

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	19/06/2023 11:12 (SGT)
Reported by	Actual Driver
Date of Accident	17/06/2023 10:45 (SGT)
Exact Location of Accident	Ang Mo Kio Ave 1, Singapore
Additional Location Information	-
Country/State of Loss	Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SLT1301C
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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) +65-90919242
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	India International Insurance Pte Ltd
Policy Number / Cover Note Number	D21MFL0000447_02

DRIVER

Name of Driver	KOH SIN KNG
NRIC No	S7007486I
Date Of Birth	11/03/1970
Occupation	Outdoor

Date Of Driving Pass	31/12/1990
Driving experience	32 YEARS AND 6 MONTHS
Gender	Male
Mobile Number	(Phone) +65-90919242
Alt. Phone Number	-
Email Address	gr.sg.accident@grab.com
Address	BLK 229 PASIR RIS STREET 21 #06-34
Address complement	-
Postcode	510229
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	3
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)	4
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	Male

PASSENGER 2

Name	UNKNOWN
Gender	Male

PASSENGER 3

Name	UNKNOWN
Gender	Female

DETAILS OF POLICE ACTION

Was the accident reported to the police?	Yes
Police Station Name	Pasir Ris Neighbourhood Police Centre
Police Station Phone No	(Phone) +65-18005852999
Alt. Police Station Phone No	(Fax) +65-65855261
Police Station Address	1 Pasir Ris Drive 4 #01-01 Singapore 519457
Was notice of intended Prosecution given?	No
If yes, against whom?	-

CIRCUMSTANCES OF ACCIDENT

REFER TO POLICE REPORT:T/20230617/2107

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 SMH9937S
 Vehicle Manufacturer Audi
 Vehicle Model -
 Vehicle Variant -
 Vehicle Colour -
 Vehicle Category Private car
 Name of Driver WOO HIN LEONG RAYNER
 NRIC No S7702123Z
 Contact Number (Phone) +65-91473146
 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 SMN8997T
 Vehicle Manufacturer Toyota
 Vehicle Model -
 Vehicle Variant -
 Vehicle Colour -
 Vehicle Category Private car
 Name of Driver SOH HEEH HUAT(SU XIFA)
 NRIC No S7303610J
 Contact Number (Phone) +65-97801122
 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 KOH SIN KNG
 Gender Male
 Phone No (Phone) +65-90919242
 Address BLK 229 PASIR RIS STREET 21 #06-34
 Address Complement -
 Post Code 700486
 Approximate Age Years Old 53
 Injuries Sustained LOWER BACK AND CHEST PAIN
 Injured person in which vehicle? SLT1301C
 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 lodgment of this report to the insurers, you hereby consent to the archiving of this report at the center 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' lawyers/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' 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 lawyers/law firms), which may be sited outside of Singapore, for one or more of the above Purposes.

