

# 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 ..... 12/07/2022 09:32 (SGT)  
Reported by ..... Driver  
Date of Accident ..... 09/07/2022 22:05 (SGT)  
Exact Location of Accident ..... CTE, Singapore  
Additional Location Information ..... -  
Country/State of Loss ..... Singapore

## DETAILS OF OWN VEHICLE

Vehicle Registration Number ..... SMM7769Y

### 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) +65-96529091  
Alternative Phone No ..... (Office) +65-66550005

### VEHICLE PARTICULARS

Manufacturer ..... Hyundai  
Model ..... OS KONA EV  
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 ..... 0

### INSURANCE COMPANY

Name of Insurance Company ..... India International Insurance Pte Ltd  
Policy Number / Cover Note Number ..... D21MFL0000447

### DRIVER

Name of Driver ..... LIM CHEE TIONG  
NRIC No ..... S1647238G  
Date Of Birth ..... 22/05/1964  
Occupation ..... Outdoor

Date Of Driving Pass .....	14/08/2004
Driving experience .....	17 YEARS AND 11 MONTHS
Gender .....	Male
Mobile Number .....	(Phone) +65-96529091
Alt. Phone Number .....	-
Email Address .....	gr.sg.accident@grab.com
Address .....	BLK 468A YISHUN STREET 43 #11-71
Address complement .....	-
Postcode .....	761468
Is the driver the policyholder? .....	No
If No, Relationship of the Driver with the Insured .....	RELIEF
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 - Head to Rear
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) .....	2
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 .....	Male

#### DETAILS OF POLICE ACTION

Was the accident reported to the police? .....	Yes
Police Station Name .....	Yishun North Neighbourhood Police Centre
Police Station Phone No .....	(Phone) +65-18008529999
Alt. Police Station Phone No .....	(Fax) +65-68522299
Police Station Address .....	31 Yishun Central Singapore 768827
Was notice of intended Prosecution given? .....	No
If yes, against whom? .....	-

#### CIRCUMSTANCES OF ACCIDENT

PLEASE REFER TO POLICE REPORT NO. T /20220709/2085

#### 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 .....	SJS645X
Vehicle Manufacturer .....	Toyota
Vehicle Model .....	Estima
Vehicle Variant .....	-
Vehicle Colour .....	-
Vehicle Category .....	Private car
Name of Driver .....	KONG CHIN WAH EDWIN
NRIC No .....	S7635082E
Contact Number .....	(Phone) +65-90498831
Address .....	-
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

Name of injured person .....	LIM CHEE TIONG
Gender .....	Male
Phone No .....	(Phone) +65-96529091
Address .....	BLK 468A YISHUN STREET 43 #11-71
Address Complement .....	-
Post Code .....	761468
Approximate Age Years Old .....	-
Injuries Sustained .....	LEGS AND CHEEK
Injured person in which vehicle? .....	SMM7769Y
Were seat belts worn? .....	No
Was this injured conveyed to hospital by ambulance? .....	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")

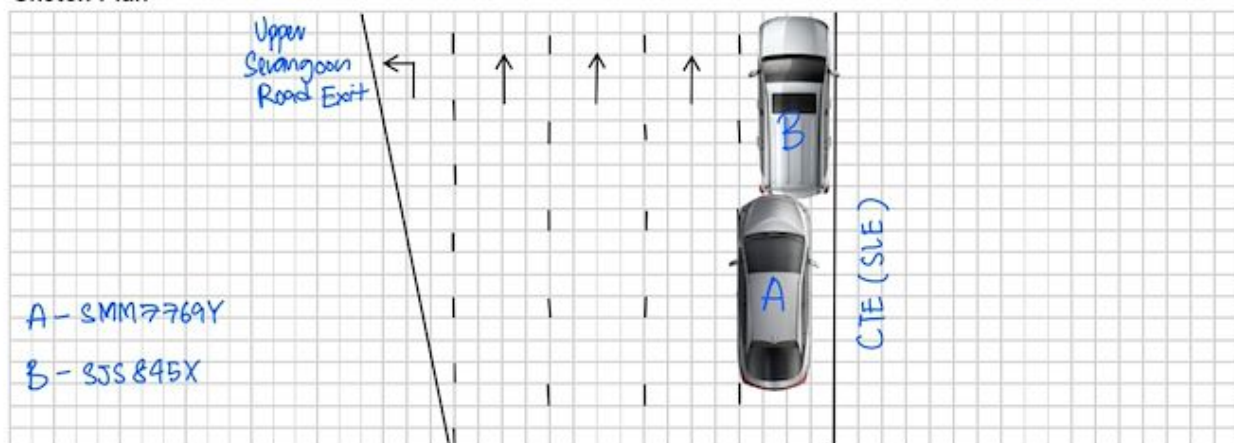
(b) all insurer(s) who have insured vehicle(s) involved in this accident and the Insurers' lawyers/law firms, may/are permitted to collect, use, disclose and/or process my Personal Information for one or more of the above Purposes; and

