

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	SXXXX310C
Date Of Birth	25/12/1955

Occupation
Of Driving Pass
Driving experience

Gender
Mobile Number
Alt. Phone Number
Email Address
Address
Address complement

Postcode
Is the driver the policyholder?
If No, Relationship of the Driver with the Insured
Does Driver Own Other Vehicles?
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
Weather Conditions
Road Surface

OTHER INFORMATION

Was any foreign vehicle involved in the accident?
Number of vehicles involved in the accident
Was anybody injured in the Accident?
Was any injured conveyed to hospital by ambulance?
Was any other vehicle or property damaged?
Number of Passengers (Including Driver)
Has the driver been approached by unknown person(s)
soliciting/offering accident claims assistance?
Translator's name
Translator's ID
Translator's phone number
Translator's email
Original language used in the statement

PASSENGER 1

Name
Gender

PASSENGER 2

Name
Gender

PASSENGER 3

Name
Gender

PASSENGER 4

Name
Gender

DETAILS OF POLICE ACTION

Was the accident reported to the police?
Police Station Name
Police Station Phone No
Alt. Police Station Phone No
Police Station Address
Was notice of intended Prosecution given?
If yes, against whom?

Outdoor
26/01/1973
49 YEARS AND 9 MONTHS
Male
(Phone) +65-94898187
-
gr.sg.accident@grab.com
APT BLK 518 CHOA CHU KANG STREET 51
#04-04
680518
No
Hirer
No
-
-

Chain Collision
Clear
Dry

No
3
Yes
Yes
Yes
5

No
-
-
-
-

Norbayah Bt Md Yusof
Female

Zuikifli Bin Mohamad Noor
Male

Nor Azrina Binte Mohamed Sidek
Female

Nor Ain Faeqa
Female

Yes
Choa Chu Kang Neighbourhood Police Centre
(Phone) +65-18007659999
(Fax) +65-67644104
No 20 Choa Chu Kang Street 52 #01-02 Singapore 689286
No
-

CUMSTANCES 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?
Was there any video captured by Car Camera?

Yes
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	GXXXXX068M
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	SXXXXX503F
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	-

ess
ress Complement
st Code
approximate Age Years Old
Injuries Sustained
Injured person in which vehicle?
Were seat belts worn?
Was this injured conveyed to hospital by ambulance?

INJURED 2

Name of injured person
Gender
Phone No
Address
Address Complement
Post Code
Approximate Age Years Old
Injuries Sustained
Injured person in which vehicle?
Were seat belts worn?
Was this injured conveyed to hospital by ambulance?

INJURED 3

Name of injured person
Gender
Phone No
Address
Address Complement
Post Code
Approximate Age Years Old
Injuries Sustained
Injured person in which vehicle?
Were seat belts worn?
Was this injured conveyed to hospital by ambulance?

-
-
-
-
Bodily Pain
SLU432J
Yes
Yes

Zulkifli Bin Mohamad Noor
Male

-
-
-
-
-
Bodily Pain
SLU432J
Yes
Yes

Nor Azrina Binte Mohamed Sidek
Female

-
-
-
-
-
Bodily Pain
SLU432J
Yes
Yes

SKETCH PLAN

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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 firms/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 firms/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 firms/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

