 - Reporting only  
Vehicle Category ..... Private hire  
Transmission ..... Auto  
CC ..... 1798

### INSURANCE COMPANY

Name of Insurance Company ..... MSIG Insurance (Singapore) Pte. Ltd.  
Policy Number / Cover Note Number ..... 400001149

### DRIVER

Name of Driver ..... TEO TIONG SHOOT  
NRIC No ..... S1173498G  
Date Of Birth ..... 28/10/1955  
Occupation ..... Outdoor

Date Of Driving Pass .....	14/09/1976
Driving experience .....	45 YEARS AND 9 MONTHS
Gender .....	Male
Mobile Number .....	(Phone) +65-94573359
Alt. Phone Number .....	-
Email Address .....	gr.sg.accident@grab.com
Address .....	73 HUME AVENUE #04-04
Address complement .....	-
Postcode .....	598747
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? .....	No
Was any injured conveyed to hospital by ambulance? .....	-
Was any other vehicle or property damaged? .....	Yes
Number of Passengers (Including Driver) .....	3
Has the driver been approached by unknown person(s) soliciting/offering accident claims assistance? .....	No
Translator's name .....	-
Translator's ID .....	-
Translator's phone number .....	-
Translator's email .....	-
Original language used in the statement .....	-

#### PASSENGER 1

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

#### PASSENGER 2

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

#### DETAILS OF POLICE ACTION

Was the accident reported to the police? .....	No
Was notice of intended Prosecution given? .....	No
If yes, against whom? .....	-

#### CIRCUMSTANCES OF ACCIDENT

ON 25/06/22 AT ABOUT 2110HRS I WAS DRIVING VEHICLE A SLM7359J ALONG TAMPINES AVENUE 10 TOWARDS TPE WITH TWO FEMALE PASSENGERS.I WAS AT EXTREME LEFT LANE AS I TRAVELLING STRAIGHT SUDDENLY VEHICLE B SLL7547M APPLIED BRAKE AND I UNABLE TO STOP ON TIME.MY VEHICLE REAR ENDED VEHICLE B.ONCE I ALIGHT FROM MY VEHICLE I REALIZE ITS WAS A CHAIN COLLISION INVOLVED FOUR VEHICLE'S.TWO MORE VEHICLE IS MOTORCYCLE C FU449H AND VEHICLE D SJY2608J.EXCHANGED PARTICULAR AND NO INJURIES AT POINT OF TIME.

#### ATTACHMENT(S)

Are accident photos available for attachment? .....	Yes
Was there any video captured by Car Camera? .....	No

**DETAILS OF OTHER VEHICLE PROPERTY 1**

Vehicle Registration Number .....	SLL7547M
Vehicle Manufacturer .....	Toyota
Vehicle Model .....	Prius
Vehicle Variant .....	-
Vehicle Colour .....	-
Vehicle Category .....	Private car
Name of Driver .....	LEE MENG YONG
NRIC No .....	S7043347H
Contact Number .....	(Phone) +65-96971399
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 .....	FU449H
Vehicle Manufacturer .....	-
Vehicle Model .....	-
Vehicle Variant .....	-
Vehicle Colour .....	-
Vehicle Category .....	Motorcycle
Name of Driver .....	UZIR BIN OSMAN
NRIC No .....	S1756333E
Contact Number .....	(Phone) +65-87484420
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 .....	SJY2608J
Vehicle Manufacturer .....	-
Vehicle Model .....	-
Vehicle Variant .....	-
Vehicle Colour .....	-
Vehicle Category .....	Private car
Name of Driver .....	MUHAMMAD RAZMILSYAH BIN JAMIL
NRIC No .....	S9137196J
Contact Number .....	(Phone) +65-93364147
Address .....	-
Address complement .....	-
Postcode .....	-
Insurance Company Name .....	-
Nature Of Damage .....	-
Details of property damaged in accident .....	-
No. Of Passenger (Including Driver) .....	-

**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 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. 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' 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' law yers/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.



**FLASH ACCIDENT  
REPORTING OFFICER**

FRO BALAJI



Policyholder's Signature / Date & Time

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

Witnessed by Reporting Centre Personnel

2345HRS 25/06/22

**Sketch Plan**

A.SLN7359J  
B.SLL7547M  
C.FU449H  
D.SJY2608J

TAMPINES AVE 10



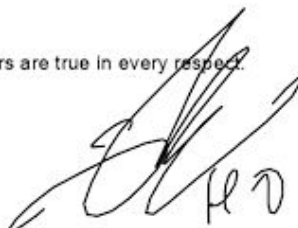
## Describe Circumstances of the Accident

ON 25/06/22 AT ABOUT 2110HRS I WAS DRIVING VEHICLE A SLM7359J ALONG TAMPINES AVENUE 10 TOWARDS TPE WITH TWO FEMALE PASSENGERS. I WAS AT EXTREME LEFT LANE AS I TRAVELLING STRAIGHT SUDDENLY VEHICLE B SLL7547M APPLIED BRAKE AND I UNABLE TO STOP ON TIME. MY VEHICLE REAR ENDED VEHICLE B. ONCE I ALIGHT FROM MY VEHICLE I REALIZE ITS WAS A CHAIN COLLISION INVOLVED FOUR VEHICLE'S. TWO MORE VEHICLE IS MOTORCYCLE C FU449H AND VEHICLE D SJY2608J. EXCHANGED PARTICULAR AND NO INJURIES AT POINT OF TIME.

## 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

2345HRS 25/06/22

FLASH ACCIDENT  
REPORTING OFFICER

FRO BALAJI



\_\_\_\_\_  
Witnessed by Reporting Centre Personnel































