

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 28/11/2022 15:41 (SGT)
Reported by Driver
Date of Accident 27/11/2022 00:28 (SGT)
Exact Location of Accident CTE, Singapore
Additional Location Information TOWARDS SLE, AFTER MOULMEIN EXIT
Country/State of Loss Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number SMV6264X

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

VEHICLE PARTICULARS

Manufacturer Kia
Model Niro
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 1580

INSURANCE COMPANY

Name of Insurance Company India International Insurance Pte Ltd
Policy Number / Cover Note Number D21MFL0000447_01

DRIVER

Name of Driver LOH LENG NGAH
NRIC No S1629518C
Date Of Birth 29/11/1964
Occupation Outdoor

Date Of Driving Pass	19/03/1982
Driving experience	40 YEARS AND 8 MONTHS
Gender	Male
Mobile Number	(Phone) +65-93897756
Alt. Phone Number	-
Email Address	gr.sg.accident@grab.com
Address	BLK 512B YISHUN STREET 51
Address complement	#10-481
Postcode	762512
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	4
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)	3
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	LAW TENG YEW NICHOLAS
Gender	Male

PASSENGER 2

Name	TAN HONG SIANG STANSON
Gender	Male

DETAILS OF POLICE ACTION

Was the accident reported to the police?	Yes
Police Station Name	Traffic Police
Police Station Phone No	(Phone) +65-65470000
Alt. Police Station Phone No	(Fax) +65-65474900
Police Station Address	10 Ubi Avenue 3 Singapore 408865
Was notice of intended Prosecution given?	No
If yes, against whom?	-

CIRCUMSTANCES OF ACCIDENT

ON 27.11.22 AT ABOUT 0028HRS, I WAS DRIVING ALONG CTE TOWARDS SLE ON THE EXTREME RIGHT LANE WHEN THE FRONT VEHICLE, SHC5659G SUDDENLY BRAKED. I IMMEDIATELY BRAKED BUT COULD NOT STOP IN TIME. AT THE SAME TIME, ANOTHER VEHICLE SDG4502H REAR-ENDED MY VEHICLE. I REALISED THAT IT WAS A 4-CAR CHAIN COLLISION. BOTH MY PASSENGERS WERE CONVEYED TO THE HOSPITAL DUE TO INJURIES THEY HAD SUSTAINED.

POLICE REPORT: T20221127/7019 WAS LODGED
 VIDE REPORT E/20221127/0018
 TP IO: MUHAMMAD ISMAIL BIN AMZAH
 CONTACT: 65476185

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 SDG4502H
 Vehicle Manufacturer BMW
 Vehicle Model 318i
 Vehicle Variant -
 Vehicle Colour -
 Vehicle Category Private car
 Name of Driver AMOS LIM FANG ZHOU
 NRIC No S9574239D
 Contact Number -
 Address -
 Address complement -
 Postcode -
 Insurance Company Name -
 Nature Of Damage -
 Details of property damaged in accident -
 No. Of Passenger (Including Driver) -

DETAILS OF OTHER VEHICLE PROPERTY 2

Vehicle Registration Number SHC5659G
 Vehicle Manufacturer -
 Vehicle Model -
 Vehicle Variant -
 Vehicle Colour -
 Vehicle Category Taxi
 Name of Driver LEE BAK SOON
 NRIC No S1556151C
 Contact Number -
 Address -
 Address complement -
 Postcode -
 Insurance Company Name -
 Nature Of Damage -
 Details of property damaged in accident -
 No. Of Passenger (Including Driver) -

DETAILS OF OTHER VEHICLE PROPERTY 3

Vehicle Registration Number SLP8785P
 Vehicle Manufacturer Mazda
 Vehicle Model 3
 Vehicle Variant -
 Vehicle Colour -
 Vehicle Category Private car
 Name of Driver FOO SAY KHING
 NRIC No S1828710B
 Contact Number -
 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 LAW TENG YEW NICHOLAS
 Gender Male
 Phone No -
 Address BLK 992B BUANGKOK LINK
 Address Complement #08-175
 Post Code 532992
 Approximate Age Years Old -
 Injuries Sustained -
 Injured person in which vehicle? SMV6264X
 Were seat belts worn? Yes
 Was this injured conveyed to hospital by ambulance? Yes

INJURED 2

Name of injured person TAN HONG SIANG STANSON
 Gender Male
 Phone No -
 Address BLK 147 SERANGOON NORTH AVE 1
 Address Complement #13-439
 Post Code 550147
 Approximate Age Years Old -
 Injuries Sustained -
 Injured person in which vehicle? SMV6264X
 Were seat belts worn? Yes
 Was this injured conveyed to hospital by ambulance? Yes

SKETCH PLAN

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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 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.

Policyholder's Signature / Date & Time

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

Witnessed by Reporting Centre Personnel

Sketch Plan

28.11.22 @1240HRS

MERVYN

CTE TOWARDS SLE, AFTER MOULMEIN EXIT

VEHICLE A - SMV6264X
VEHICLE B - SDG4502H
VEHICLE C - SHC5659G
VEHICLE D - SLP8785P



Describe Circumstances of the Accident

ON 27.11.22 AT ABOUT 0028HRS, I WAS DRIVING ALONG CTE TOWARDS SLE ON THE EXTREME RIGHT LANE WHEN THE FRONT VEHICLE, SHC5659G SUDDENLY BRAKED. I IMMEDIATELY BRAKED BUT COULD NOT STOP IN TIME. AT THE SAME TIME, ANOTHER VEHICLE SDG4502H REAR-ENDED MY VEHICLE. I REALISED THAT IT WAS A 4-CAR CHAIN COLLISION. BOTH MY PASSENGERS WERE CONVEYED TO THE HOSPITAL DUE TO INJURIES THEY HAD SUSTAINED.

