

# 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 .....              | 01/12/2022 17:37 (SGT)           |
| Reported by .....                     | Driver                           |
| Date of Accident .....                | 01/12/2022 10:00 (SGT)           |
| Exact Location of Accident .....      | Jurong West Street 61, Singapore |
| Additional Location Information ..... | JUNCTION OF JURONG WEST ST 63    |
| Country/State of Loss .....           | Singapore                        |

## DETAILS OF OWN VEHICLE

|                                   |          |
|-----------------------------------|----------|
| Vehicle Registration Number ..... | SLG8678M |
|-----------------------------------|----------|

### 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 .....   | 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 ..... | SIM CHENG KWEE |
| NRIC No .....        | S7239758D      |
| Date Of Birth .....  | 29/10/1972     |
| Occupation .....     | Outdoor        |

|  |                         |
|--|-------------------------|
| Date Of Driving Pass .....   | 16/04/1993              |
| Driving experience .....   | 29 YEARS AND 8 MONTHS   |
| Gender .....   | Male                    |
| Mobile Number .....  | (Phone) +65-87879891    |
| Alt. Phone Number .....  | -                       |
| Email Address .....  | gr.sg.accident@grab.com |
| Address .....  | 664D JURONG WEST ST 64  |
| Address complement .....   | -                       |
| Postcode .....   | 644664                  |
| 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 - 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 .....   | 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) .....   | 1   |
| 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 .....   | -   |

#### DETAILS OF POLICE ACTION

|   |                                      |
|---|--------------------------------------|
| Was the accident reported to the police? .....  | Yes                                  |
| Police Station Name .....                       | Bishan Neighbourhood Police Centre   |
| Police Station Phone No .....                   | (Phone) +65-18005529999              |
| Alt. Police Station Phone No .....              | (Fax) +65-65561905                   |
| Police Station Address .....                    | 20 Bishan Street 23 Singapore 579757 |
| Was notice of intended Prosecution given? ..... | No                                   |
| If yes, against whom? .....                     | -                                    |

#### CIRCUMSTANCES OF ACCIDENT

ON 1.12.22 AT ABOUT 1000HRS, I WAS WAITING TO TURN INTO JURONG WEST ST 63 FROM ST 61. A TAXI SHA7256H HAD MADE A U-TURN AT THE JUNCTION WITHOUT SEEING AN ON-COMING VEHICLE SML9139H FROM THE OPPOSITE DIRECTION. THE LATTER HIT ONTO THE TAXI AND THE IMPACT CAUSED THE VEHICLE TO CROSS OVER THE ROAD DIVIDER AND HIT ONTO A MOTORCYCLE FBB6655L, WHICH WAS BEHIND ME. AS A RESULT, MY VEHICLE WAS HIT BY THE METAL ROAD RAILINGS ON THE CENTRE DIVIDER. I WAS NOT INJURED DURING THE INCIDENT. THE DRIVER OF SML9139H AND MOTORCYCLE FBB6655L WAS CONVEYED TO THE HOSPITAL.

TRAFFIC POLICE ARRIVED AT SCENE VIDE J/20221201/0047 AND MY SD CARD WAS SEIZED.

#### 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 .....             | SHA7256H |
| Vehicle Manufacturer .....                    | -        |
| Vehicle Model .....                           | -        |
| Vehicle Variant .....                         | -        |
| Vehicle Colour .....                          | -        |
| Vehicle Category .....                        | Taxi     |
| Name of Driver .....                          | -        |
| Contact Number .....                          | -        |
| 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 .....             | SML9139H    |
| Vehicle Manufacturer .....                    | -           |
| Vehicle Model .....                           | -           |
| Vehicle Variant .....                         | -           |
| Vehicle Colour .....                          | -           |
| Vehicle Category .....                        | Private car |
| Name of Driver .....                          | -           |
| Contact Number .....                          | -           |
| 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 3

