

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 Authorised 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 ability.
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 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 Report	07/12/2017 14:32
Date Of Accident	07/12/2017 08:00
Exact Location Of Accident	ANG MO KIO AVENUE 1
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SLJ1206Y
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Insured/Policyholder

Name Of Registered Owner	GRAB RENTALS PTE LTD
Co Reg No	201617200G
Email Address	NOEMAIL
Mobile Phone No	
Alternative Phone No	OFFICE-98235083

Vehicle Particulars

Manufacturer	MAZDA
Model	3-1.5 SEDAN L SP.6EAT (A)
Exact Purpose for which vehicle was being used at time of accident	HIRE AND REWARD
Are you claiming under your own insurance policy for repair to your vehicle?	NO
If No, Please state action to be taken	THIRD PARTY
Vehicle Category	PRIVATE HIRE

Insurance Company

Name of Insurance Company	GREAT AMERICAN INSURANCE COMPANY
Type Of Coverage	COMPREHENSIVE
Fleet Policy	YES
Policy Number	MOMVC000002199-00-000
Cover Note Number	

Driver

Name of Driver	YONG WING KONG
NRIC No	S1676191E
Date Of Birth	08/01/1964
Occupation	OUTDOOR
Date Of Driving Pass	10/04/1984
Driving Experience	33 YEARS AND 7 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-96928614
Fax Number	
Contact Number	
EEmail Address	YONG64WK@GMAIL.COM

Address	BLK 439A SENGKANG WEST AVENUE #18-327
Postcode	791439
Was driver an employee of the Insured's Company	NO
If No, Relationship of the Driver with the Insured	OTHER - HIRER
Vehicle Registration Number of Driver's Own Vehicle	-
	-
	-
Insurance Company of Driver's Own Vehicle	-
	-
	-

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 this accident?	NO
Was any body injured in the Accident?	YES
Was any other material or property damaged?	YES
I have been approached by unknown person(s) soliciting/offering accident claims assistance.	NO
Number of Passengers (Including Driver)	1

Details of Police Action

Was the accident reported to the police?	NO
If Yes, Please state which Police Station	
Was notice of intended Prosecution given?	NO
If Yes, against whom?	

Circumstances of Accident

Refer to police report: T/20171207/2055

Attachment(s)

Are accident photos available for attachment?	YES
Was there any video captured by Car Camera?	NO
Was there any audio recorded?	NO

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	SBP1213M
Vehicle Make/Model/Colour	
Details Of Properties	
Name of Driver	SEET KENG SENG
NRIC/Passport Number	
Contact Number	
Address	
Postcode	
Insurance Company Name	
Nature Of Damage	
No. Of Passenger (Including Driver)	

Details of Witness

Name	
Phone Number	
Email Address	

DETAILS OF INJURED PERSON 1

Name	YONG WING KONG
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Approximate Age	54
Injuries Sustain	NECK PAIN
Injured person in which vehicle?	SLJ1206Y
Were seat belts worn?	YES
Was injured conveyed to hospital by ambulance?	NO
Address	BLK 349A SENGKANG WEST AVENUE #18-327
Postcode	791439

SKETCH PLAN

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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 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:

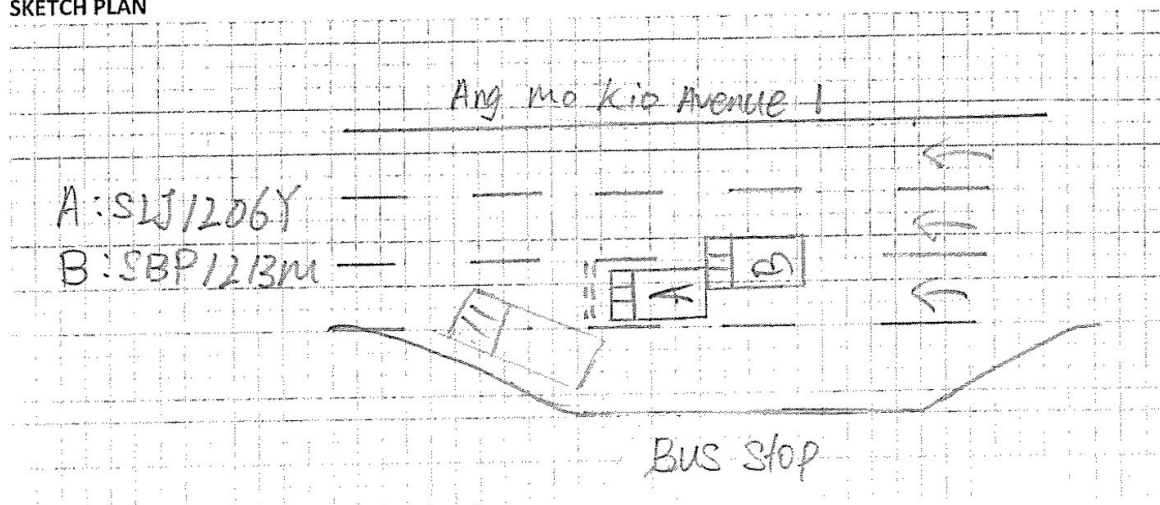
- (a) My insurer, my workshop and the General Insurance Association of Singapore ("GIA") may/are permitted to collect, use, disclose and/or process my personal data/personal information set out in this [form] and any other personal information provided by me or possessed by my insurer (collectively the "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' 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.
- (d) my Personal Information will also be collected and used to compile claims history for the purpose of fraud detection, investigation and management in present and all future claims.
- (e) the information so collected under (d) above may be shared / disclosed:
 - (i) to all insurers and/or any other third parties that assist in evaluating, investigating, controlling or managing fraud, regulators, law enforcement and government agencies as reasonably required for the purposes stated, or
 - (ii) for complying with requirements under any regulations, laws or court orders.

Policyholder's Signature
Date & Time:

Driver's Signature
(If driver is not the policyholder)
Date & Time: 7/12/17 15:10

Reporting Centre Personnel's Signature
Name: Yang Jing
NRIC/FIN No.: 9390752C

SKETCH PLAN



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

Refer to Police report: T/20171207/2055

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: 7/12/17 15:10

Reporting Centre Personnel's Signature
Name: Yang Jing
NRIC/FIN No.: 9390152C.



**SINGAPORE
POLICE FORCE**



T/20171207/2055

1 of 3

Police Station Of Origin:
Changkat NPP
109 Tampines Street 11 #01-261
SINGAPORE 521109
Tel No: 1800-7819999

Report No. T/20171207/2055

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 07/12/2017 13:00	Vide Report No.:	Station Diary No.: 9
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Informant's Particulars				
Name of Informant: YONG WING KONG		Address: APT BLK 439A SENGKANG WEST AVENUE #18-327 SINGAPORE 791439		
ID Type / ID No.: NRIC NO / S1676191E		Contact No.: Home/Office: Mobile: 96928614		
Nationality: SINGAPORE CITIZEN		Email:		
Sex: Male	Age: 53	Date of Birth: 08/01/1964	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 Others	Drink Drive: No	Date/Time of Accident: 07/12/2017 08:00	Type of Location: Straight Road
Location: Along Road 1 ANG MO KIO AVENUE 1 beside Cardiff Court bus stop				
Weather: Clear		Road Surface: Dry	Road Speed Limit:	
Traffic Flow:		Traffic Control:	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
SBP1213M	Car	NISSAN			Seriously Damaged	0
SLJ1206Y	Car	MAZDA			Seriously Damaged	0

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



**SINGAPORE
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T/20171207/2055

Police Station Of Origin:
Changkat NPP
109 Tampines Street 11 #01-261
SINGAPORE 521109
Tel No: 1800-7819999

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Report No. T/20171207/2055

CONTINUATION OF REPORT

Driver			
Name	SEET KENG SENG		ID No. S1267613A
Related Vehicle	SBP1213M (Car)		Contact No. 96207914
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	YONG WING KONG		ID No. S1676191E
Related Vehicle	SLJ1206Y (Car)		Contact No. 96928614
Hospital/Clinic	OEI FAMILY CLINIC		Class of Driving Licence & Expiry Date Class: 3 Date of Expiry: NIL
Date Treatment	07/12/2017	Date Discharge	07/12/2017
No. of Days granted Medical Leave	05	Degree of Injury	Slight

Brief Details.

On 07/12/2017 at 0800hrs, I was driving along Ang Mo Kio Ave 1. While approaching the Cardiff Court bus stop, I noticed the bus is leaving from the said bus stop. I stop at the Bus Priority Box (yellow box) to give way to bus stop. After I stopped for 1 minutes, I felt a collision from behind. A vehicle (SBP1213M) at my rear hit onto my car.

I alighted off my car to make a check on my damages. My rear right bumper was hit and dented. I exchanged particulars with the driver and took photograph of my car damages and his damages. I then seek for medical needs at Oei Family clinic and was issued with medical leave for 5 days. I felt pain at my back area and neck.



**SINGAPORE
POLICE FORCE**



T/20171207/2055

Police Station Of Origin:
Changkat NPP
109 Tampines Street 11 #01-261
SINGAPORE 521109
Tel No: 1800-7819999

3 of 3

Report No. T/20171207/2055

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:

G /
Sgt 2 LIM JIA HUI

Signature Of Interpreter:
Not applicable

Officer In Charge Of Case:
TP / AEIT /
SSI KASMAWATI BTE SAMIAN
Contact No.: 65476179

Signature Of Informant:

Date/Time:
07/12/2017 13:00

Classification Of Case:

Authentication Stamp
NP168



SN 107

Signature: _____

Singapore Police Force

Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo





GENERAL INSURANCE ASSOCIATION OF SINGAPORE RECORDS MANAGEMENT CENTRE
6 Raffles Quay #18-00 Singapore 048580
Tel (65) 6224 0010 Fax (65) 6224 0030
Operating Hours : Monday to Friday, 09:00 – 17:00
UEN: S66550020G / GST Reg. No.: M400017735

IMPORTANT NOTE: Please submit the completed Addendum form to the same Authorised Reporting Centre with whom you submitted the Original Report.

ADDENDUM

(A) PARTICULARS OF PERSON MAKING THE AMENDMENTS:


Original Report No : MTLM17161296 Vehicle Registration No: SLJ1206Y
Name(as shown in NRIC) : Yong Wing Kong NRIC/FIN/Passport No : S1676191E
(*Vehicle Driver / ~~Vehicle Owner~~)(*) Please delete as appropriate
Address : Block 439A Sengkang West Avenue #18-327 Singapore(791439)
Contact (Tel) : _____ Mobile No. : 96928614
Email Address : yong64wk@gmail.com
Date of Accident : 07/12/2017 Time of Accident : 0800 hours
Place of Accident : Ang Mo Kio Avenue 1
Insurance Company: Great American Insurance Company

(B) ADDITIONAL INFORMATION / AMENDMENTS:

I have made a report on the above mentioned accident and would like to include additional information or make the following amendments:

Accident date should be 07/12/2017 instead of
04/12/2017

Policyholder / Driver's Signature
Date:



Reporting Centre Personnel's Signature
Name: Yang Jing
NRIC/FIN No.: 9390752C
Date: 12-12-2017