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 VIDE REPORT E/20221127/0018
 TP IO: MUHAMMAD ISMAIL BIN AMZAH
 CONTACT: 65476185

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

28.11.22 @1240HRS

 Witnessed by Reporting Centre
 Personnel

MERVYN







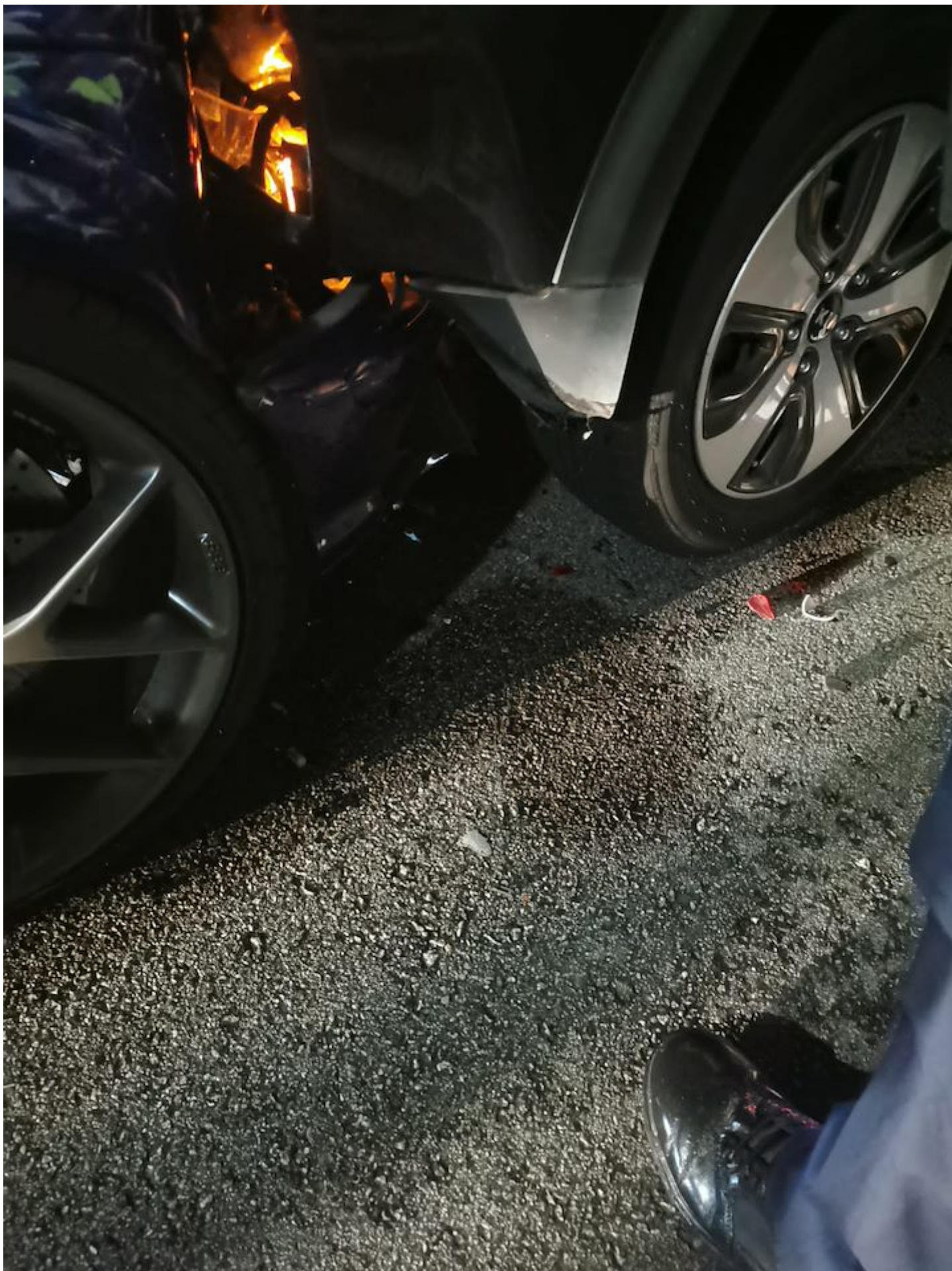


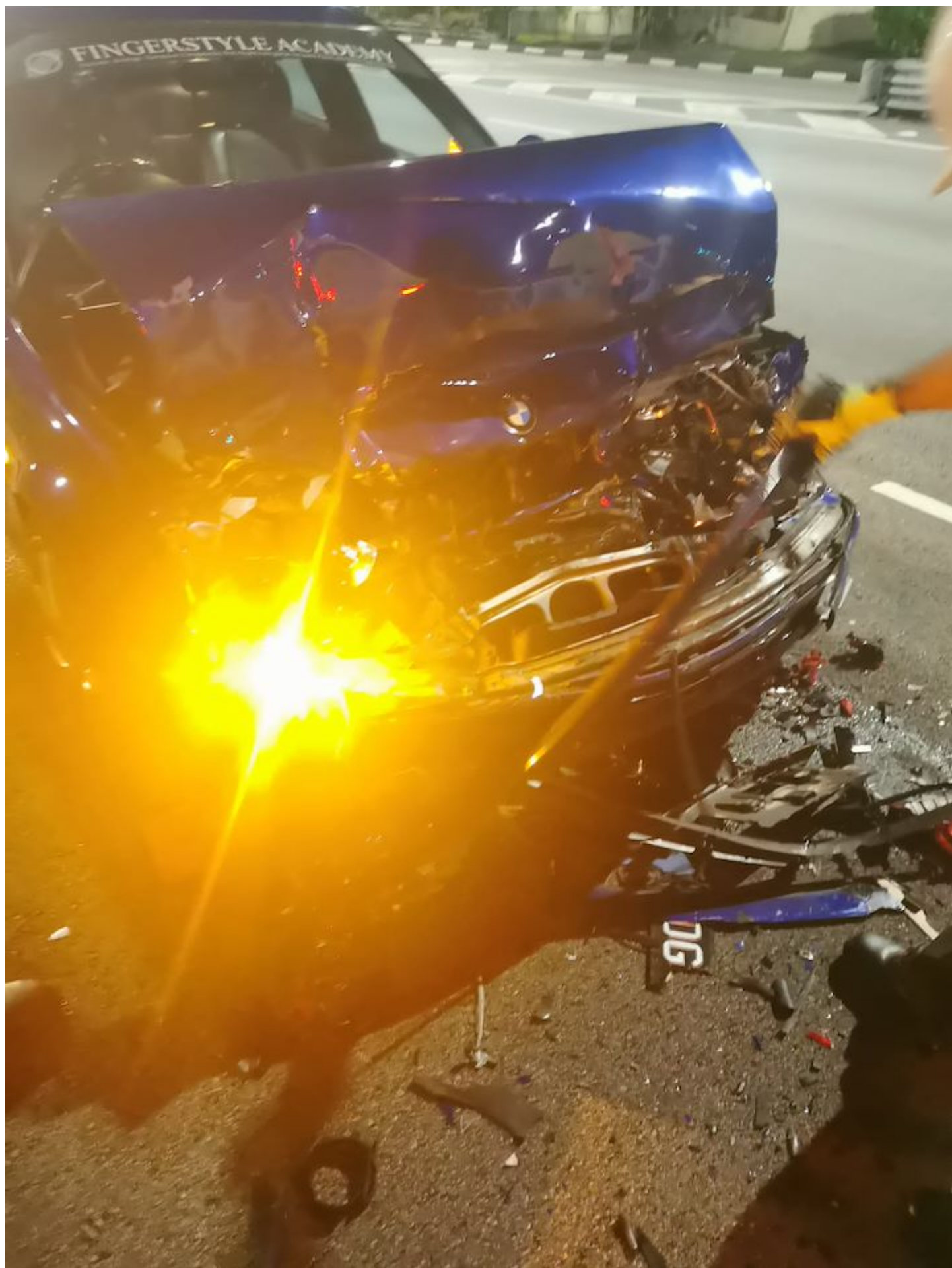




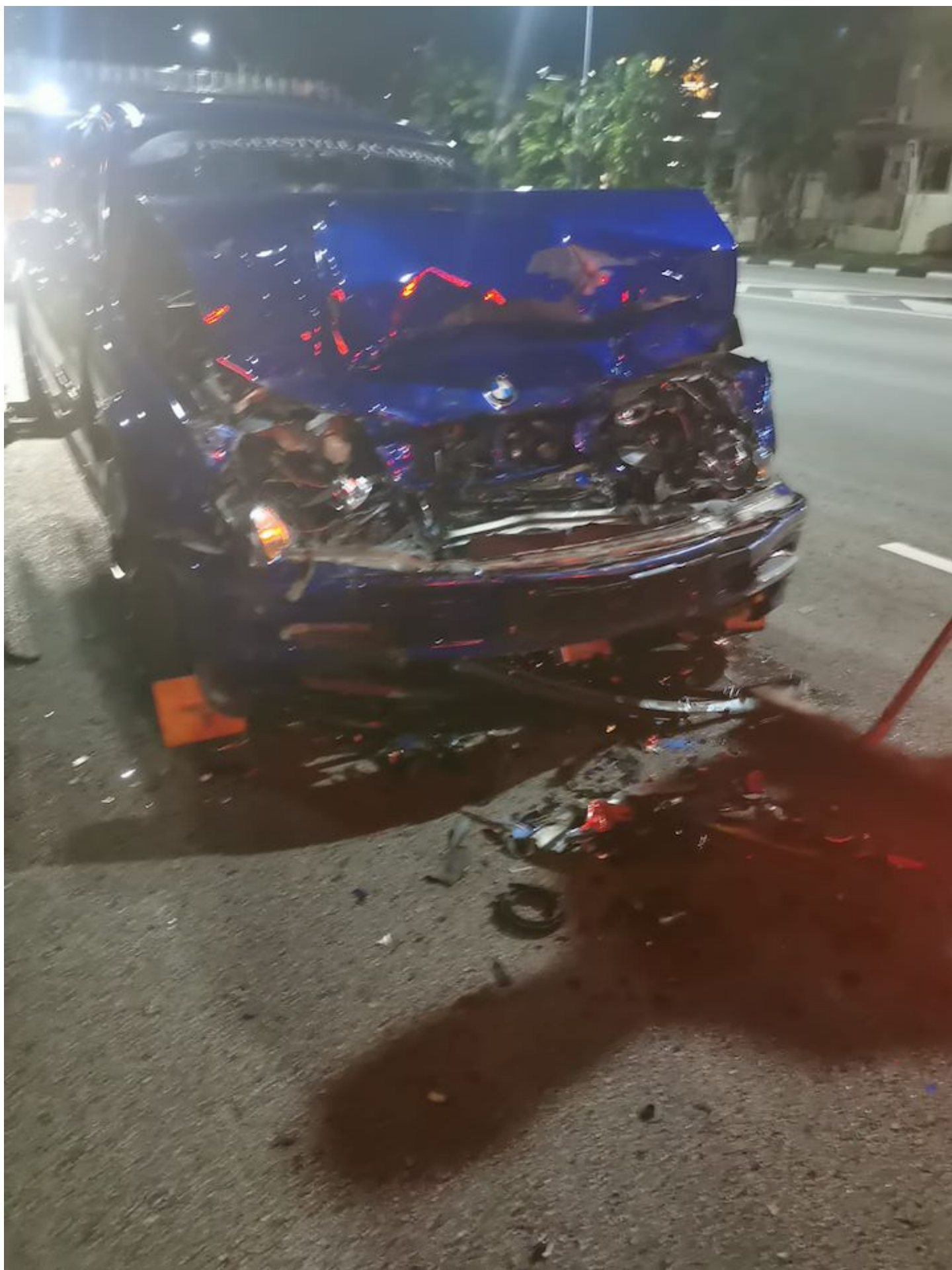




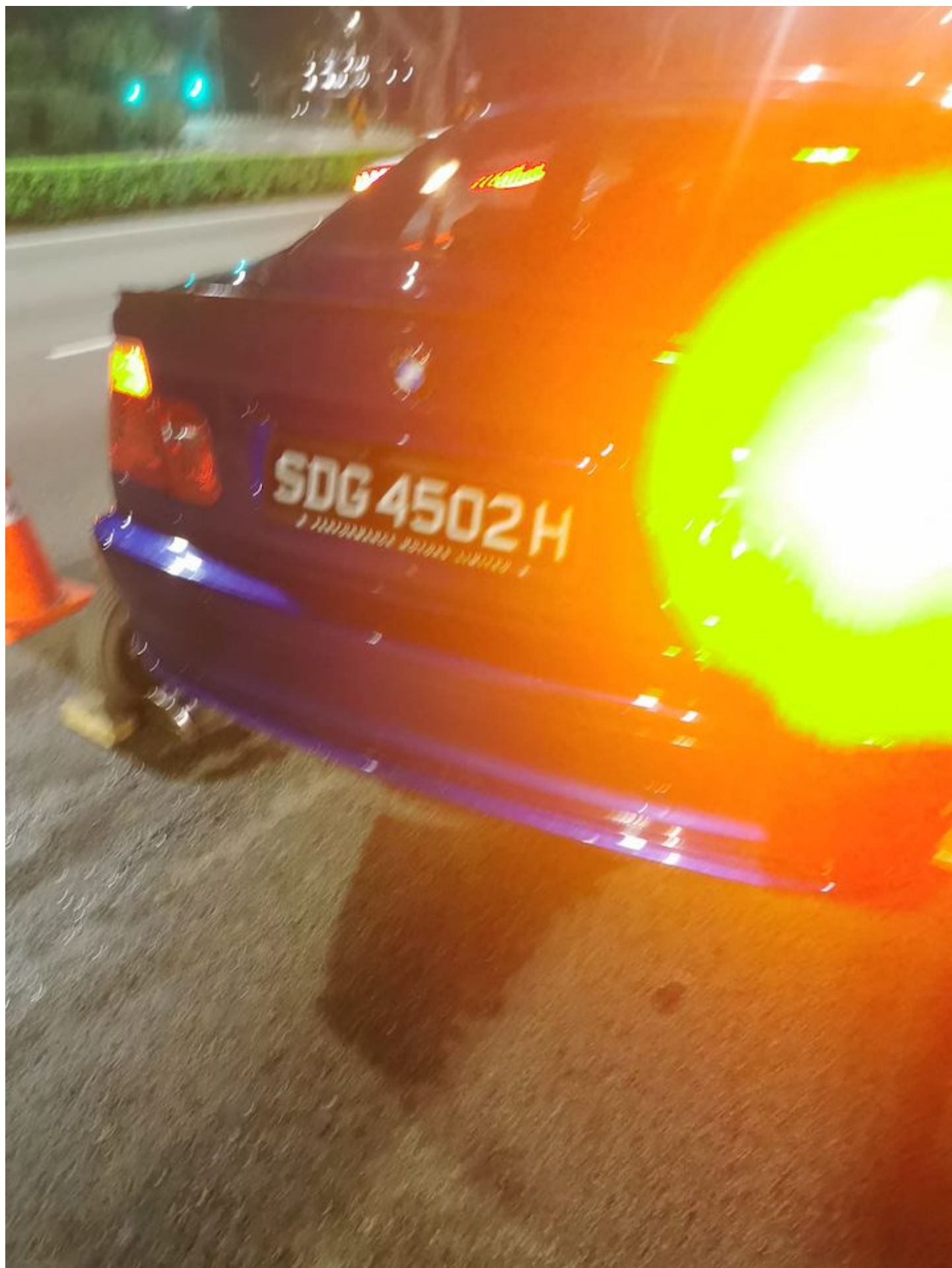




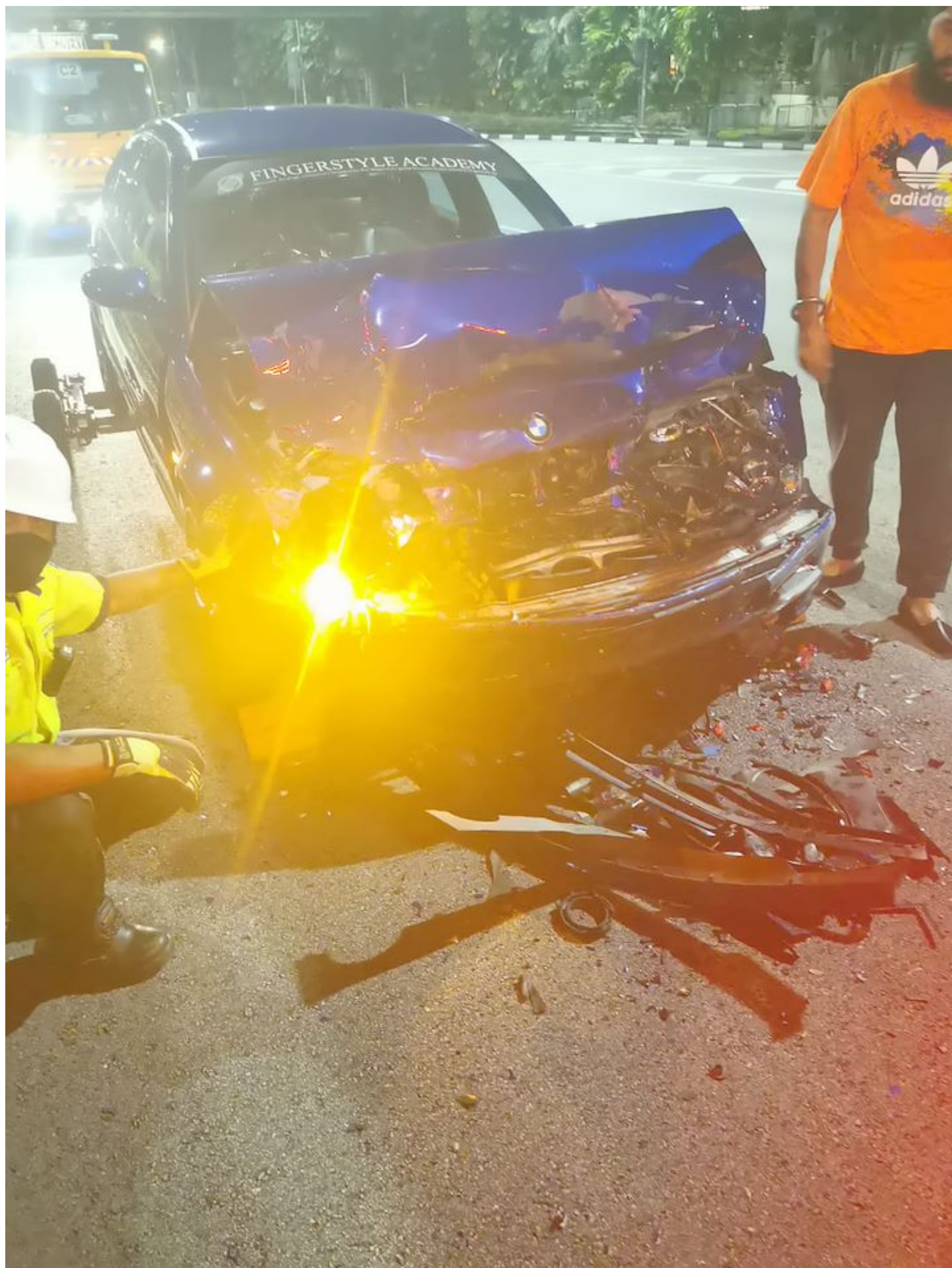


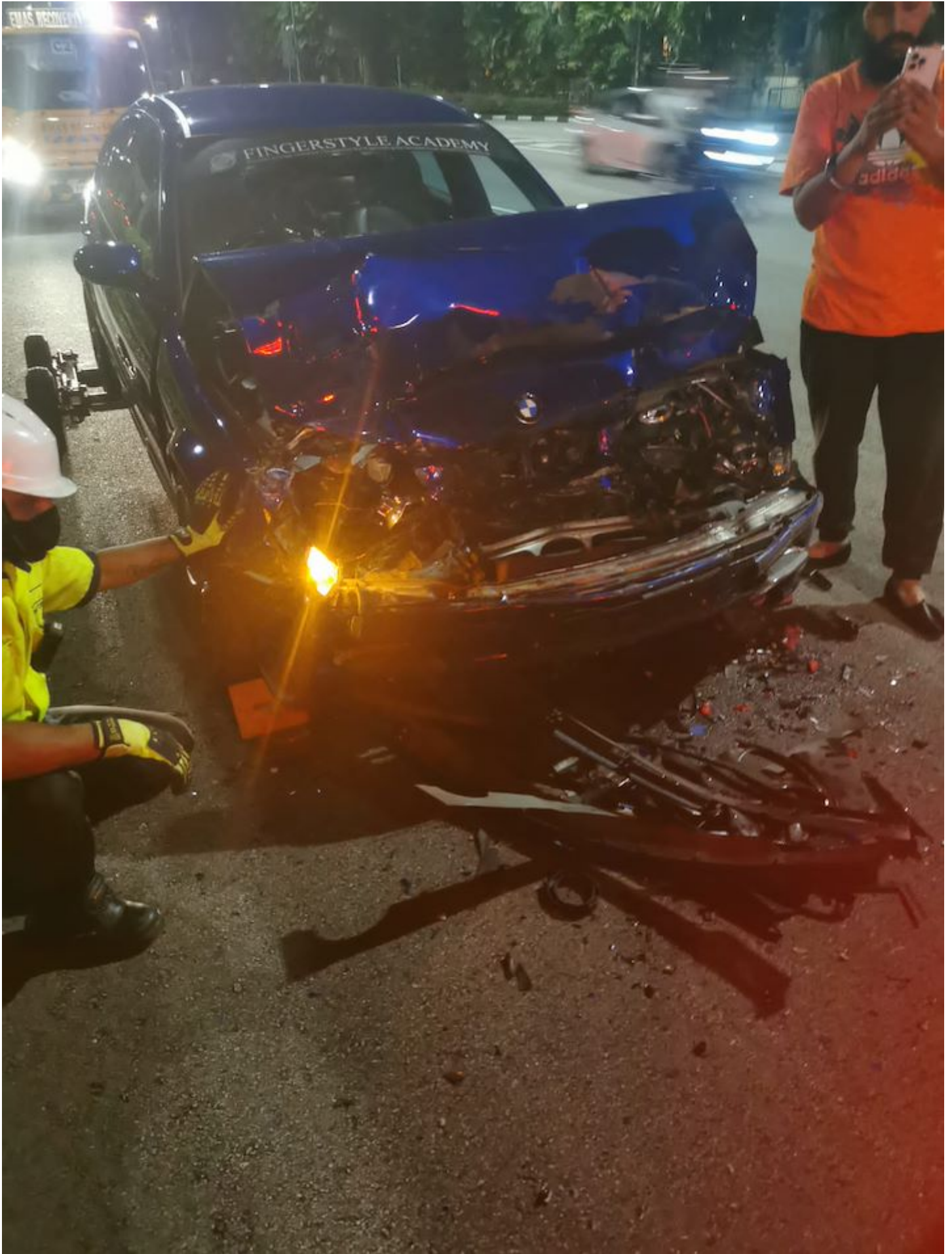






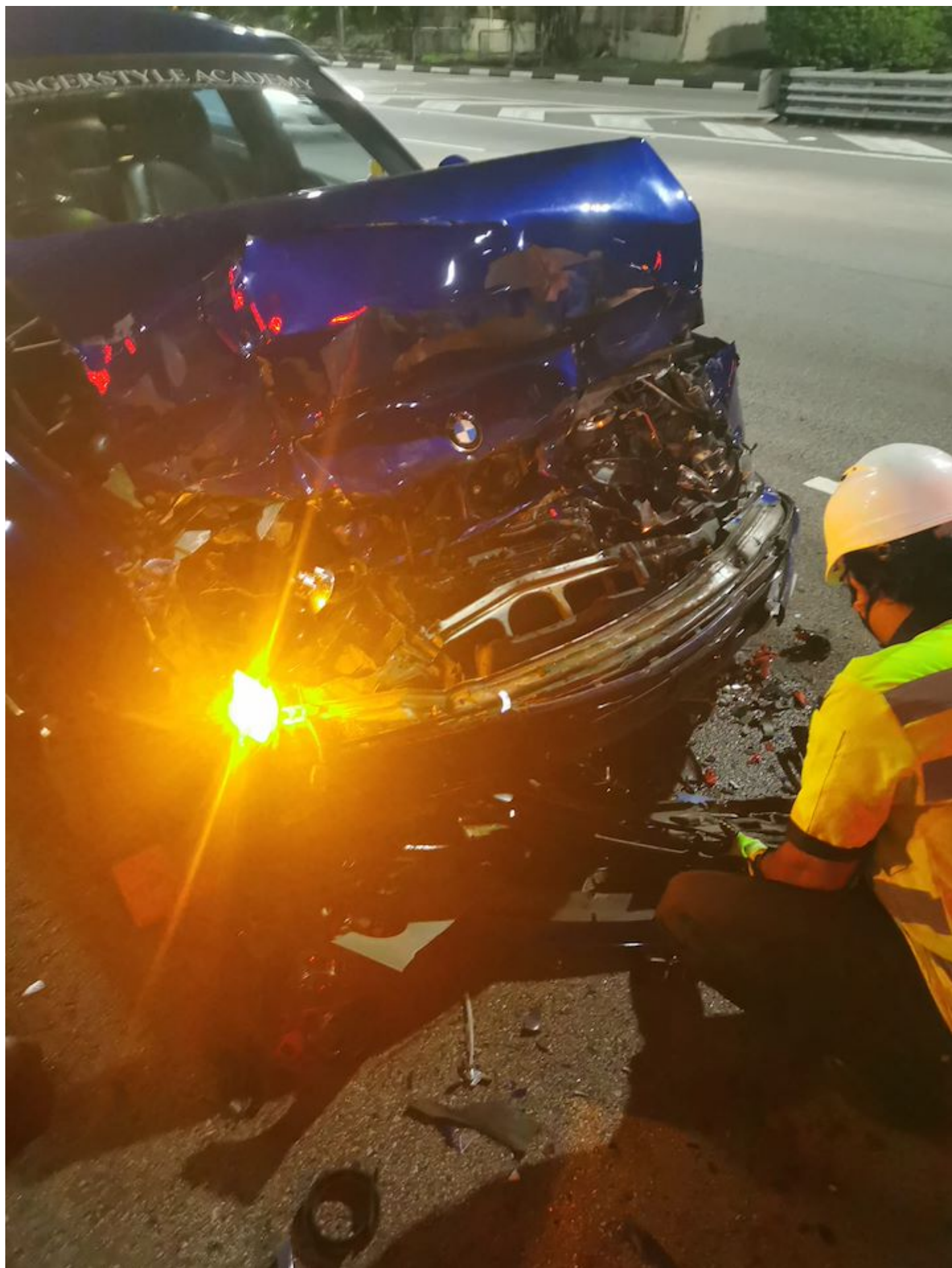


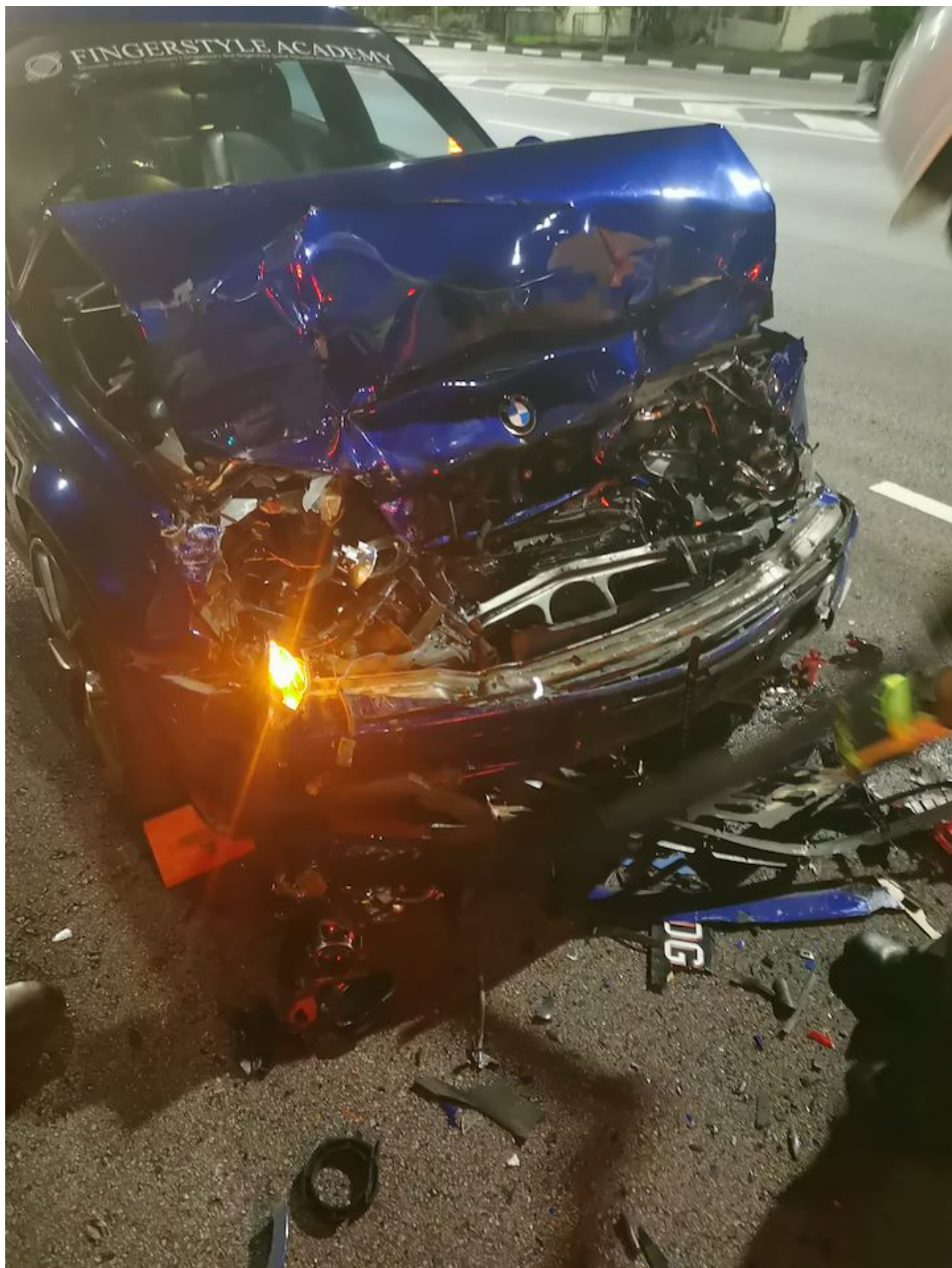




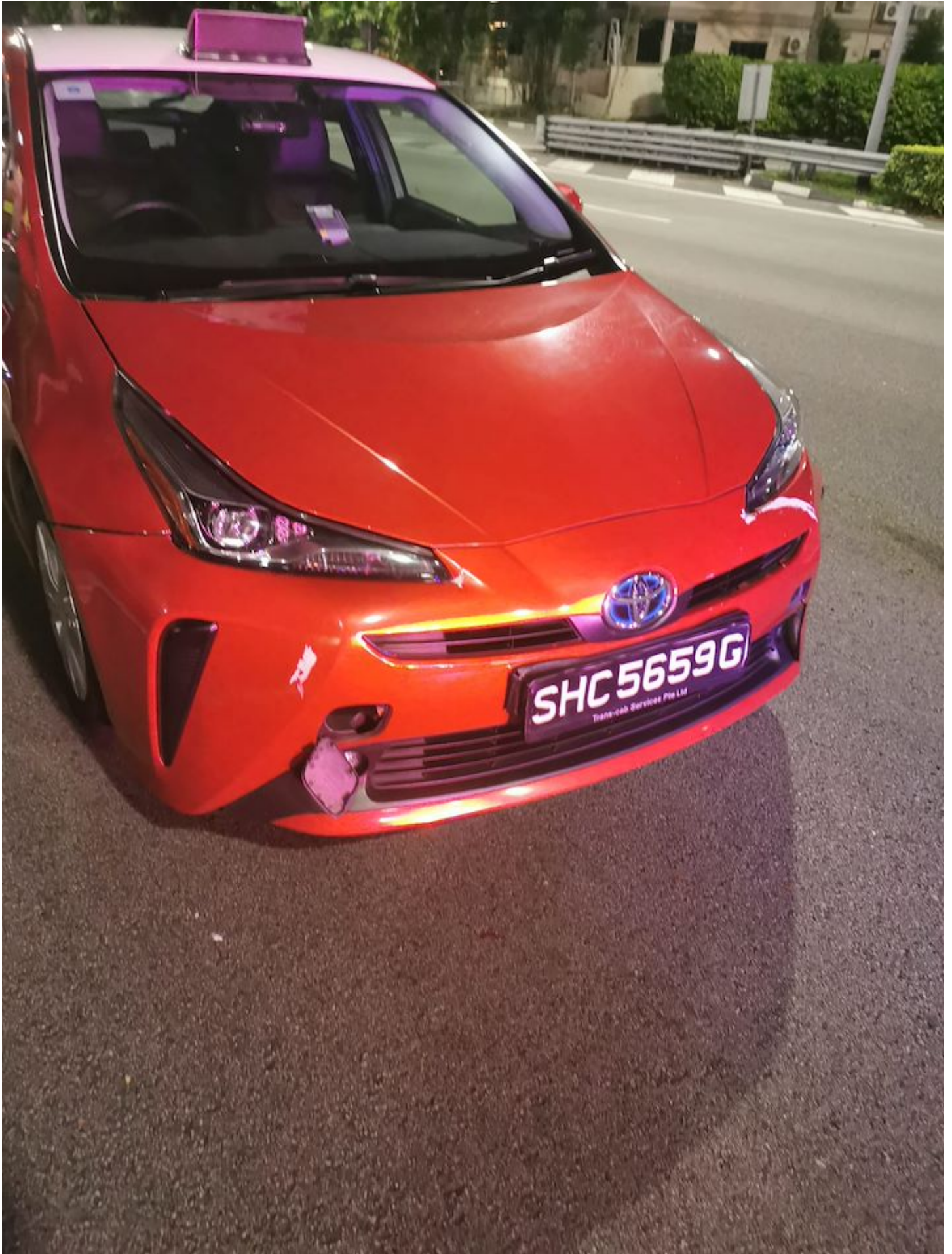








