

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 17/11/2022 15:58 (SGT)
Reported by Driver
Date of Accident 17/11/2022 07:10 (SGT)
Exact Location of Accident Woodlands Ave 3, Singapore
Additional Location Information TOWARDS WOODLANDS ROAD, AFTER WOODLANDS STREET 31
Country/State of Loss Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number SLU362C

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 TEO SWEE BUCK STEVEN
NRIC No SXXXXX013A
Date Of Birth 15/05/1970

Occupation	Outdoor
Date Of Driving Pass	22/05/2003
Driving experience	19 YEARS AND 6 MONTHS
Gender	Male
Mobile Number	(Phone) +65-93801643
Alt. Phone Number	-
Email Address	gr.sg.accident@grab.com
Address	APT BLK 473A UPPER SERANGOON CRESCENT
Address complement	#13-319
Postcode	531473
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	Collision - Change/cross lane
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	Female

DETAILS OF POLICE ACTION

Was the accident reported to the police?	Yes
Police Station Name	Hougang Neighbourhood Police Post
Police Station Address	Blk 357 Hougang Avenue 7 #01-805 Singapore 530357
Was notice of intended Prosecution given?	No
If yes, against whom?	-

CIRCUMSTANCES OF ACCIDENT

ON 17.11.2022, AT OR ABOUT 0710 HOURS, I WAS DRIVING MY MOTORCAR BEARING REGISTRATION NUMBER SLU362C AND ON THE LEFTMOST LANE OF THREE LANES ROAD ALONG WOODLANDS AVENUE 3 TOWARDS WOODLANDS ROAD, AFTER WOODLANDS STREET 31. SUDDENLY I FELT AN IMPACT FROM MY REAR RIGHT AND REALISED THAT A WHITE MAN TRUCK PRIME MOVER BEARING REGISTRATION NUMBER XE4777E HAD COLLDED ONTO THE REAR RIGHT PORTION OF MY CAR WHIKST I WAS CONSTANTLY TRAVLLING ON THE LEFTMOST LANE.

THE DRIVER OF THE SAID MAN TRUCK AND I STOPPED AND EXCHANGED PARTICULARS. I WISH TO STATE THAT I HAD ONE FEMALE PASSENGER AT THE MATERIAL TIME.

I LATER FELT BODILY PAIN AND CONSULTED A DOCTOR AND RECEIVED 7 DAYS OF MEDICAL LEAVE. I THEREFORE LODGED A POLICE REPORT IN RELATION TO THE ACCIDENT FOR WHICH REPORT NUMBER IS T/20221117/2048 AND IO IN-CHARGE IS IO MUHAMMAD NOOR FROM TRAFFIC POLICE (CTC: 6547 6219).

Are accident photos available for attachment? Yes
 Was there any video captured by Car Camera? Yes

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number XE4777E
 Vehicle Manufacturer Man
 Vehicle Model TGS 18.360 4X2 BLS
 Vehicle Variant -
 Vehicle Colour White
 Vehicle Category Commercial vehicle
 Name of Driver YANG XUE
 Passport No/FIN GXXXXX374T
 Contact Number (Phone) +65-86027066
 Address -
 Address complement -
 Postcode -
 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 TEO SWEE BUCK STEVEN
 Gender Male
 Phone No (Phone) +65-93801643
 Address APT BLK 473A UPPER SERANGOON CRESCENT
 Address Complement #13-319
 Post Code 531473
 Approximate Age Years Old 52
 Injuries Sustained Boidly Pain
 Injured person in which vehicle? SLU362C
 Were seat belts worn? Yes
 Was this injured conveyed to hospital by ambulance? No

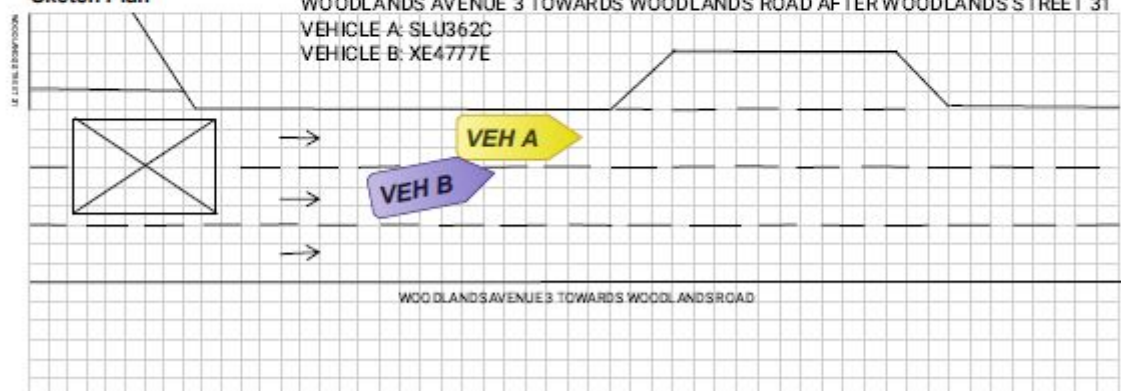
SKETCH PLAN**IMPORTANT NOTICE**

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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' 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
17.11.2022 @ 1500hrs