(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**

## Describe Circumstances of the Accident

PLEASE REFER TO POLICE REPORT NO. T /20220709/2085

## 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 10/07/22 1140

Witnessed by Reporting Centre  
Personnel Amin



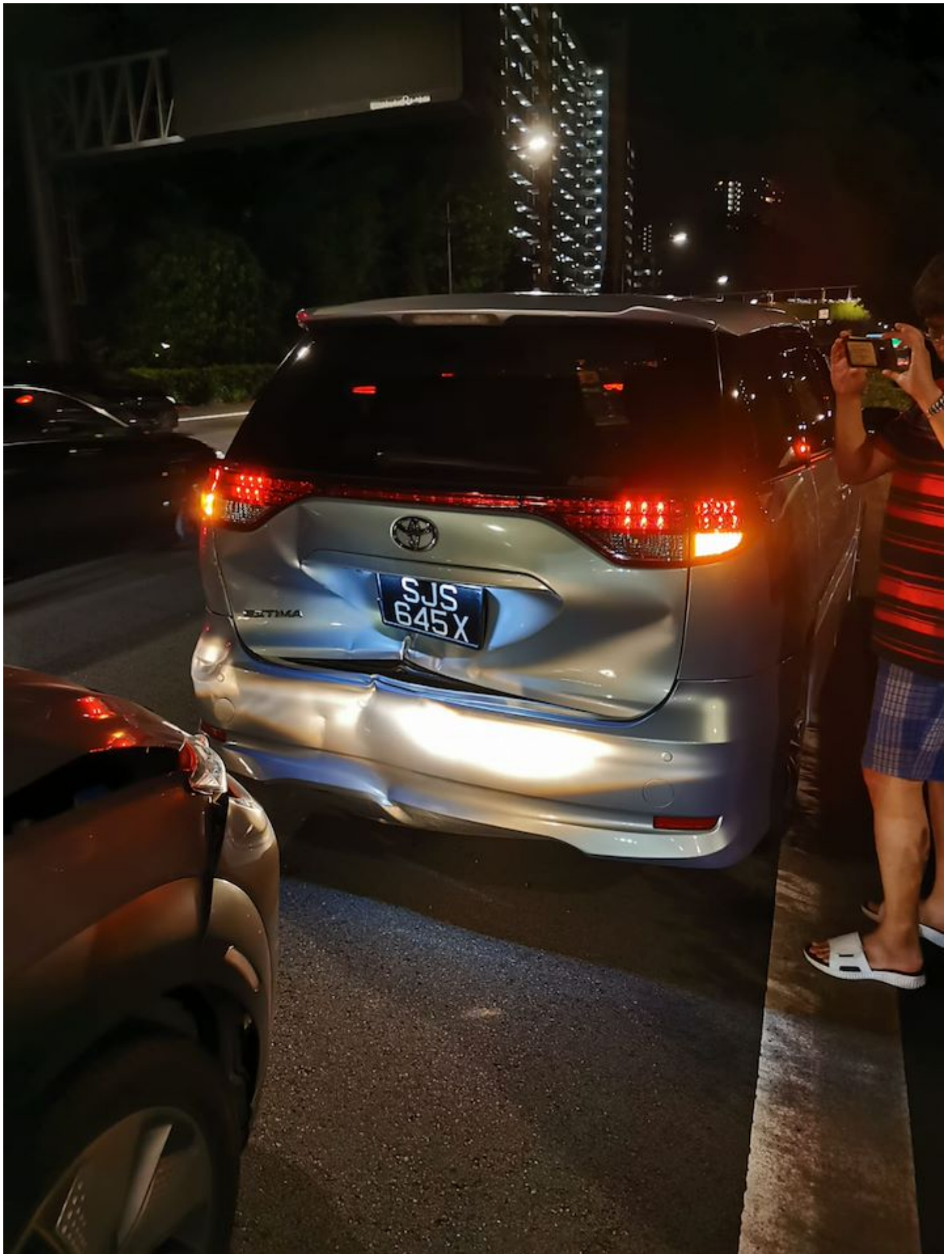















**SINGAPORE  
POLICE FORCE**


T/20220709/2085

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Police Station Of Origin:  
Yishun North N.P.C  
31 Yishun Central SINGAPORE 768827  
Tel No: 1800-8529999