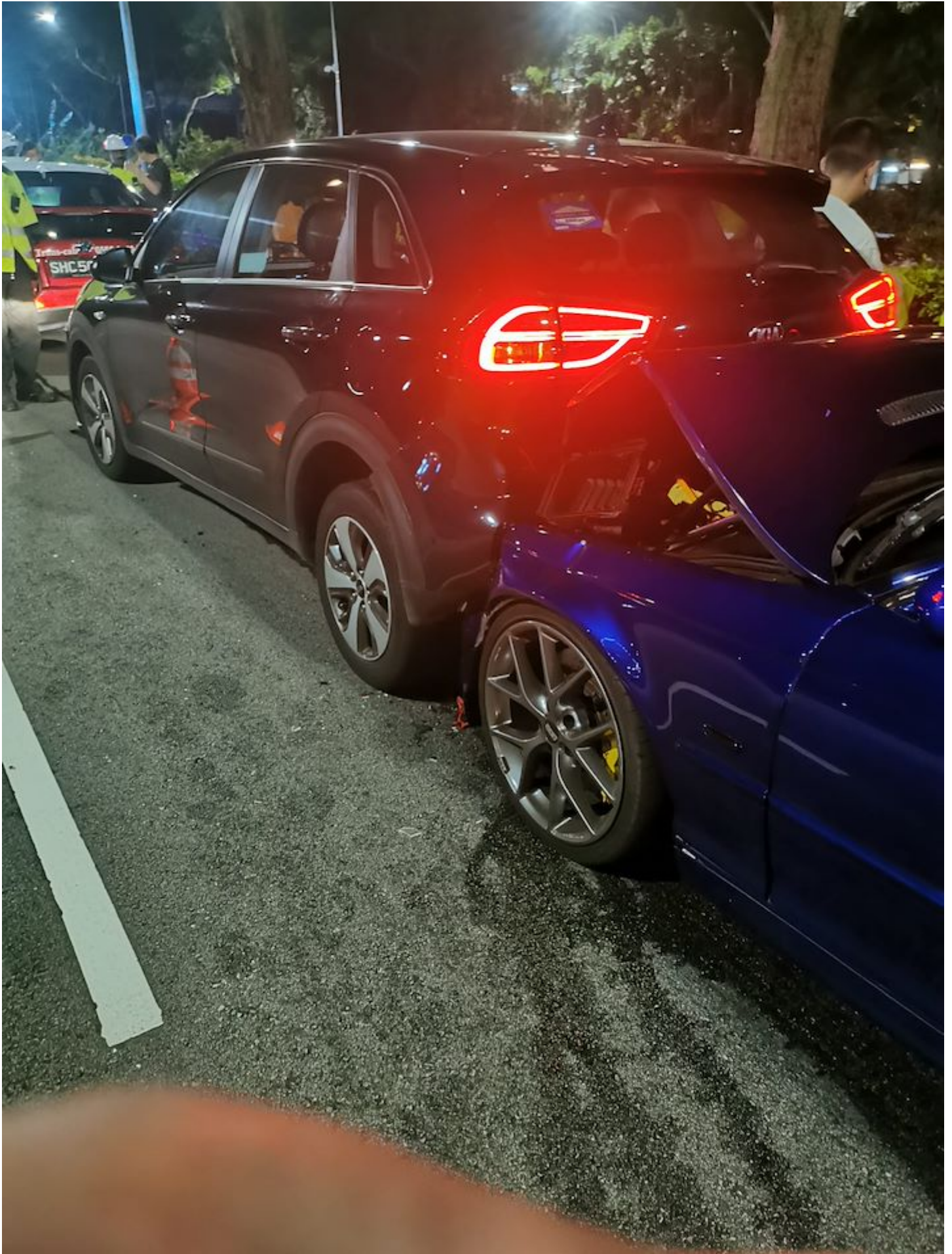




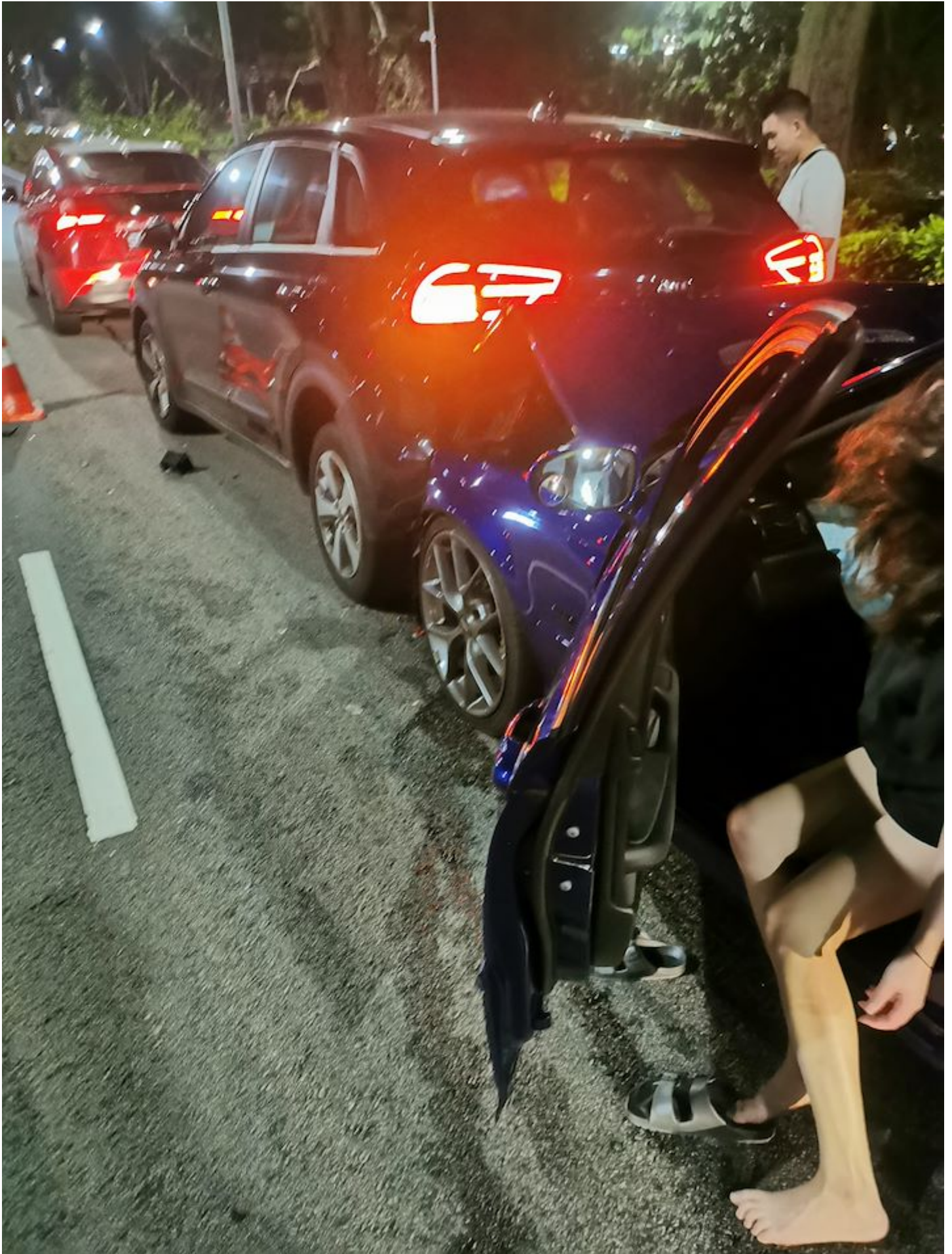




















**SINGAPORE
POLICE FORCE**



T/20221127/7019

1 of 4

Report No. T/20221127/7019

Police Station Of Origin:
Traffic Police
10 Ubi Avenue 3 SINGAPORE 408865
Tel No: 65470000

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 27/11/2022 15:03	Vide Report No.:	Station Diary No.:
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Informant's Particulars

Name of Informant: LOH LENG NGAH			Address: 512B YISHUN STREET 51 #10-481 SINGAPORE 762512		
ID Type / ID No.: NRIC NO / S1629518C			Contact No.: Home/Office: Mobile: 93897756		
