

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 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 25/10/2022 17:01 (SGT)
Reported by Driver
Date of Accident 23/10/2022 16:50 (SGT)
Exact Location of Accident Toh Guan Rd, Singapore
Additional Location Information TOWARDS JURONG EAST STREET 11 BEFORE JURONG EAST STREET 11
Country/State of Loss Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number SLU432J

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 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.
Policy Number / Cover Note Number 400000730

DRIVER

Name of Driver MOHAMED SIDEK BIN EUSOPE
NRIC No SXXXXX310C
Date Of Birth 25/12/1955

Occupation	Outdoor
Date Of Driving Pass	26/01/1973
Driving experience	49 YEARS AND 9 MONTHS
Gender	Male
Mobile Number	(Phone) +65-94898187
Alt. Phone Number	-
Email Address	gr.sg.accident@grab.com
Address	APT BLK 518 CHOA CHU KANG STREET 51
Address complement	#04-04
Postcode	680518
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	3
Was anybody injured in the Accident?	Yes
Was any injured conveyed to hospital by ambulance?	Yes
Was any other vehicle or property damaged?	Yes
Number of Passengers (Including Driver)	5
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	Norbayah Bt Md Yusof
Gender	Female

PASSENGER 2

Name	Zulkifli Bin Mohamad Noor
Gender	Male

PASSENGER 3

Name	Nor Azrina Binte Mohamed Sidek
Gender	Female

PASSENGER 4

Name	Nor Ain Faeqa
Gender	Female

DETAILS OF POLICE ACTION

Was the accident reported to the police?	Yes
Police Station Name	Choa Chu Kang Neighbourhood Police Centre
Police Station Phone No	(Phone) +65-18007659999
Alt. Police Station Phone No	(Fax) +65-67644104
Police Station Address	No 20 Choa Chu Kang Street 52 #01-02 Singapore 689286
Was notice of intended Prosecution given?	No
If yes, against whom?	-

CIRCUMSTANCES OF ACCIDENT

ON 23.10.2022 AT OR ABOUT 1650HRS, I WAS DRIVING MY MOTORCAR BEARING REGISTRATION NUMBER SLU432J ON THE RIGHTMOST LANE OF FOUR LANES ROAD ALONG TOH GUAN ROAD TOWARDS JURONG EAST STREET 11. AS I APPROACHED THE JUNCTION OF JURONG GATEWAY ROAD, THE TRAFFIC LIGHT WAS RED AND I CAME TO A STOP. WHILST STATIONARY, I FELT AN IMOACTION FROM THE REAR THAT CAUSED MY CAR TO SURGE FORWARD AND COLLIDE ONTO A SILVER TOYOTA MOTORCAR BEARING REGISTRATION NUMBER SJY2173X, WHICH WAS STATIONARY AHEAD OF ME. I REALISED THAT WHITE TOYOTA MOTORVAN BEARING REGISTRATION NUMBER GBK5233E HAD REAR ENDED MY CAR. I WAS INVOLVED IN A THREE VEHICLE CHAIN COLLISION FOR WHICH I WAS THE MIDDLE CAR.

I STOPPED AND EXCHANGED PARTICULARS WITH THE OTHER DRIVERS. I WISH TO STATE THAT I HAD THREE FEMALE PASSENGERS AND ONE MALE PASSENGER AT THE MATERIAL TIME AND THREE OF THEM WERE INJURED AND CONVEYED TO HOSPITAL VIA AMBULANCE. OWING TO THE INJURIES, I HAVE MADE A POLICE REPORT FOR WHICH REFERENCE WAS T/20221024/2015 AND IO IN-CHARGE WAS IO SUFIAN FROM TRAFFIC POLICE (CTC: 6547 6247).