|   |            |
|---|------------|
| Vehicle Registration Number .....             | FBB6655L   |
| Vehicle Manufacturer .....                    | -          |
| Vehicle Model .....                           | -          |
| Vehicle Variant .....                         | -          |
| Vehicle Colour .....                          | -          |
| Vehicle Category .....                        | Motorcycle |
| Name of Driver .....                          | -          |
| Contact Number .....                          | -          |
| 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 ..... | UNKNOWN |
| Gender .....                 | -       |
| Phone No .....               | -       |
| Address .....                | -       |
| Address Complement .....     | -       |
| Post Code .....              | -       |

|   |          |
|---|----------|
| Approximate Age Years Old .....                           | -        |
| Injuries Sustained .....                                  | -        |
| Injured person in which vehicle? .....                    | SML9139H |
| Were seat belts worn? .....                               | Yes      |
| Was this injured conveyed to hospital by ambulance? ..... | Yes      |

INJURED 2

|   |          |
|---|----------|
| Name of injured person .....                              | UNKNOWN  |
| Gender .....  | -        |
| Phone No .....  | -        |
| Address .....   | -        |
| Address Complement .....                                  | -        |
| Post Code .....   | -        |
| Approximate Age Years Old .....                           | -        |
| Injuries Sustained .....                                  | -        |
| Injured person in which vehicle? .....                    | FBB6655L |
| Were seat belts worn? .....                               | No       |
| Was this injured conveyed to hospital by ambulance? ..... | Yes      |

**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 lawyers/law firms), which may be sited outside of Singapore, for one or more of the above Purposes.

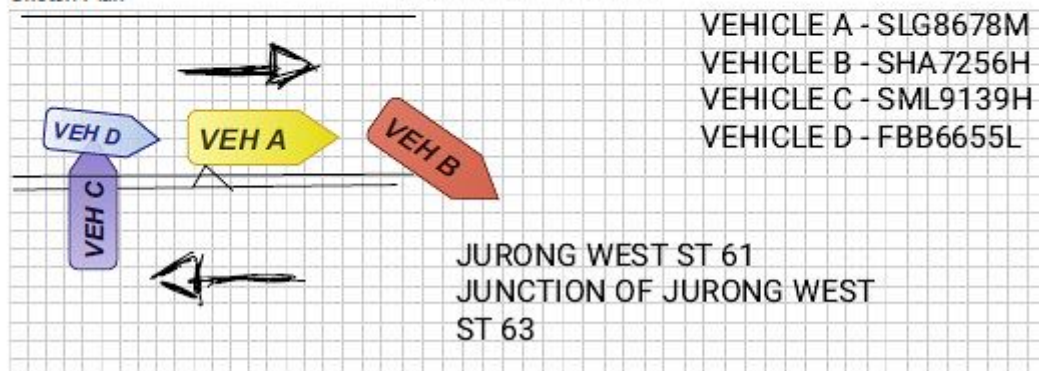
Policyholder's Signature / Date & Time

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

Witnessed by Reporting Centre Personnel

1.12.22 @1415HRS

MERVYN

**Sketch Plan**

## Describe Circumstances of the Accident

ON 1.12.22 AT ABOUT 1000HRS, I WAS WAITING TO TURN INTO JURONG WEST ST 63 FROM ST 61. A TAXI SHA7256H HAD MADE A U-TURN AT THE JUNCTION WITHOUT SEEING AN ON-COMING VEHICLE SML9139H FROM THE OPPOSITE DIRECTION. THE LATTER HIT ONTO THE TAXI AND THE IMPACT CAUSED THE VEHICLE TO CROSS OVER THE ROAD DIVIDER AND HIT ONTO A MOTORCYCLE FBB6655L, WHICH WAS BEHIND ME. AS A RESULT, MY VEHICLE WAS HIT BY THE METAL ROAD RAILINGS ON THE CENTRE DIVIDER. I WAS NOT INJURED DURING THE INCIDENT. THE DRIVER OF SML9139H AND MOTORCYCLE FBB6655L WAS CONVEYED TO THE HOSPITAL.

TRAFFIC POLICE ARRIVED AT SCENE VIDE J/20221201/0047 AND MY SD CARD WAS SEIZED.

