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 Actual 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.

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 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 22/08/2022 19:03 (SGT) Reported by Driver Date of Accident 22/08/2022 16:50 (SGT) Exact Location of Accident PIE, Singapore Additional Location Information Near Kallang Way Towards Tuas Country/State of Loss Singapore

DETAILS OF OWN VEHICLE

Toyota

1798

Vehicle Registration Number SLQ349M

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) +65-90905770 Alternative Phone No (Office) +65-66550005

VEHICLE PARTICULARS

Manufacturer

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 No - Claiming third party your vehicle? Vehicle Category Private hire Transmission Auto

INSURANCE COMPANY

Name of Insurance Company MSIG Insurance (Singapore) Pte. Ltd. Policy Number / Cover Note Number 400000730

DRIVER

CC

Name of Driver **CHENG SIEW HOCK** NRIC No SXXXX049J Date Of Birth 19/02/1958 Occupation Outdoor

Date Of Driving Pass 05/10/1977 Driving experience 44 YEARS AND 10 MONTHS Gender Mobile Number (Phone) +65-93656939 Alt. Phone Number Email Address gr.sg.accident@grab.com Address BLK 665 CHOA CHU KANG CRESCENT Address complement #13-275 Postcode 680665 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? No Was any injured conveyed to hospital by ambulance? 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? Nο 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** DETAILS OF POLICE ACTION Was the accident reported to the police? Nο Was notice of intended Prosecution given? Nο If yes, against whom? CIRCUMSTANCES OF ACCIDENT ON 22/08/2022 AT OR ABOUT 1650HRS, I WAS IN MY VEHICLE BEARING SLQ349M ALONG PIE TOWARDS TUAS ON LANE 1. SFY212C HAD REAR ENDED ME CAUSING MY VEHICLE TO MOVE FOWARD AND REAR ENDED VEH B BEARING SLL7260P. I THEN REALISED I WAS INVOLVED IN A 5 CHAIN COLLISION. WITH VEH D BEARING SKJ1924U BEHIND VEHICLE C AND LAST VEHICLE E BEARING SMN5659P BEHIND VEHICLE D. I WISH TO STATE THAT NOBODY WAS INJURED DURING THE

AS I WAS TRAVELLING I NOTICED THERE WAS A HEAVY TRAFFIC, I THEN SLOWLY COME TO A COMPLETE STOPPED WHEN SUDDENLY I FELT AN IMPACT COMING FROM THE REAR OF MY VEHICLE. I THEN REALISED ANOTHER VEHICLE C BEARING ACCIDENT.

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	SLL7260P
Vehicle Manufacturer	Mitsubishi
Vehicle Model	Attrage
Vehicle Variant	-
Vehicle Colour	-
Vehicle Category	Private car
Name of Driver	-
Contact Number	-
Address	-
Address complement	-
Postcode	-
Insurance Company Name	-
Nature Of Damage	REAR
Details of property damaged in accident	-
No. Of Passenger (Including Driver)	1

DETAILS OF OTHER VEHICLE PROPERTY 2

Vehicle Registration Number Vehicle Manufacturer Vehicle Model Vehicle Variant Vehicle Colour Vehicle Category Name of Driver NRIC No Contact Number Address Address complement Postcode Insurance Company Name Nature Of Damage Details of property damaged in accident	SFY212C Toyota Corolla - Blue Private car PHANG KA LENG (PENG JIALING) SXXXX217H FRONT AND REAR
Nature Of Damage Details of property damaged in accident No. Of Passenger (Including Driver)	FRONT AND REAR - 1

DETAILS OF OTHER VEHICLE PROPERTY 3

Vehicle Registration Number Vehicle Manufacturer Vehicle Model	SKJ1924U BMW 420i
Vehicle Variant	-
Vehicle Colour	Black
Vehicle Category	Private car
Name of Driver	-
Contact Number	-
Address	-
Address complement	-
Postcode	-
Insurance Company Name	-
Nature Of Damage	FRONT AND REAR
Details of property damaged in accident	-
No. Of Passenger (Including Driver)	1

DETAILS OF OTHER VEHICLE PROPERTY 4

Vehicle Registration Number	SMN5659P
Vehicle Manufacturer	Honda
Vehicle Model	Shuttle
Vehicle Variant	_
Vehicle Colour	Gray
Vehicle Category	Private car
Name of Driver	-
Contact Number	_
Address	

Address complement	-
Postcode	_
Insurance Company Name	-
Nature Of Damage	FRONT
Details of property damaged in accident	_
No. Of Passenger (Including Driver)	1

SKETCH PLAN

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- 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 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 w ith 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, w hich could involve disclosure of certain personal data about me to bring about delivery of the same as w ell 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.

Policyholder's Signature / Date & Time Driver's Signature (If driver is not the policyholder) / Date & Time 22.08.2022, 1800HRS Witnessed by Reporting Centre Personnel AFIO

Sketch Plan

VEH B VEH A Veh C VEH D VEH E

VEH A: SLQ349M
VEH B: SLL7260P
VEH C: SFY212C
VEH D:SKJ1924U
VEH E: SMN5659P

PIE TOWARDS TUAS

Describe Circumstances of the Accident

ON 22/08/2022 AT OR ABOUT 1650HRS, I WAS IN MY VEHICLE BEARING SLQ349M ALONG PIE TOWARDS TUAS ON LANE 1. AS I WAS TRAVELLING I NOTICED THERE WAS A HEAVY TRAFFIC, I THEN SLOWLY COME TO A COMPLETE STOPPED WHEN SUDDENLY I FELT AN IMPACT COMING FROM THE REAR OF MY VEHICLE. I THEN REALISED ANOTHER VEHICLE C BEARING SFY212C HAD REAR ENDED ME CAUSING MY VEHICLE TO MOVE FOWARD AND REAR ENDED VEH B BEARING SLL7260P. I THEN REALISED I WAS INVOLVED IN A 5 CHAIN COLLISION. WITH VEH D BEARING SKJ1924U BEHIND VEHICLE C AND LAST VEHICLE E BEARING SMN5659P BEHIND VEHICLE D. I WISH TO STATE THAT NOBODY WAS INJURED DURING THE ACCIDENT.

Declaration

I/We declare the foregoing particulars are true in every respe-

Policyholder's Signature / Date &

Briver's Signature (If driver is not the policyholder) / Date & Time 22.08.2022, 1800RS Witnessed by Reporting Centre

