Report No. T/20220709/2085

**REPORT OF A TRAFFIC ACCIDENT**

Date/Time Report Made: 09/07/2022 23:57	Vide Report No.:	Station Diary No.: 116
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**Informant's Particulars**

Name of Informant: LIM CHEE TIONG	Address: APT BLK 468A YISHUN STREET 43 #11-71 SINGAPORE 761468		
ID Type / ID No.: NRIC NO / S1647238G	Contact No.:	Mobile: 97811313	
Nationality: SINGAPORE CITIZEN	Email:	limcheetiong4442@gmail.com	
Sex: Male	Age: 58	Date of Birth: 22/05/1964	Type of Informant: Driver
Race: Chinese	Language:	Institution / School Name:	
Occupation: GRAB DRIVER	Driving Licence Information: Class: 3,4		Date of Expiry:

**General Information of the Accident**

Type of Accident:	Non-Injury Others	Drink Drive: No	Date/Time of Accident: 09/07/2022 22:10	Type of Location: Straight Road
Location:  CENTRAL EXPRESSWAY				
Weather: Clear		Road Surface: Dry		Road Speed Limit:
Traffic Flow: One Way		Traffic Control: Not Controlled		Traffic Volume: Heavy
Type of Collision: Between Moving Vehicles - Head To Rear				Anyone conveyed by ambulance: No

**Details of Vehicle Involved**

Vehicle No.	Type	Make	Model	Color	Condition	No of Passenger
SJS645X	Car	TOYOTA	ESTIMA AERAS 2.4 A	Purple	Slightly Damaged	2
SMM7769Y	Car	HYUNDAI	OS KONA EV	Grey	Slightly Damaged	1

**Details of Person Involved**

Any Pedestrian Involved: No	
No. of Pedestrians Injured: NIL	Use of Pedestrian Crossing: NA





**SINGAPORE  
POLICE FORCE**



T/20220709/2085

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Police Station Of Origin:  
Yishun North N.P.C  
31 Yishun Central SINGAPORE 768827  
Tel No: 1800-8529999

Report No. T/20220709/2085

**CONTINUATION OF REPORT**

<b>Driver</b>			
Name	LIM CHEE TIONG	ID No.	S1647238G
Related Vehicle	SMM7769Y (Car)	Contact No.	97811313
Hospital/Clinic	NIL	Class of Driving Licence & Expiry Date	Class: 3,4 Date of Expiry: NIL
Date Treatment	NIL	Date Discharge	NIL
No. of Days granted Medical Leave	NIL	Degree of Injury	NIL

**Brief Details.**

On 9/7/2022 while I was driving my vehicle (SMM7769Y) registered under grab, travelling along CTE heading towards Ang Mo Kio with one male passenger. Halfway through the journey at about 2206hrs, the vehicle (SJS 645X) Infront of me suddenly jam brake and when I jam brake it was already too late. Both of our vehicles suffered damage. The driver of SJS645X exchanged particulars with me and he informed me that he will be claiming insurance. Subsequently my passenger 96562912 (Mr Lim) informed that he felt numbness on both of his knees and pain on his left neck. I then drove him to Tan Tock Seng A&E. There after I left as Mr Lim informed that his next of kin will be coming down.

I Would like to inform that my car has a in car camera that recorded the whole accident

I am lodging this report for record purposes.

**SINGAPORE  
POLICE FORCE**

Police Station Of Origin:  
Yishun North N.P.C  
31 Yishun Central SINGAPORE 768827  
Tel No: 1800-8529999



T/20220709/2085

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Report No. T/20220709/2085

**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:

L /

SGT 2 TEO QI EN

Signature Of Informant:

Signature Of Interpreter:

Not applicable

Date/Time:

09/07/2022 23:57

Officer In Charge Of Case:

TP / GIA /

Other MUHAMMAD NOOR BIN ABDUL  
RAHMAN

Contact No.: 65476219

Classification Of Case:

NP168