Nationality: SINGAPORE CITIZEN			Email: 8FORMS@GMAIL.COM		
Sex: Male	Age: 57	Date of Birth: 29/11/1964	Type of Informant: Driver		
Race: Chinese			Language: English		Institution / School Name:
Occupation: Grab Driver			Driving Licence Information: Class: 3		Date of Expiry:

General Information of the Accident

Type of Accident:	Injury Attended by Police	Drink Drive: No	Date/Time of Accident: 27/11/2022 00:28	Type of Location: Straight Road
Location: RANGOON ROAD				
Weather: Clear		Road Surface: Dry		Road Speed Limit:
Traffic Flow: One Way		Traffic Control: Traffic Light - Working		Traffic Volume: Moderate
Type of Collision: Between Moving Vehicles - Head To Rear				Anyone conveyed by ambulance: Yes

Details of Vehicle Involved

Vehicle No.	Type	Make	Model	Color	Conditio	No of
SDG4502H	Car			Black		0
SHC5659G	Car			Red		1
SLP8785P	Car					0
SMV6264X	Car	KIA	Niro	Blue	Seriously Damaged	2



**SINGAPORE
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Traffic Police
10 Ubi Avenue 3 SINGAPORE 408865
Tel No: 65470000



T/20221127/7019

2 of 4

Report No. T/20221127/7019

CONTINUATION OF REPORT

Details of Person Involved			
Any Pedestrian Involved: No			
No. of Pedestrians Injured: NIL		Use of Pedestrian Crossing: NA	
Passenger			
Name	Unknown Passenger	ID No.	NIL
Related Vehicle	SHC5659G (Car)	Contact No.	NIL
Hospital/Clinic	NIL	Class of Driving Licence & Expiry	Class: NIL Date of Expiry: NIL
Date	NIL	Date	NIL
No. of Days granted Medical Leave	NIL	Degree of	NIL
Passenger			
Name	TAN HONG SIANG STANSON	ID No.	T0216053B
Related Vehicle	SMV6264X (Car)	Contact No.	NIL
Hospital/Clinic	NIL	Class of Driving Licence & Expiry	Class: NIL Date of Expiry: NIL
Date	NIL	Date	NIL
No. of Days granted Medical Leave	NIL	Degree of	Slight
Driver			
Name	LOH LENG NGAH	ID No.	S1629518C
Related Vehicle	SMV6264X (Car)	Contact No.	93897756
Hospital/Clinic	NIL	Class of Driving Licence & Expiry	Class: 3 Date of Expiry: NIL
Date	NIL	Date	NIL
No. of Days granted Medical Leave	NIL	Degree of	NIL


**SINGAPORE
POLICE FORCE**

Police Station Of Origin:
Traffic Police
10 Ubi Avenue 3 SINGAPORE 408865
Tel No: 65470000



T/20221127/7019

3 of 4

Report No. T/20221127/7019

CONTINUATION OF REPORT

Passenger			
Name	LAW TENG YEW NICHOLAS	ID No.	T0223226F
Related Vehicle	SMV6264X (Car)	Contact No.	NIL
Hospital/Clinic	NIL	Class of Driving Licence & Expiry	Class: NIL Date of Expiry: NIL
Date	NIL	Date	NIL
No. of Days granted Medical Leave	NIL	Degree of	Slight

Brief Details.

I was travelling on lane1 along CTE (SLE). A few vehicles suddenly brake and stop. I immediately applied brake and the rear vehicle hit my rear and my car also hit the front vehicle. E/20221127/0018



**SINGAPORE
POLICE FORCE**

Police Station Of Origin:
Traffic Police
10 Ubi Avenue 3 SINGAPORE 408865
Tel No: 65470000



T/20221127/7019

4 of 4

Report No. T/20221127/7019

CONTINUATION OF REPORTSketch Plan

Informant is not able to provide sketch

Signature Of Officer Recording The Report:
Not applicable

Signature Of Interpreter:
Not applicable

Officer In Charge Of Case:
TP / TPIB /
MUHAMMAD ISMAIL BIN AMZAH
Contact No.: 65476185

This report is lodged at Yishun North NPC Kiosk 1
NP168

Signature Of Informant:
The identity of the person making this report has
been authenticated by Singpass. No signature is
required.

Date/Time:
27/11/2022 15:03

Classification Of Case:

