

# 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 ..... 20/12/2022 15:59 (SGT)  
Reported by ..... Driver  
Date of Accident ..... 19/12/2022 18:10 (SGT)  
Exact Location of Accident ..... Choa Chu Kang, Singapore  
Additional Location Information ..... CHOA CHU KANG ROAD TOWARDS BUKIT PANJANG ROAD,  
BEFORE JUNCTION OF TECK WHYE AVENUE  
Country/State of Loss ..... Singapore

## DETAILS OF OWN VEHICLE

Vehicle Registration Number ..... SLK3488G

### 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 ..... 400001194

### DRIVER

Name of Driver ..... KWEK CHIN CHEONG  
NRIC No ..... SXXXXX080H  
Date Of Birth ..... 22/10/1967

Occupation .....	Outdoor
Date Of Driving Pass .....	01/06/1988
Driving experience .....	34 YEARS AND 6 MONTHS
Gender .....	Male
Mobile Number .....	(Phone) +65-98002078
Alt. Phone Number .....	-
Email Address .....	gr.sg.accident@grab.com
Address .....	APT BLK 488 SEGAR ROAD
Address complement .....	#14-574
Postcode .....	670488
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 - Head to Rear
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 .....	Bukit Panjang Neighbourhood Police Centre
Police Station Address .....	No.1 Segar Road #01-05 Singapore 677738
Was notice of intended Prosecution given? .....	No
If yes, against whom? .....	-

#### CIRCUMSTANCES OF ACCIDENT

REFER TO POLICE REPORT LODGED, REPORT NUMBER T/20221219/2092 FOR WHICH IO IN-CHARGE IS IO STEPHANIE FROM TRAFFIC POLICE (CTC: 6547 6414).

**ADDITIONAL REMARKS:**

ON 19.12.2022, AT OR ABOUT 1810HRS, I WAS DRIVING MY MOTORCAR BEARING REGISTRATION NUMBER SLK3488G ON THE LEFT OF TWO LANES ROAD ALONG CHOA CHU KANG ROAD TOWARDS BUKIT PANJANG ROAD AND HAD STOPPED FOR THE RED LIGHT AT THE JUNCTION OF TECK WHYE AVENUE. WHEN THE LIGHT TURNED GREEN AND AS I WAS MOVING OFF, I FELT AN IMPACT FROM THE REAR. I LATER REALISED THAT A SILVER MITSUBISHI FUSO LORRY BEARING REGISTRATION NUMBER YP1620Z HAD REAR ENDED MY CAR AS I WAS MOVING OFF.

AFTER THE ACCIDENT, THE LORRY DRIVER AND I STOPPED, TOOK PHOTOS AND EXCHANGED PARTICULARS. NO AMBULANCE OR TRAFFIC POLICE ATTENDED THE ACCIDENT. I WISH TO STATE I HAD ONE FEMALE PASSENGER AT THE MATERIAL TIME.

AFTER THE INCIDENT, I FELT PAIN OVER MY NECK REIGON AND CONSULTED A DOCTOR AT MY FAMILY CLINIC (SEGAR) AND RECEIVED 3 DAYS OF MEDICAL LEAVE FOR THE BODILY PAIN. I THEREFORE LODGED A POLICE REPORT AS REFERRED ABOVE.

**ATTACHMENT(S)**

Are accident photos available for attachment? ..... Yes  
Was there any video captured by Car Camera? ..... Yes  
Reasons for not uploading a video of the accident ..... File too big

**DETAILS OF OTHER VEHICLE PROPERTY 1**

Vehicle Registration Number ..... YP1620Z  
Vehicle Manufacturer ..... Mitsubishi  
Vehicle Model ..... Fuso  
Vehicle Variant ..... -  
Vehicle Colour ..... Gray  
Vehicle Category ..... Goods vehicle  
Name of Driver ..... NAGULAN RAMASAMY  
NRIC No ..... SXXXX472H  
Contact Number ..... (Phone) +65-88150895  
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**

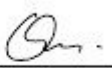

**INJURED 1**

Name of injured person ..... KWEK CHIN CHEONG  
Gender ..... Male  
Phone No ..... (Phone) +65-98002078  
Address ..... APT BLK 488 SEGAR ROAD  
Address Complement ..... #14-574  
Post Code ..... 670488  
Approximate Age Years Old ..... 55  
Injuries Sustained ..... Neck pain  
Injured person in which vehicle? ..... SLK3488G  
Were seat belts worn? ..... Yes  
Was this injured conveyed to hospital by ambulance? ..... No

**SKETCH PLAN**

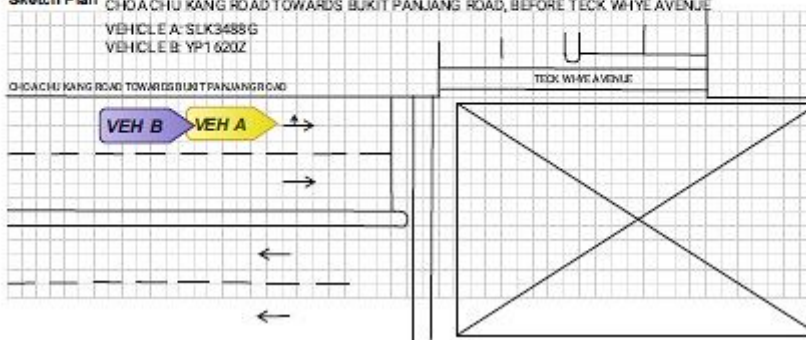
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7. By the lodgement of this report to the insurers, you hereby consent to the archiving of this report at the centre and to copies of the report being made available aforesaid.
8. **Consent under the Personal Data Protection Act (PDPA)**  
I understand, 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/yer/firm/s, 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/yer/firm/s, 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/yer/firm/s), which may be based outside of Singapore, for one or more of the above Purposes.

<p>_____ Policyholder's Signature / Date &amp; Time</p>	<p style="text-align: center;">               KWEK CHIN CHEONG              Driver's Signature (If driver is not the policyholder) / Date &amp; Time 20.12.2022 @ 10:59hrs         </p>	<p style="text-align: center;">               SURA              Witnessed by Reporting Centre Personnel         </p>
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**Sketch Plan** CHOA CHU KANG ROAD TOWARDS BUKIT PANJANG ROAD, BEFORE TECK WHYE AVENUE

VEHICLE A: SLK3488G  
VEHICLE B: YP1620Z



## Describe Circumstances of the Accident

REFER TO POLICE REPORT LODGED, REPORT NUMBER T/20221219/2092 FOR WHICH IO IN-CHARGE IS IO STEPHANIE FROM TRAFFIC POLICE (CTC: 6547 6414).

## ADDITIONAL REMARKS:

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AFTER THE INCIDENT, I FELT PAIN OVER MY NECK REIGON AND CONSULTED A DOCTOR AT MY FAMILY CLINIC (SEGAR) AND RECEIVED 3 DAYS OF MEDICAL LEAVE FOR THE BODILY PAIN. I THEREFORE LODGED A POLICE REPORT AS REFERRED ABOVE.

## Declaration

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

Policyholder's Signature / Date & Time



KWIEK CHEN CHEONG

Driver's Signature (If driver is not the policyholder) / Date & Time 20.12.2022 @ 10.05hrs



SURIA

Witnessed by Reporting Centre Personnel



































# SINGAPORE POLICE FORCE



T/20221219/2092

Police Station Of Origin:  
Bukit Panjang N.P.C  
1 Segar Road #01-05 SINGAPORE 677738  
Tel No: 1800-8929999

Report No. T/20221219/2092

## REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 19/12/2022 20:03	Vide Report No.:	Station Diary No 72
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### Informant's Particulars

Name of Informant: KWEK CHIN CHEONG			Address: APT BLK 488 SEGAR ROAD #14-574 SINGAPORE 670488	
ID Type / ID No.: NRIC NO / S1815080H			Contact No.: Home/Office: Mobile: 98002078	
Nationality: SINGAPORE CITIZEN			Email: cckwek@hotmail.com	
Sex: Male	Age: 55	Date of Birth: 22/10/1967	Type of Informant: Driver	
Race: Chinese		Language: English		Institution / School Name:
Occupation: GRAB DRIVER			Driving Licence Information: Class: Date of Expiry:	

### General Information of the Accident

Type of Accident:	Injury Others	Drink Drive: No	Date/Time of Accident: 19/12/2022 18:10	Type of Location: T-Junction
Location:				
CHOA CHU KANG ROAD				
Weather: Clear		Road Surface: Dry	Road Speed Limit:	
Traffic Flow: Two Way		Traffic Control: Traffic Light - Working	Traffic Volume: Moderate	
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
SLK3488G	Car	TOYOTA	Prius	Silver	Slightly Damaged	1
YP1620Z	Lorry	MITSUBISHI	Fuso	Silver	Slightly Damaged	0

### Details of Person Involved

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



**SINGAPORE  
POLICE FORCE**



T/20221219/2092

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Tel No: 1800-8929999

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Report No. T/20221219/2092

**CONTINUATION OF REPORT**

<b>Driver</b>			
Name	KWEK CHIN CHEONG	ID No.	S1815080H
Related Vehicle	SLK3488G (Car)	Contact No.	98002078
Hospital/Clinic	MY FAMILY CLINIC (SEGAR)	Class of Driving Licence & Expiry Date	Class: NIL Date of Expiry: NIL
Date Treatment	19/12/2022	Date Discharge	19/12/2022
No. of Days granted Medical Leave	03	Degree of Injury	Slight
<b>Driver</b>			
Name	Nagulan Ramasamy	ID No.	S1676472H
Related Vehicle	YP1620Z (Lorry)	Contact No.	88150895
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 19/12/2022 at about 1810hrs, I was driving my vehicle (SLK3488G) with a Grab passenger to 507 Jelapang Rd from Westgate. Along Choa Chu Kang Rd near Teck Whye Ave junction when the traffic light turned green, I moved off and that was when a lorry (YP1620Z) behind my vehicle moved off and hit the rear of my vehicle. Thereafter, both vehicles parked at the accident location, and both parties exchanged particulars. We agreed to lodge police report, and I also did report to Grab. My passenger told she had slight back pain but rejected for any medical assistance and left the location on her own. I felt neck pain, so I consulted doctor and was given three days MC. No ambulance or police were called on scene. After consulting doctor, I came to lodge a police report. My vehicle has one front facing camera however I am not sure if it was recording.

**SINGAPORE  
POLICE FORCE**

T/20221219/2092

Police Station Of Origin:  
Bukit Panjang N.P.C  
1 Segar Road #01-05 SINGAPORE 677738  
Tel No: 1800-8929999

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Report No. T/20221219/2092

**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 Muhammed Rizwanullah  
Bin Mohamed Kasim Amanullah

Signature Of Informant:

Signature Of Interpreter:  
Not applicableDate/Time:  
19/12/2022 20:03Officer In Charge Of Case:  
TP / AEIT /  
SI ANG YI TING, STEPHANIE  
Contact No.: 65476414

Classification Of Case:

NP168