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 GBK5233E
Vehicle Manufacturer Toyota
Vehicle Model Hiace
Vehicle Variant -
Vehicle Colour White
Vehicle Category Commercial vehicle
Name of Driver VEERAPPAN KARTHIK
Passport No/FIN GXXXX068M
Contact Number (Phone) +65-90515748
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 2

Vehicle Registration Number SJY2173X
Vehicle Manufacturer Toyota
Vehicle Model Vios
Vehicle Variant -
Vehicle Colour Gray
Vehicle Category Private car
Name of Driver MOHAMAD RUDY BIN MOHAMAD TAHAR
NRIC No SXXXX503F
Contact Number (Phone) +65-86085618
Address APT BLK 409 PANDAN GARDENS
Address complement #04-68
Postcode 600409
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 NORBAYAH BT MD YUSOF
Gender Female
Phone No -

Address	-
Address Complement	-
Post Code	-
Approximate Age Years Old	-
Injuries Sustained	Bodily Pain
Injured person in which vehicle?	SLU432J
Were seat belts worn?	Yes
Was this injured conveyed to hospital by ambulance?	Yes

INJURED 2

Name of injured person	Zulkifli Bin Mohamad Noor
Gender	Male
Phone No	-
Address	-
Address Complement	-
Post Code	-
Approximate Age Years Old	-
Injuries Sustained	Bodily Pain
Injured person in which vehicle?	SLU432J
Were seat belts worn?	Yes
Was this injured conveyed to hospital by ambulance?	Yes

INJURED 3

Name of injured person	Nor Azrina Binte Mohamed Sidek
Gender	Female
Phone No	-
Address	-
Address Complement	-
Post Code	-
Approximate Age Years Old	-
Injuries Sustained	Bodily Pain
Injured person in which vehicle?	SLU432J
Were seat belts worn?	Yes
Was this injured conveyed to hospital by ambulance?	Yes

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.

Eusope

Suria

	25.10.2022 @ 11 00hrs	MOHAMED SIDEK BIN EUSOPE		SURIA
Policyholder's Signature / Date & Time	Driver's Signature (If driver is not the policyholder) / Date & Time		Witnessed by Reporting Centre Personnel	

Sketch Plan

TOH GUAN ROAD TOWARDS JURONG EAST STREET 11 BEFORE JURONG GATEWAY ROAD

VEHICLE A: SLU432J
VEHICLE B: GBK5233E
VEHICLE C: SJY2173X

JURONG GATEWAY ROAD

TOH GUAN ROAD TOWARDS JURONG EAST STREET 11

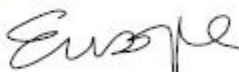
Describe Circumstances of the Accident

ON 23.10.2022 AT OR ABOUT 1650HRS, I WAS DRIVING MY MOTORCAR BEARING REGISTRATION NUMBER SLU432J ON THE RIGHTMOST LANE OF FOUR LANES ROAD ALONG TOH GUAN ROAD TOWARDS JURONG EAST STREET 11. AS I APPROACHED THE JUNCTION OF JURONG GATEWAY ROAD, THE TRAFFIC LIGHT WAS RED AND I CAME TO A STOP. WHILST STATIONARY, I FELT AN IMOACTION FROM THE REAR THAT CAUSED MY CAR TO SURGE FORWARD AND COLLIDE ONTO A SILVER TOYOTA MOTORCAR BEARING REGISTRATION NUMBER SJY2173X, WHICH WAS STATIONARY AHEAD OF ME. I REALISED THAT WHITE TOYOTA MOTORVAN BEARING REGISTRATION NUMBER GBK5233E HAD REAR ENDED MY CAR. I WAS INVOLVED IN A THREE VEHICLE CHAIN COLLISION FOR WHICH I WAS THE MIDDLE CAR.

I STOPPED AND EXCHANGED PARTICULARS WITH THE OTHER DRIVERS. I WISH TO STATE THAT I HAD THREE FEMALE PASSENGERS AND ONE MALE PASSENGER AT THE MATERIAL TIME AND THREE OF THEM WERE INJURED AND CONVEYED TO HOSPITAL VIA AMBULANCE. OWING TO THE INJURIES, I HAVE MADE A POLICE REPORT FOR WHICH REFERENCE WAS T/20221024/2015 AND IO IN-CHARGE WAS IO SUFIAN FROM TRAFFIC POLICE (CTC: 6547 6247).