## 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

1.12.22 @1415HRS

Witnessed by Reporting Centre Personnel

MERVYN





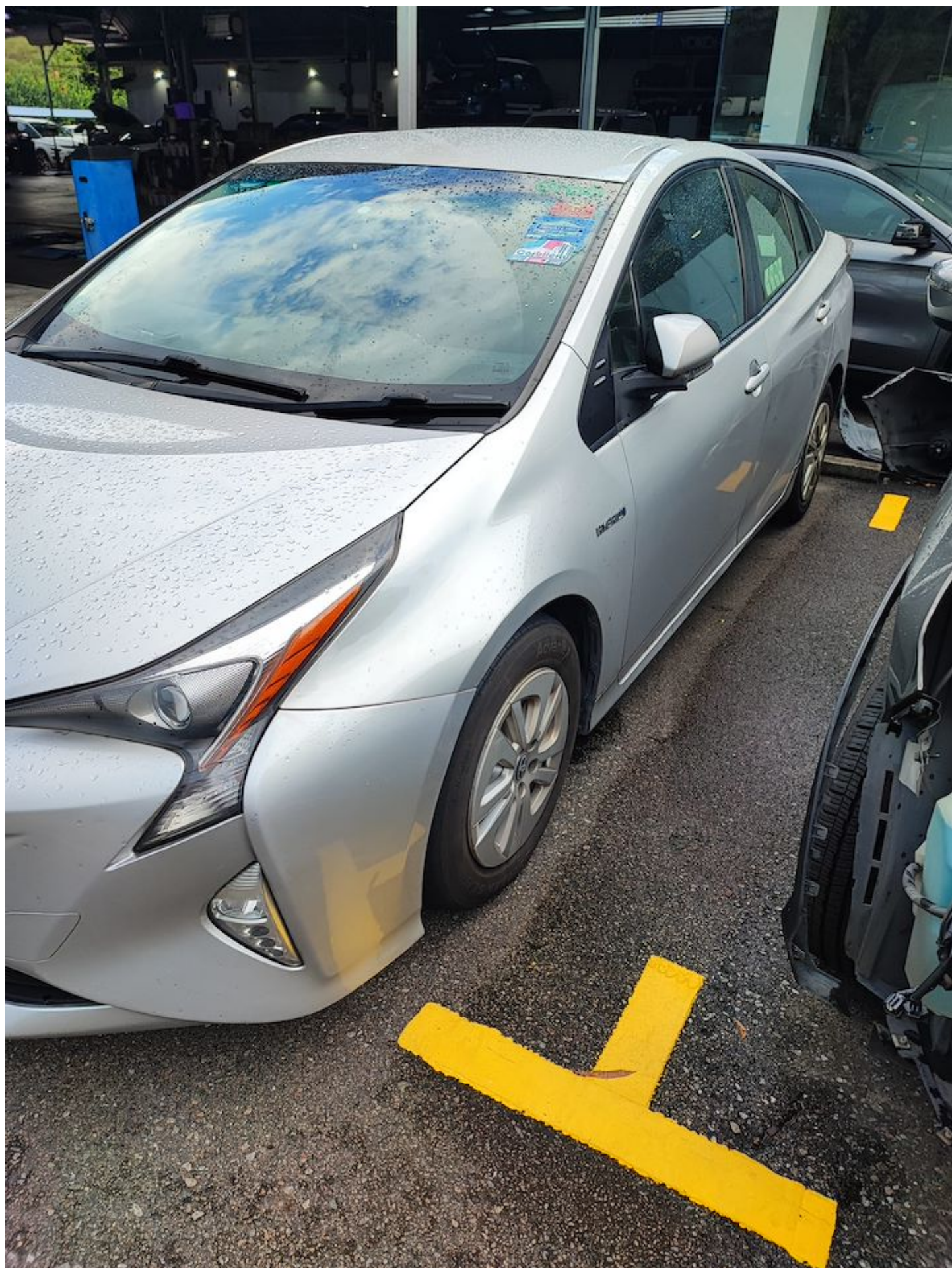
























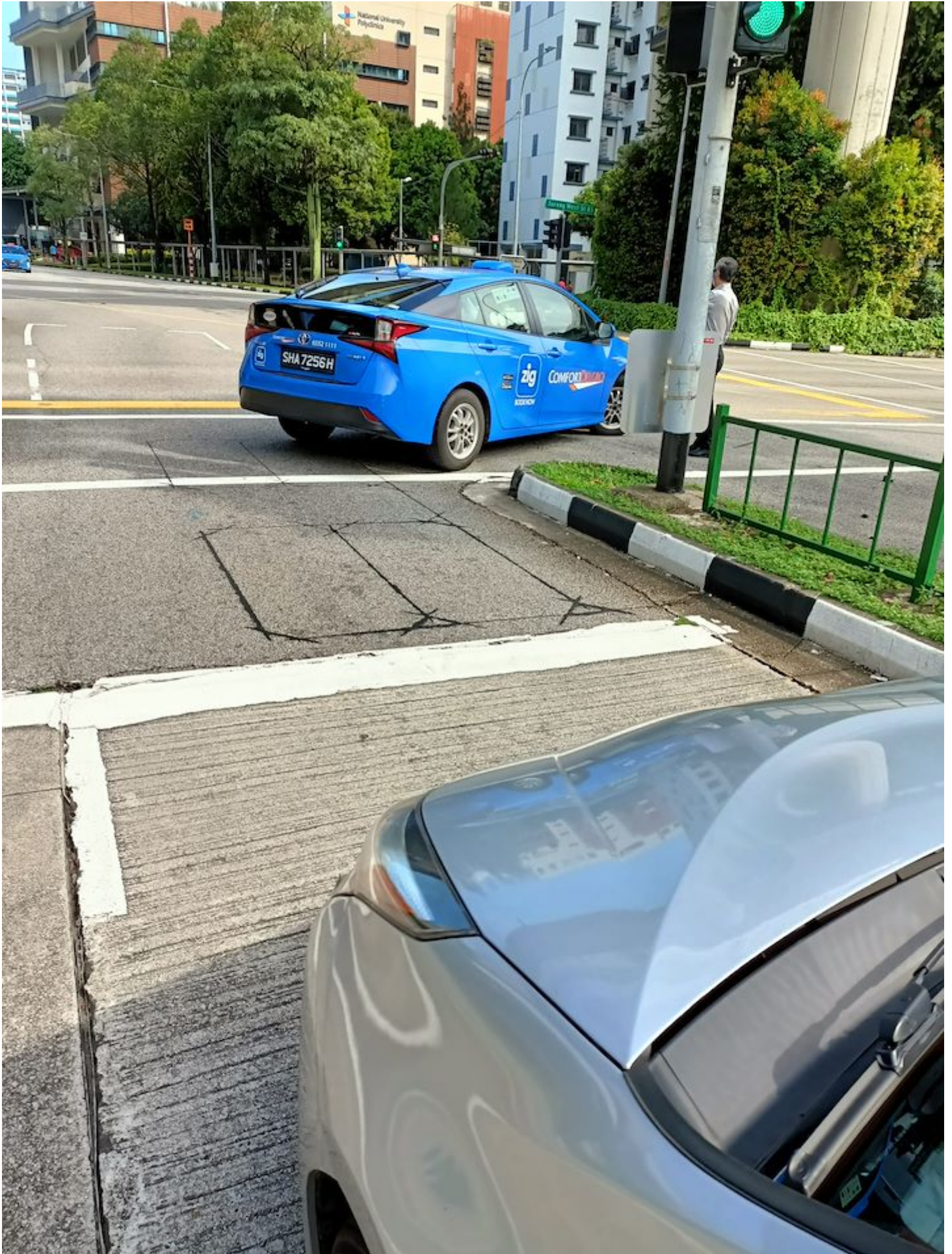
















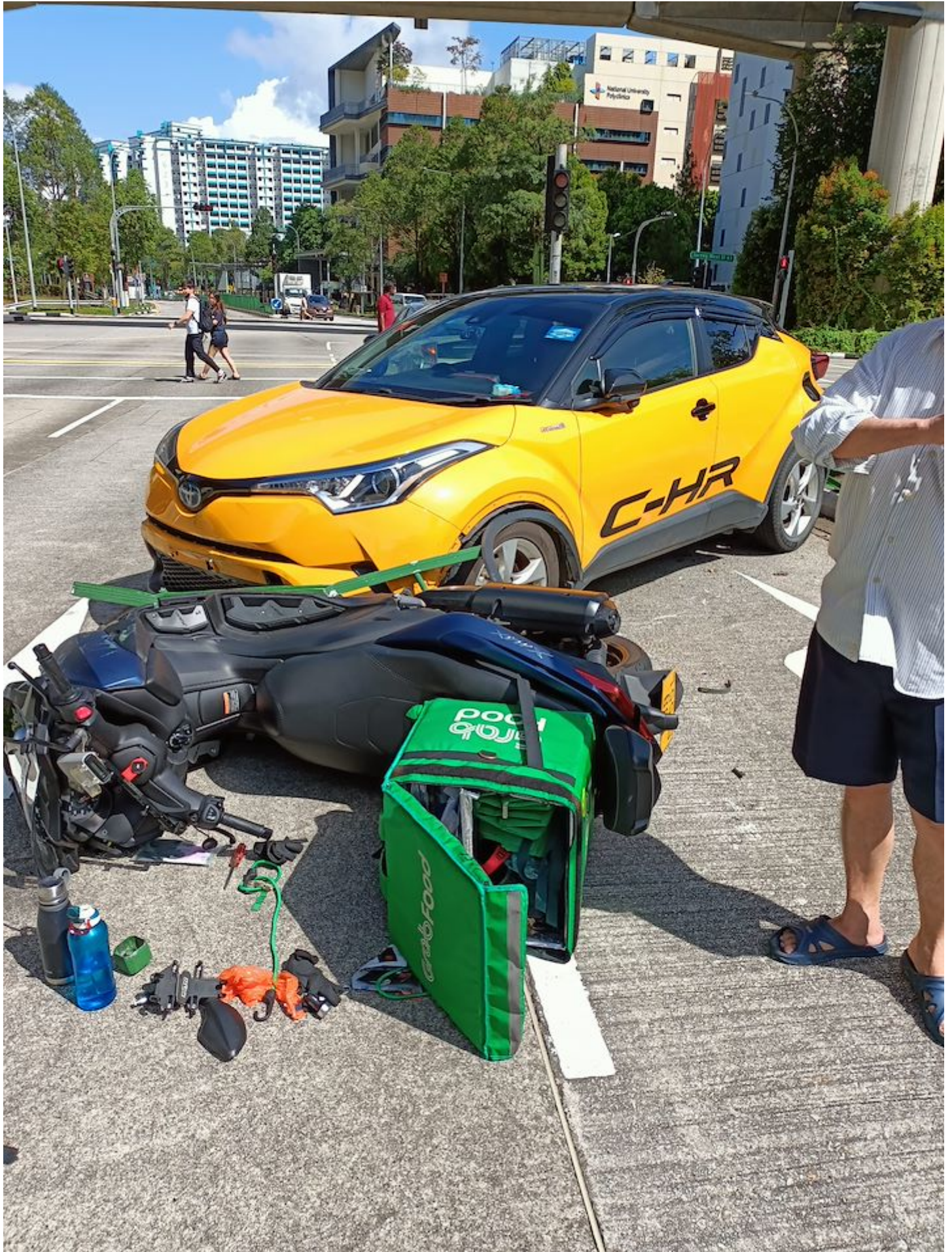
















**SINGAPORE  
POLICE FORCE**



1/20221201/0578

Police Station Of Origin  
Bishan N.P.C.  
20 Bishan Street 23 SINGAPORE 579757  
Tel No. 1800-5529999

1 of 1  
Report No. T20221201/0578

**REPORT OF A TRAFFIC ACCIDENT**

|   |           |                                    |   |                         |                           |
|---|-----------|------------------------------------|---|-------------------------|---------------------------|
| Date/Time Report Made<br>01/12/2022 15:59 |           | Vide Report No.<br>J/20221201/0047 |   | Station Diary No.<br>61 |                           |
| <b>Informant's Particulars</b>            |           |                                    |   |                         |                           |
| Name of Informant<br>SIM CHENG KWEE       |           |                                    | Address<br>APT BLK 664D JURONG WEST STREET 64 #02-200<br>SINGAPORE 644664 |                         |                           |
| ID Type / ID No.<br>NRIC NO / S7239758D   |           |                                    | Contact No.<br>Home/Office<br>Mobile: 87879891                            |                         |                           |
| Nationality<br>SINGAPORE CITIZEN          |           |                                    | Email   |                         |                           |
| Sex<br>Male                               | Age<br>50 | Date of Birth<br>29/10/1972        | Type of Informant<br>Driver   |                         |                           |
| Race<br>Chinese                           |           |                                    | Language  |                         | Institution / School Name |
| Occupation<br>GRAB DRIVER                 |           |                                    | Driving Licence Information<br>Class 2B, 2A, 2, 3, 4, 5<br>Date of Expiry |                         |                           |

**General Information of the Accident**

|  |                                  |  |   |                                     |
|--|----------------------------------|--|---|-------------------------------------|
| Type of Accident   | Non-Injury<br>Attended by Police | Drink<br>Drive<br>No                       | Date/Time of Accident<br>01/12/2022 10:00 | Type of Location<br>Straight Road   |
| Location<br><br>JURONG WEST STREET 61                                    |                                  |  |   |                                     |
| Weather<br>Clear   |                                  | Road Surface<br>Dry                        |   | Road Speed Limit                    |
| Traffic Flow<br>One Way  |                                  | Traffic Control<br>Traffic Light - Working |   | Traffic Volume<br>Moderate          |
| Type of Collision<br>Moving Vehicle Against - Road Divider/Kerb/Railings |                                  |  |   | Anyone conveyed by ambulance<br>Yes |

**Details of Vehicle Involved**

| Vehicle No. | Type       | Make   | Model                         | Color  | Condition | No of Passenger |
|-------------|------------|--------|-------------------------------|--------|-----------|-----------------|
| FBB6655L    | Motorcycle | YAMAHA | XMAX 300<br>ABS CVT           | Blue   |           | 0               |
| SHA7256H    | Car        | TOYOTA | PRIUS 5DR<br>HATCHBACK (AUTO) | Blue   |           | 0               |
| SLG8678M    | Car        | TOYOTA | PRIUS<br>HYBRID 1.8<br>CVT    | Silver |           | 0               |





**SINGAPORE  
POLICE FORCE**



T/20221201/2078

Police Station Of Origin:  
Bishan N.P.C  
20 Bishan Street 23 SINGAPORE 579757  
Tel No: 1800-5529999

2 of 3

Report No. T/20221201/2078

**CONTINUATION OF REPORT**

| Details of Vehicle Involved |      |        |                            |        |           |                 |
|-----------------------------|------|--------|----------------------------|--------|-----------|-----------------|
| Vehicle No.                 | Type | Make   | Model                      | Color  | Condition | No of Passenger |
| SML9139H                    | Car  | TOYOTA | C-HR<br>HYBRID<br>1.8S CVT | Yellow |           | 0               |

**Brief Details.**

On 01/12/22, 1000hrs. my vehicle was stationary at lane 1 (SLG8678M) along Jurong West 61 waiting to turn right towards Jurong West St 63. Subsequently, one vehicle (SML9139H) that was opposite of Jurong West 61 drove past and the taxi (SHA7256H) ahead of me conducted U-Turn and collided onto the rear of the vehicle. Due to the impact, the vehicle (SML9139H) lost control and collided onto the green fence. The fence broke into half and had damage my vehicle as well as a motorcyclist (FBB6655L) that was behind me. I wish to inform that the Traffic Police officer had took my SD card for investigation and I had made a check on the damages of my vehicle and notice scratches on the rear right of my vehicle and the mounting of bumper had dislodged.





**SINGAPORE  
POLICE FORCE**

Police Station Of Origin:  
Bishan N.P.C  
20 Bishan Street 23 SINGAPORE 579757  
Tel No. 1800-5529999



T/2022/201/2078

1 of 1

Report No. T/2022/201/2078

**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 65474585 stating the report number as reference.

Signature of Officer Recording The Report:

SGT 2 SHAWN KOH

Signature Of Informant:

Signature Of Interpreter:  
Not applicable

Date/Time  
01/12/2022 15:59

Officer In Charge Of Case:  
TP / GIT  
SR STAFF SGT TAN JUN YAN  
Contact No. 65476311

Classification Of Case:

NP168