Witnessed by Reporting Centre Personnel

Sketch Plan

Describe Circumstances of the Accident

ON 17.11.2022, AT OR ABOUT 0710 HOURS, I WAS DRIVING MY MOTORCAR BEARING REGISTRATION NUMBER SLU362C AND ON THE LEFTMOST LANE OF THREE LANES ROAD ALONG WOODLANDS AVENUE 3 TOWARDS WOODLANDS ROAD, AFTER WOODLANDS STREET 31. SUDDENLY I FELT AN IMPACT FROM MY REAR RIGHT AND REALISED THAT A WHITE MAN TRUCK PRIME MOVER BEARING REGISTRATION NUMBER XE4777E HAD COLLDED ONTO THE REAR RIGHT PORTION OF MY CAR WHIKST I WAS CONSTANTLY TRAVLLING ON THE LEFTMOST LANE.

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Declaration


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



TED SWEET BUCK STEVEN

Policyholder's Signature / Date &
Time

Driver's Signature (If driver is not the policyholder) / Date
& Time 17.11.2022 @ 1500hrs



SURIA

Witnessed by Reporting Control
Personnel

























**SINGAPORE
POLICE FORCE**



T/20221117/2048

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Report No. T/20221117/2048

Police Station Of Origin:
Hougang NPP
357 Hougang Avenue 7 #01-805
SINGAPORE 530357
Tel No: 1800-2869999

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 17/11/2022 13:35	Vide Report No.:	Station Diary No.: 15
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Informant's Particulars

Name of Informant: TEO SWEE BUCK STEVEN			Address: APT BLK 473A UPPER SERANGOON CRESCENT #13-319 SINGAPORE 531473		
ID Type / ID No.: NRIC NO / S7015013A			Contact No.: Home/Office: Mobile: 93801643		
Nationality: SINGAPORE CITIZEN			Email:		
Sex: Male	Age: 52	Date of Birth: 15/05/1970	Type of Informant: Driver		
Race: Chinese			Language:		Institution / School Name:
Occupation: PRIVATE HIRE			Driving Licence Information: Class: 3 Date of Expiry:		

General Information of the Accident

Type of Accident:	Injury Others	Drink Drive: No	Date/Time of Accident: 17/11/2022 07:00	Type of Location: Straight Road
Location: WOODLANDS AVENUE 3				
Weather: Clear		Road Surface: Dry	Road Speed Limit:	
Traffic Flow: Two Way		Traffic Control: Not Controlled	Traffic Volume: Light	
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
SLU362C	Car				Slightly Damaged	1
XE4777E	Lorry				Slightly Damaged	0

Details of Person Involved

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



**SINGAPORE
POLICE FORCE**



T/20221117/2048

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Police Station Of Origin:
Hougang NPP
357 Hougang Avenue 7 #01-805
SINGAPORE 530357
Tel No: 1800-2869999

Report No. T/20221117/2048

CONTINUATION OF REPORT

Driver			
Name	TEO SWEE BUCK STEVEN		ID No. S7015013A
Related Vehicle	SLU362C (Car)		Contact No. 93801643
Hospital/Clinic	NIL		Class of Driving Licence & Expiry Date Class: 3 Date of Expiry: NIL
Date Treatment	NIL	Date Discharge	NIL
No. of Days granted Medical Leave	NIL	Degree of Injury	Slight
Driver			
Name	YANG XUE		ID No. G8109374T
Related Vehicle	XE4777E (Lorry)		Contact No. 86027066
Hospital/Clinic	NIL		Class of Driving Licence & Expiry Date Class: NIL Date of Expiry: NIL
Date Treatment	NIL	Date Discharge	NIL
No. of Days granted Medical Leave	NIL	Degree of Injury	NIL

Brief Details.

On 17/11/2022 at about 0710hrs, I was driving my car (SLU362C) along Woodlands Ave 3 towards BKE at lane 3. I have one passenger with me. One lorry (XE4777E) hit the rear of my car and we stopped at the side to exchange particulars for insurance claims. I felt pain on my back as such I went to see doctor (Radiant Medical + Aesthetic Centre) and was given 7 days of MC. There is a in car camera on my car which captured the incident.

Damages as follows:

SLU362C - right rear damaged.

XE4777E - front left slightly damaged.

**SINGAPORE
POLICE FORCE**

T/20221117/2048

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Report No. T/20221117/2048

Police Station Of Origin:
Hougang NPP
357 Hougang Avenue 7 #01-805
SINGAPORE 530357
Tel No: 1800-2869999

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:
F /
SGT 1 RUZSHAHFIL BIN
NGIRWAN

Signature Of Informant:

Signature Of Interpreter:
Not applicable

Date/Time:
17/11/2022 13:35

Officer In Charge Of Case:
TP / AEIT /
SR STAFF SGT MUHAMMAD NOOR BIN
ABDUL RAHMAN
Contact No.: 65476219

Classification Of Case:

NP168