Declaration

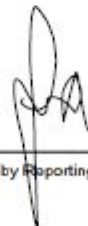
I/We declare the foregoing particulars are true in every respect.



MOHAMED SIDEK BIN EUSOPE

Policyholder's Signature / Date & Time

Driver's Signature (If driver is not the policyholder) / Date & Time 25.10.2022 @ 1100hrs



SURIA

Witnessed by Reporting Centre Personnel



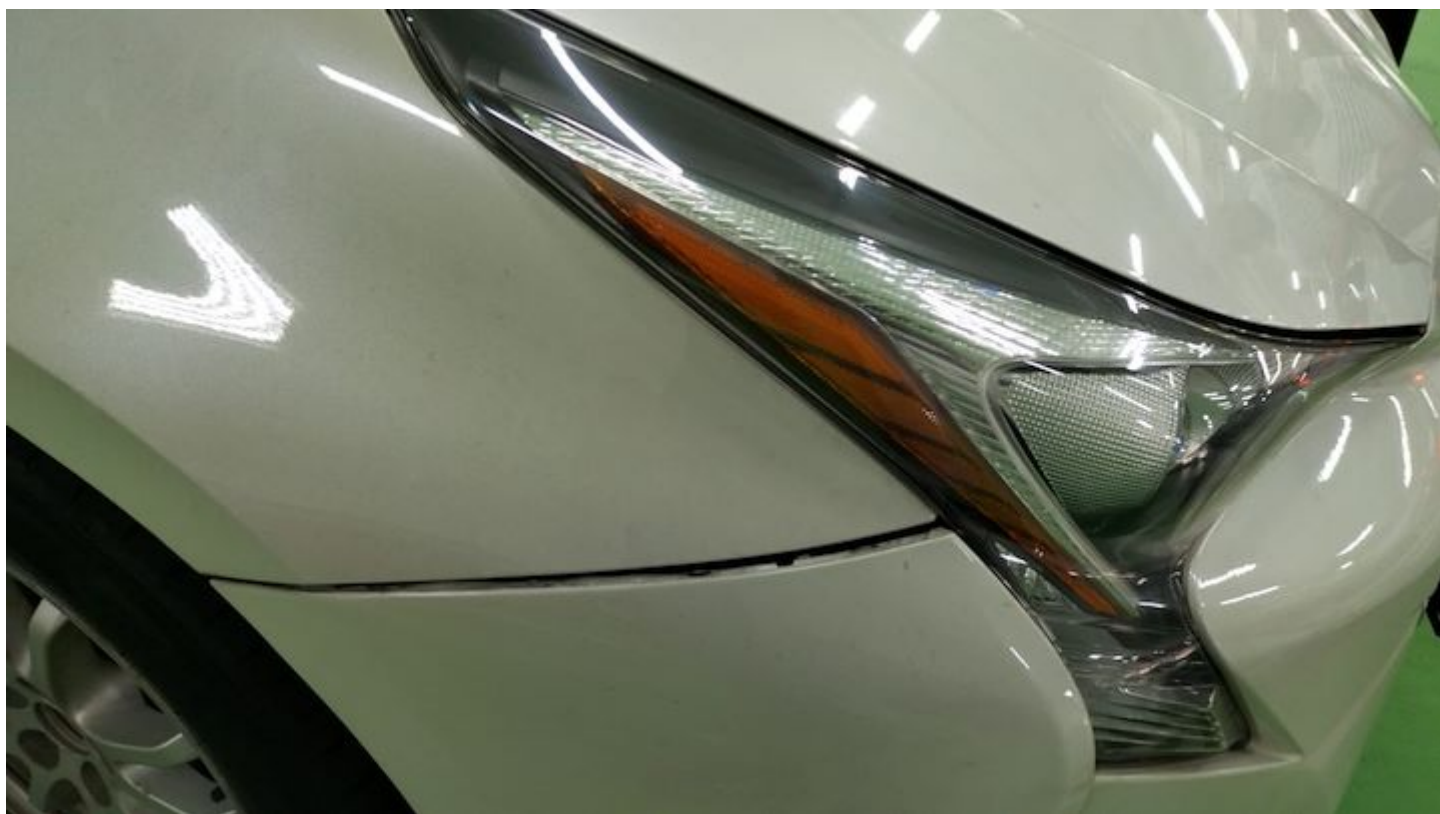






































SINGAPORE POLICE FORCE



T/20221024/2015

1 of 3

Report No. T/20221024/2015

Police Station Of Origin:
Choa Chu Kang N.P.C
20 Choa Chu Kang Street 52 #01-02
SINGAPORE 689286
Tel No: 1800-7659999

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 24/10/2022 10:41	Vide Report No.: D/20221023/0075	Station Diary No.: 29
--	-------------------------------------	--------------------------

Informant's Particulars

Name of Informant: MOHAMED SIDEK BIN EUSOPE			Address: APT BLK 518 CHOA CHU KANG STREET 51 #04-04 SINGAPORE 680518		
ID Type / ID No.: NRIC NO / S1176310C			Contact No.: Home/Office: Mobile: 94898187		
Nationality: SINGAPORE CITIZEN			Email:		
Sex: Male	Age: 66	Date of Birth: 25/12/1955	Type of Informant: Driver		
Race: Boyanese			Language:		Institution / School Name:
Occupation: GRAB DRIVER			Driving Licence Information: Class: 3 Date of Expiry:		

General Information of the Accident

General Information of the Accident				
Type of Accident:	Injury Attended by Police	Drink Drive: No	Date/Time of Accident: 23/10/2022 16:50	Type of Location: Straight Road
Location: TOH GUAN ROAD				
Weather: Clear		Road Surface: Dry	Road Speed Limit: 60 Km/h	
Traffic Flow: One Way		Traffic Control: Traffic Light - Working		Traffic Volume: Light
Type of Collision: Between Moving Vehicles - Head To Rear				Anyone conveyed by ambulance: Yes

Details of Vehicle Involved

Vehicle No.	Type	Make	Model	Color	Condition	No of Passenger
GBK5233E	Van				Slightly Damaged	0
SJY2173X	Car				Seriously Damaged	2
SLU432J	Car				Slightly Damaged	4



**SINGAPORE
POLICE FORCE**



T/20221024/2015

2 of 3

Police Station Of Origin:
Choa Chu Kang N.P.C
20 Choa Chu Kang Street 52 #01-02
SINGAPORE 689286
Tel No: 1800-7659999

Report No. T/20221024/2015

CONTINUATION OF REPORT

Brief Details.

On 23/10/2022 around 1650hrs, while I was driving my vehicle bearing plate number SLU432J, on the first lane towards IMM Building from PIE Exit Toh Guan, while waiting for the traffic to turn green, a van bearing plate number GBK5235E, crashed to my vehicle from the rear and resulting me crashing to the vehicle SJY2173X in front of me.

Subsequently all 3 vehicles owner step out of the car and call for police and ambulance assistant. I have 4 family members inside my car and they were all being conveyed to NTFGH to made a check. As for my vehicle there were some scratches and dents on the front and back. Traffic police request me to make a police report and hence I am here.

Below are the particulars exchanged :

GBK52333E
Veerappan Karrthik
G2143058M
90515748

SJY2173X
Rudy
S7725503F
86085618

**SINGAPORE
POLICE FORCE**

T/20221024/2015

Police Station Of Origin:
Choa Chu Kang N.P.C
20 Choa Chu Kang Street 52 #01-02
SINGAPORE 689286
Tel No: 1800-7659999

3 of 3

Report No. T/20221024/2015

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:

J /

SGT 2 CHEN CHOW KOON

Signature Of Informant:

Signature Of Interpreter:

Not applicable

Date/Time:

24/10/2022 10:41

Officer In Charge Of Case:

TP / GIT /

STAFF SGT MOHAMED SUFIAN BIN

MOHAMED JUNID

Contact No.: 65476247

Classification Of Case:

NP168