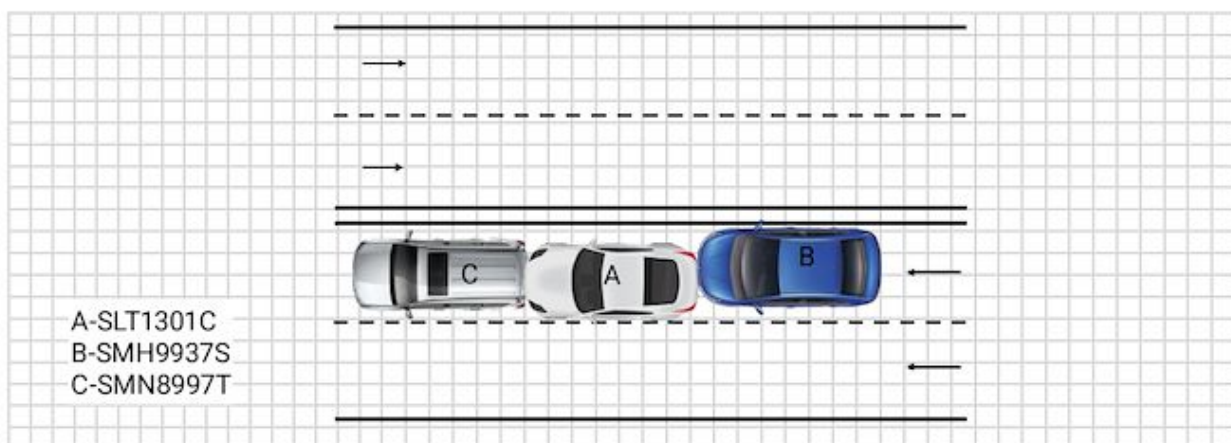
18062023
1125

**FLASH ACCIDENT
REPORTING OFFICER
FAIRAN**

Policyholder's Signature / Date &
Time

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

Witnessed by Reporting Centre Personnel

Sketch Plan

Describe Circumstances of the Accident

REFER TO POLICE REPORT T/20230617/2107



Declaration

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

18062023
1125

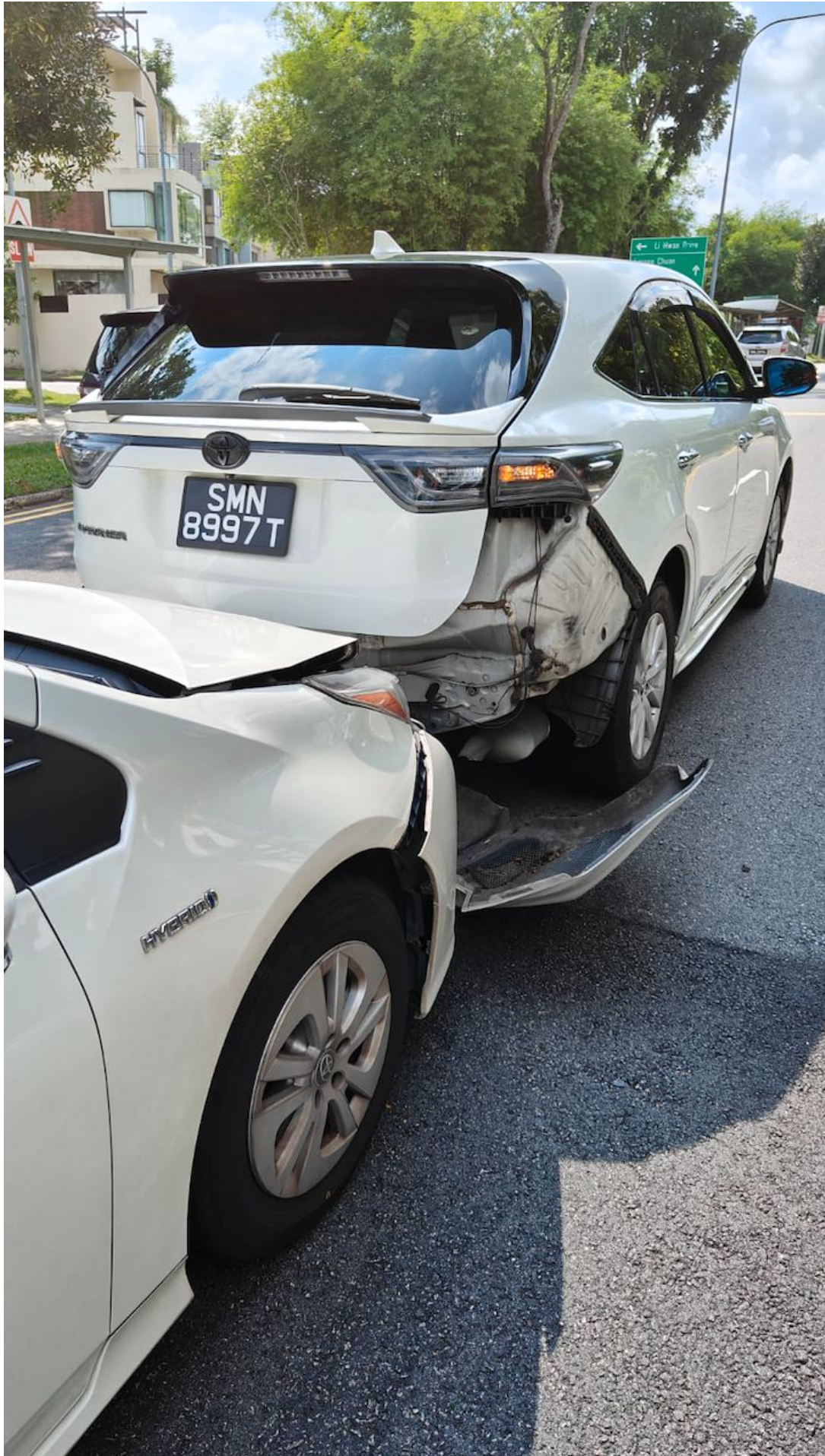
**FLASH ACCIDENT
REPORTING OFFICER
FAIRAN**

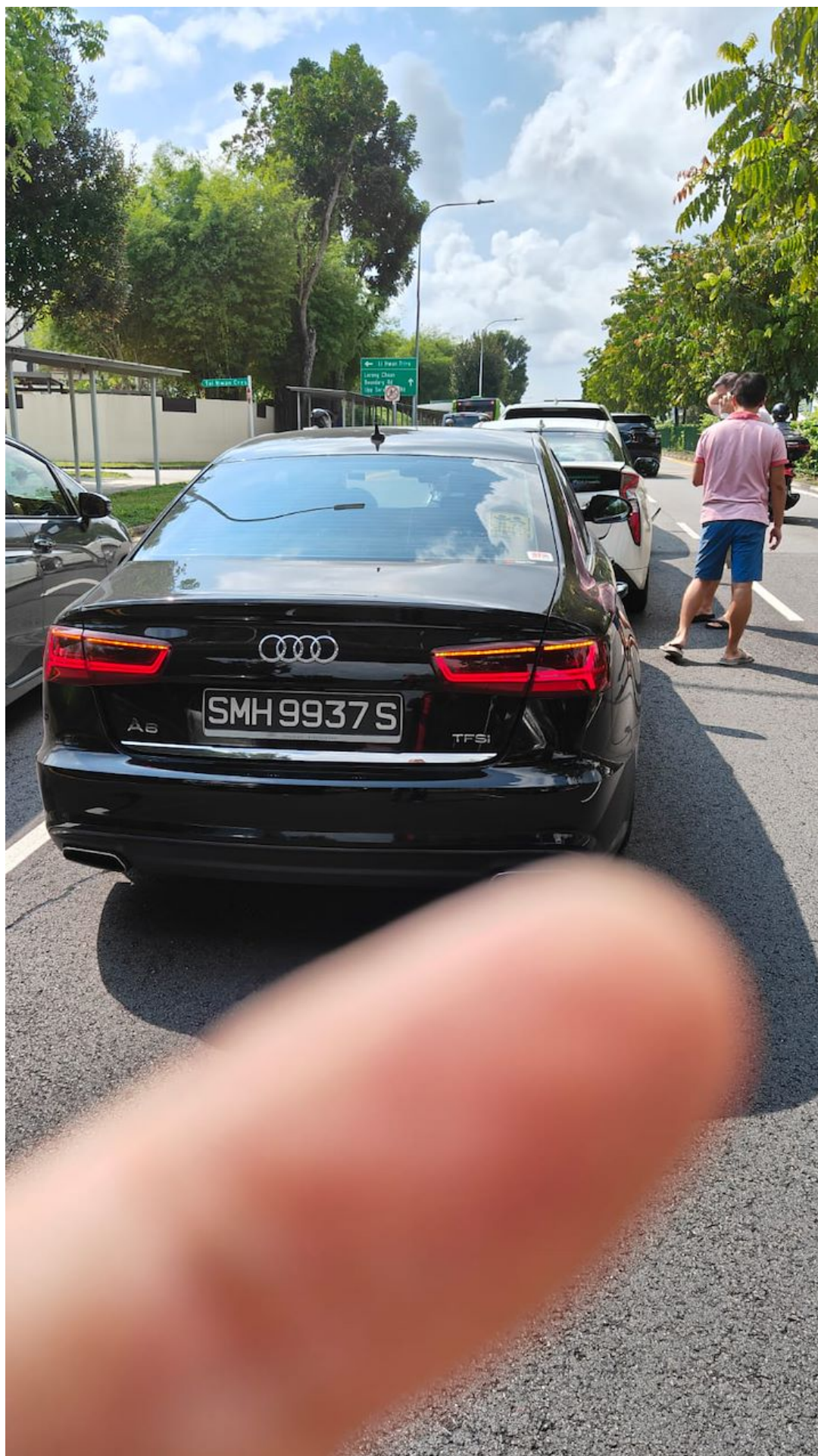


Policyholder's Signature / Date &
Time

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

Witnessed by Reporting Centre Personnel













SINGAPORE POLICE FORCE



T/20230617/2107

2 of 4

Police Station Of Origin:
Pasir Ris N.P.C
1 Pasir Ris Drive 4 #01-01 SINGAPORE
519457
Tel No: 1800-5852999

Report No. T/20230617/2107

CONTINUATION OF REPORT

Details of Person Involved

Any Pedestrian Involved: No

No. of Pedestrians Injured: NIL

Use of Pedestrian Crossing: NA

Driver

Name KOH SIN KNG

ID No. S70074861

Related Vehicle SLT1301C (Car)

Contact No. 90919242

Hospital/Clinic CHANGI GENERAL HOSPITAL

Class of Driving Licence & Expiry Date
Class: 2B,3,4,5
Date of Expiry: NIL

Date Treatment 17/06/2023

Date Discharge 17/06/2023

No. of Days granted Medical Leave 05

Degree of Injury Slight

Name WOO HIN LEONG RAYNER

ID No. S7702123Z

Related Vehicle SMH9937S (Car)

Contact No. 91473146

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 NIL

Driver

Name SOH HEE HUAT (SU XIFA)

ID No. S7303610J

Related Vehicle SMN8997T (Car)

Contact No. 97801122

Hospital/Clinic NIL

Class of Driving Licence & Expiry Date
Class: 2B,2A,2,3
Date of Expiry: NIL

Date Treatment NIL

Date Discharge NIL

No. of Days granted Medical Leave NIL

Degree of Injury NIL

Brief Details.

On 17/06/2023, at about 1045hrs, I was involved in an accident at Ang Mo Kio Ave 1. The accident involved 3 cars and I was the middle car. We were all in the middle lane because there was already another accident on the left lane. I managed to stop in time while waiting for the traffic light. However, I assume that the car behind me did not manage to brake in time and hit me from behind, then I collided with the car in front. I managed to get the particulars of the parties involved. After the accident, I went to Changi General Hospital and received 5 days MC for my injuries (lower back and chest pain). No TP or SCDF attended to our accident.



SINGAPORE POLICE FORCE



T/20230617/2107

2 of 4

Police Station Of Origin:
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1 Pasir Ris Drive 4 #01-01 SINGAPORE
519457
Tel No: 1800-5852999

Report No. T/20230617/2107

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ID No. S70074861

Related Vehicle SLT1301C (Car)

Contact No. 90919242

Hospital/Clinic CHANGI GENERAL HOSPITAL

Class of
Driving
Licence &
Expiry Date

Class: 2B,3,4,5
Date of Expiry: NIL

Date Treatment 17/06/2023

Date Discharge 17/06/2023

No. of Days granted Medical Leave 05

Degree of Injury Slight

Name WOO HIN LEONG RAYNER

ID No. S7702123Z

Related Vehicle SMH9937S (Car)

Contact No. 91473146

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 NIL

Driver

Name SOH HEE HUAT (SU XIFA)

ID No. S7303610J

Related Vehicle SMN8997T (Car)

Contact No. 97801122

Hospital/Clinic NIL

Class of
Driving
Licence &
Expiry Date

Class: 2B,2A,2,3
Date of Expiry: NIL

Date Treatment NIL

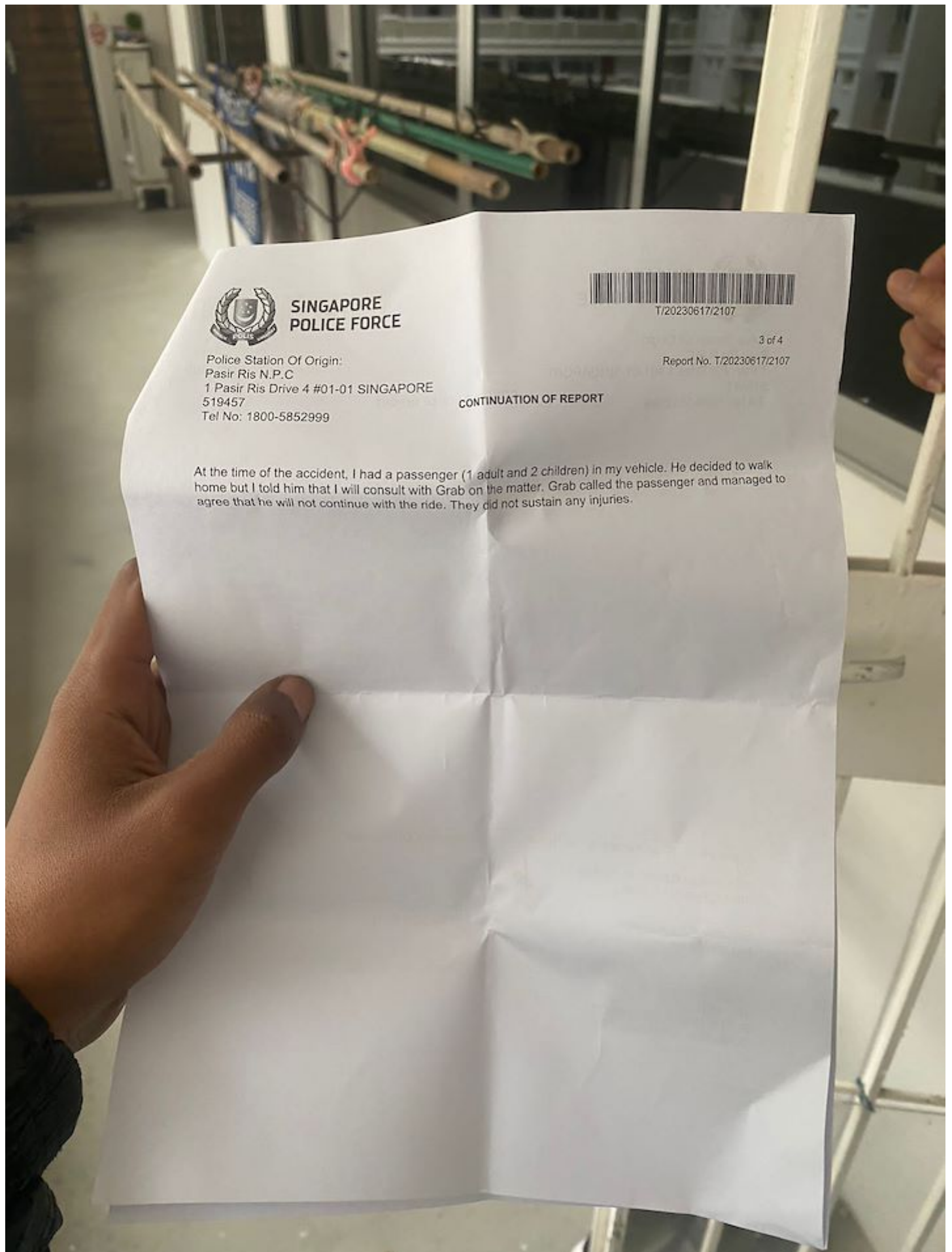
Date Discharge NIL

No. of Days granted Medical Leave NIL

Degree of Injury NIL

Brief Details.

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T/20230617/2107

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519457
Tel No: 1800-5852999

4 of 4

Report No. T/20230617/2107

CONTINUATION OF REPORT

Signature of Officer Recording The Report:
G /
SGT 2 MUHAMMAD RUSHAIDI
BIN MUHAMMAD FAZLI

Signature Of Interpreter:
Not applicable

Officer In Charge Of Case:
TP / AEIT /
SI TAN JEOK LENG LESLIE
Contact No.: 65476151

NP168

Signature Of Informant:

Date/Time:
17/06/2023 22:12

Classification Of Case:

