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 10/12/2022 19:30 (SGT) Reported by Driver Date of Accident 10/12/2022 11:15 (SGT) Exact Location of Accident Hougang Ave 10, Singapore Additional Location Information HOUGANG AVE 10 & HOUGANG AVE 4 (JUNCTION) Country/State of Loss Singapore

DETAILS OF OWN VEHICLE

Toyota

1497

Vehicle Registration Number **SLN9807P**

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) +65-94244257 Alternative Phone No (Office) +65-66550005

VEHICLE PARTICULARS

Manufacturer

Model Vios 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 G400001194MCX

DRIVER

CC

Name of Driver NG CHONG TIONG NRIC No SXXXX324Z Date Of Birth 10/06/1956 Occupation Outdoor

Date Of Driving Pass 07/12/2011 Driving experience 11 YEARS Gender Male Mobile Number (Phone) +65-94244257 Alt. Phone Number Email Address gr.sg.accident@grab.com Address BLK 636 HOUGANG AVENUE 8 #13-87 Address complement Postcode 530636 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 Collision - Cross Junction
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? Yes Was any injured conveyed to hospital by ambulance? Yes 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?

Police Station Name

Police Station Phone No

Alt. Police Station Phone No

Police Station Phone No

(Phone) +65-18004890999

(Fax) +65-63128989

Police Station Address

Go Hougang Ave 9 Singapore 538775

Was notice of intended Prosecution given?

If yes, against whom?

Yes

Hougang Neighbourhood Police Centre

(Phone) +65-18004890999

(Fax) +65-63128989

60 Hougang Ave 9 Singapore 538775

No

CIRCUMSTANCES OF ACCIDENT

ON 10/12/2022 AT ABOUT 1115HRS, I WAS DRIVING VEHICLE (V1: SLN9870P) WITH MY WIFE AS A PASSENGER. WE WERE ENROUTE TO HOUGANG POLYCLINIC AND AT THE JUNCTION OF HOUGANG AVENUE 10 AND HOUGANG AVENUE 4. I WAS ON THE FIRST LANE AND WAS STATIONARY AS I WAS WAITING FOR THE GREEN ARROW TO APPEAR. WHEN THE GREEN ARROW APPEARS AND I MOVED TO MAKE A RIGHT TURN, SUDDENLY A VEHICLE (V2: SKX1568R) FROM THE OPPOSITE JUNCTION COLLIDED INTO THE LEFT FRONT SIDE OF MY VEHICLE. BOTH MY WIFE AND I GOT OUT OF OUR VEHICLE. THE OTHER DRIVER CALLED FOR POLICE AND AMBULANCE. MY WIFE MENTIONED THAT SHE FELT PAIN ON THE IN HER CHEST, RIGHT SIDE OF HER NECK AND ON HER HEAD AS WELL. MY NECK AND SHOULDER ARE ALSO ACHING. TRAFFIC POLICE AND AMBULANCE CAME. TRAFFIC POLICE TOOK DOWN OUR PARTICULARS AND INTERVIEWED. AMBULANCE CHECKED ON MY WIFE AND CONVEYED HER TO SENGKANG GENERAL HOSPITAL. I HAVE A DASH CAMERA INSTALLED IN MY VEHICLE AND THE TP OFFICER (SSS T07293 A. RAHMAN) TOOK THE SD CARD. CURRENTLY, MY WIFE IS STILL IN THE HOSPITAL SO I AM UNSURE OF HER CONDITION OR HOW MANY DAYS MC SHE WILL HAVE. MY VEHICLE IS BADLY DAMAGED ESPECIALLY ON THE FRONT LEFT SIDE AND IS UNABLE TO MOVE. IT GOT TOWED TO MY WORKSHOP. THAT IS ALL.

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 SKX1568R Vehicle Manufacturer Audi Vehicle Model Vehicle Variant Vehicle Colour Vehicle Category Private car Name of Driver LIM WEN XI ALVIN NRIC No SXXXX837F Contact Number (Phone) +65-97371336 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 PASSENGER
Gender Female
Phone No Address Address Complement Post Code Approximate Age Years Old Injuries Sustained Injured person in which vehicle? SKX1568R
Were seat belts worn? Was this injured conveyed to hospital by ambulance? -

SKETCH PLAN

IMPORTANT NOTICE

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- 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.
- 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)

Lunderstand, 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, 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' lawyers/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.

FLASH ACCIDENT COME REPORTING OFFICER FRO VICKY

Policyholder's Signature / Date & Time

Driver's Signature (If driver is not the policyholder) / Date & Time 10/12/2022 1630HRS

Witnessed by Reporting Centre Personnel

Sketch Plan



A-SLN9807P B-SKX1568R

HOUGANG AVE 10 HOUGANG AVE 4 NEARBY HOUGANG CLINIC

Describe Circumstances of the Accident

	PLEASE REFER TO POLICE REPORT,. REPORT NO T/20221210/2049
L	

Declaration

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

Q. J. -

FLASH ACCIDENT

Policyholder's Signature / Date & Time

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

10/12/2022 1630HRS

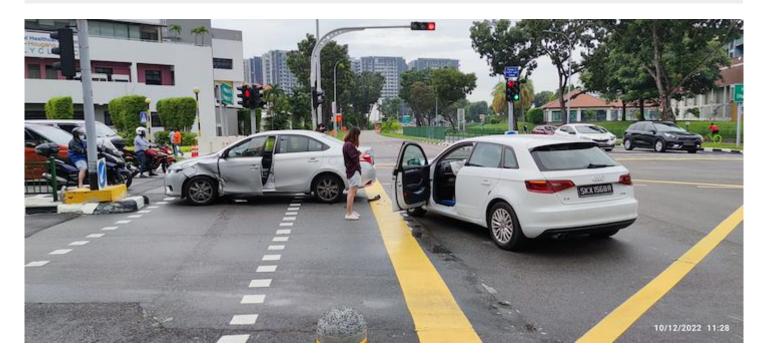
Witnessed by Reporting Centre Personnel

















Police Station Of Origin:

Hougang N.P.C 60 Hougang Avenue 9 SINGAPORE 538775 Tel No: 1800-4890999

1.014 Report No. T/20221210/2049

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 10/12/2022 13:50			Vide Report No.: F/20221210/0113	Station Diary N		
Informa	ant's Partic	ulars				
Name of Informant: NG CHONG TIONG ID Type / ID No.: NRIC NO / S2161324Z			Address: APT BLK 636 HOUGANG AVENUE 8 #13-87 SINGAPORE 530636			
			Contact No.: Home/Office:	No.:		
National SINGAP	ity: ORE CITIZ	EN	Email:			
Sex: Male	Age: 66	Date of Birth: 10/06/1956	Type of Informant:			
Race: Chinese			Language:	Institution / School Name:		
Occupation: PRIVATE HIRE DRIVER			Driving Licence Information: Class: 3 Date of Expiry:			

General Infor	mation of the Accident			THE RESERVE OF THE PARTY OF THE	
Type of Accident:	Injury Attended by Police	Drink Drive: No	Date/Time of Accident: 10/12/2022 11:15	Type of Location: X-Junction	
Location:					
HOUGANG A	VENUE 10		CHEST SHOULD BE		
Weather: Clear	The state of the s	Road Surface: Dry		Road Speed Limit:	
Traffic Flow: Dual Carriage Way		Traffic Control: Traffic Light - Wo	TOTAL CONTRACTOR OF THE PARTY O	Traffic Volume: Moderate	
Type of Collisi Between Movi	on: ng Vehicles - Head To Sid	le		Anyone conveyed by ambulance: Yes	

Details of V	ehicle Invo	lved		-Auto-Carlo		
Vehicle No.	Туре	Make	Model	Color	Condition	No of Passenger
SKX1568R	Car				Seriously Damaged	1
SLN9807P	Car		A Property	- I dian	Seriously Damaged	

Details of Person Involved	and the state of t
Any Pedestrian Involved: No	A SECOND AND DESCRIPTION OF THE PARTY OF THE
No. of Pedestrians Injured: NIL	Use of Pedestrian Crossing: NA





2 of 4 Report No. T/20221210/2049

Police Station Of Origin: Hougang N.P.C 60 Hougang Avenue 9 SINGAPORE 538775

Tel No: 1800-4890999 CONTINUATION OF REPORT

Driver		20 3000				THE RESERVE	
Name	LIM WEN XI, ALVIN			ID No.		S9346837F	
Related Vehicle	SKX1568R (Car)			Contact No.		97371336	
Hospital/Clinic	NIL			Class of Driving Licence & Expiry Date		Class: NIL Date of Expiry: NIL	
Date Treatment	NIL	Date Disc					
No. of Days gran	ted Medical Leave	NIL	Degree o		NIL		
Driver						and Supplied to the supplied to	
Name	NG CHONG TIONG			ID No.		S2161324Z	
Related Vehicle	SLN9807P (Car)			Contact No.		94244257	
Hospital/Clinic	NIL			Class of Driving Licence & Expiry Date		Class: 3 Date of Expiry: NIL	
Date Treatment	NIL		Date Dis	charge NIL			
No. of Days granted Medical Leave				of Injury NIL			
Passenger		100000					
Name	LAU LEE YING		ID No.		S1591136J		
Related Vehicle	SLN9807P (Car)			Contact No.		81389817	
Hospital/Clinic	SENGKANG GENERAL HOSPITAL PTE. LTD.			Class of Driving Licence & Expiry Date		Class: NIL Date of Expiry: NIL	
Date Treatment	10/12/2022		Date Disc	Date Discharge NIL			
	ed Medical Leave	NIL	Degree o		NIL		

On 10/12/2022 at about 1115hrs, I was driving vehicle (V1: SLN9870P) with my wife as a passenger. We were enroute to Hougang Polyclinic and at the junction of Hougang Avenue 10 and Hougang Avenue 4.

I was on the first lane and was stationary as I was waiting for the green arrow to appear. When the green arrow appears and I moved to make a right turn, suddenly a vehicle (V2: SKX1568R) from the opposite junction collided into the left front side of my vehicle.

Both my wife and I got out of our vehicle. The other driver called for police and ambulance. My wife mentioned that she felt pain on the in her chest, right side of her neck and on her head as well. My neck and shoulder are also aching.





3 of 4

Report No. T/20221210/2049

Police Station Of Origin: Hougang N.P.C 60 Hougang Avenue 9 SINGAPORE 538775

Tel No: 1800-4890999 CONTINUATION OF REPORT

Traffic Police and ambulance came. Traffic Police took down our particulars and interviewed. Ambulance checked on my wife and conveyed her to Sengkang General Hospital. I have a dash camera installed in my vehicle and the TP officer (SSS T07293 A. Rahman) took the SD card.

Currently, my wife is still in the hospital so I am unsure of her condition or how many days MC she will

have.

My vehicle is badly damaged especially on the front left side and is unable to move. It got towed to my workshop. That is all.

