#### SINGAPORE ACCIDENT STATEMENT

#### IMPORTANT NOTICE

Contact Number EMail Address

- 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 witholding 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	09/12/2017 11:26
Date Of Accident	08/12/2017 17:30
Exact Location Of Accident	ALEXANDRA ROAD TECHNOPARK
Country/State of Loss	SINGAPORE
D	ETAILS OF OWN VEHICLE
Vehicle Registration Number	SLN2102K
Insured/Policyholder	
Name Of Registered Owner	GRAB RENTALS PTE LTD
Co Reg No	201617200G
Email Address	NOEMAIL
Mobile Phone No	
Alternative Phone No	OFFICE-66550005
Vehicle Particulars	
Manufacturer	MAZDA
Model	3-1.5 4 DOOR SEDAN SP (A)
Exact Purpose for which vehicle was being used at time of accident	HIRE AND REWARDS
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	NO
Policy Number	
Cover Note Number	MTGRAB20171337
Driver	
Name of Driver	TAN AI TIONG
NRIC No	S6945752E
Date Of Birth	17/12/1969
Occupation	OUTDOOR
Date Of Driving Pass	22/08/1991
Driving Experience	26 YEARS AND 3 MONTHS
Gender	MALE
Mobile Number	# COALLY - OF COOTTOO!
Mobile Nulliber	(LOCAL) +65-96377381

NOEMAIL

**BLOCK 119 BUKIT MERAH VIEW** Address

#07-75

152119 Postcode

Was driver an employee of the Insured's Company NO

If No. Relationship of the Driver with the Insured

Vehicle Registration Number of Driver's Own

Vehicle

OTHER - HIRER

Insurance Company of Driver's Own Vehicle

General Information of the Accident

COLLISION - MAJOR/MINOR RD Type Of Accident

CLEAR Weather Conditions 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?

YES

If Yes, Please state which Police Station

Police Station Name

BEDOK SOUTH NEIGHBOURHOOD POLICE CENTRE

ROAD: 20 CHAI CHEE DRIVE, POSTCODE: 469045, COUNTRY: Police Station Address

SINGAPORE

Police Station Contact TEL NO: 1800-2448999 - FAX NO: 62446558

Was notice of intended Prosecution given?

If Yes, against whom?

NO

Circumstances of Accident

Refer to Police Report:- T/20171209/2023

Attachment(s)

Are accident photos available for attachment? YES

Was there any video captured by Car Camera?

Was there any audio recorded?

NO

NO

**DETAILS OF OTHER VEHICLE PROPERTY 1** 

Vehicle Registration Number

GBE5672C

Vehicle Make/Model/Colour

**Details Of Properties** 

LORRY

Name of Driver

NRIC/Passport Number

Contact Number

Address

Postcode

Insurance Company Name

Nature Of Damage

No. Of Passenger (Including Driver)

2

**Details of Witness** 

Name

## **DETAILS OF INJURED PERSON 1**

Name TAN AI TIONG

Approximate Age 48

Injuries Sustain

Injured person in which vehicle? SLN2102K

Were seat belts worn? YES

Was injured conveyed to hospital by ambulance? NO

Address

Postcode

### Sketch Plan Pg. 1

#### SKETCH PLAN

#### IMPORTANT NOTICE

- Please report correctly the details of the accident to speed up the claims process.
- This Form must be completed by the Policyholder and/or the Authorised Driver.
- 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.
- The issue and acceptance of this Form by insurance companies is not an admission of policy liability on the part of the insurance companies.
- Any false reporting may be referred to the Police for investigation.
- 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 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:
  - 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: 911217

11-22 Hur

Reporting Centre Personnel's Signature
Name: CAN Well Shows

NRIC/FIN NO .: (1086 4052 K

## Sketch Plan Pg. 2

SKETCH PLAN		
		+ Londing / Unloading
	Mil ne	Persed Bay
	B	Alexandra Technopola
	AZ	A: 5 LN 2102 K
		B: GBE56726
DESCRIBE CIRCUMSTANCES		1 -1 - 11 - 12
a ofer	to police	seport: - 7/2017 1209/2027
		/
	/	
ECLARATION  We declare the foregoing part	iculars are true in every respec	it.
'olicyholder's Signature Date & Time:	Driver's Signature (If driver is not the pol Date & Time: 4   12	

GIARMC SeachPlanCorn\_V3

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## Police Report Pg. 1





Police Station Of Origin: Bedok South N.P.C 20 Chai Chee Drive SINGAPORE 469045

Tel No: 1800-2448999

1 of 3 Report No. T/20171209/2023

Date/Time Report Made: 09/12/2017 10:37		lade:	Vide Report No.:	Station Diary No. 24		
Informa	nt's Particu	ılars				
Name of TAN Al	Informant: TIONG		Address: APT BLK 119 BUKIT MERAH 152119	VIEW #07-75 SINGAPORE		
ID Type / ID No.: NRIC NO / S6945752E		52E	Contact No.: Home/Office: Mobile: 96377381			
National SINGAP	ty: ORE CITIZ	EN	Email:			
Sex: Male	Age:	Date of Birth: 17/12/1969	Type of Informant: Driver			
Race: Chinese Occupation: Taxi driver			Language: English	Institution / School Name:		
			Driving Licence Information: Class: 2B,2A,3,4,5	Date of Expiry:		

General Infor	mation of the Acci	dent				
Type of Accident:	Injury Others		Drink Drive: No	Date/Time of Accident: 08/12/2017 17:30	Type of Location: Loading Bay	
Location: Along Road 1 ALEXANDRA						
Weather:			ad Surface:		Road Speed Limit:	
Traffic Flow:		Traffic	Control:		Traffic Volume:	
Type of Collis Between Mov	sion: ving Vehicles - Rear	to Side			Anyone conveyed by ambulance:	

Vehicle No.	Type	Make	Model	Color	Condition	No of Passenger
GBE5672C	Lorry	, many			Slightly Damaged	0
SLN2102K	Car				Slightly Damaged	0

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

## Police Report Pg. 2





Police Station Of Origin: Bedok South N.P.C 20 Chai Chee Drive SINGAPORE 469045 Tel No: 1800-2448999 2 of 3 Report No. T/20171209/2023

CONTINUATION OF REPORT

Driver						222157505
Name	TAN AI TIONG		ID No		S6945752E	
Related Vehicle	SLN2102K (Car)		Conta	ct No.	96377381	
Hospital/Clinic	C & K FAMILY CLINIC PTE LTD		Class Drivin Licent Expiry	g	Class: 2B,2A,3,4,5 Date of Expiry: NIL	
Date Treatment	09/12/2017 Date Di		Date Disc	harge		2/2017
No. of Days gran	ted Medical Leave 07 De		Degree of	f Injury	Sligh	t

#### Brief Details.

On 08/12/20/17 about 1730hrs, I was inside the building Alexandra Technopark. My passenger left my vehicle and I was waiting for my passenger come back. My vehicle was stationary beside the loading and unloading bay. There was two vehicles parked at the loading and unloading bay. Suddenly, one of the vehicle reversed and knocked onto my vehicle left side. He passed me his name card ( Sean Tee Guan Thye HP: 96522386) to me and told me he was in a hurry to leave. I did not pass her my particulars as he did not asked for it. The next day, I was feeling unwell, so I went to see a doctor and was given 7days MC. I wish to state that my right cheek swollen and my right shoulder pain, my vehicle left rear passenger door dented.

## Police Report Pg. 3





Report No. T/20171209/2023

3 of 3

Police Station Of Origin: Bedok South N.P.C 20 Chai Chee Drive SINGAPORE 469045 Tel No: 1800-2448999

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 / Staff Sgt CHIN YONG PEI, DESMOND	Signature Of Informant:
Signature Of Interpreter: Not applicable	Date/Time: 09/12/2017 10:37
Officer In Charge Of Case: TP / AEIT / SSI 2 YEO GEAK ENG CECILIA Contact No.: 65476404	Classification Of Case:
Authentication Stamp NP168 Sing	signature:

# Enquire PARF/COE Rebate for Registered Vehicle

Vehicle Owner Particulars			
Owner ID Type	Company		
Owner ID	7200G		
Vehicle Details			
Vehicle No.	SLN2102K		
Vehicle to be Exported	Yes		
Intended De-registration Date	09 Dec 2017		
Vehicle Make	MAZDA		
Vehicle Model	MAZDA3 SEDAN 1.5 AT EU6		
Primary Colour	Grey		
Manufacturing Year	2017		
Engine No.	P520442186		
Chassis No.	JM6BN22A8H0150945		
Maximum Power Output	88.0 kW (118 bhp)		
Open Market Value	\$14,476.00		
Original Registration Date	26 Apr 2017		
First Registration Date	26 Apr 2017		
Transfer Count	0		
Actual ARF Paid	\$9,476.00		
ntended PARF Rebate Details			
PARF Eligibility	Yes		
PARF Eligibility Expiry Date	25 Apr 2027		
PARF Rebate Amount	\$7,107.00		
Intended COE Rebate Details			
COE Expiry Date	25 Apr 2027		
COE Category	A - Car up to 1600cc & 97kW (130bhp)		
COE Period(Years)	10		
QP Paid	\$51,765.00		
COE Rebate Amount	\$41,412.00		
Total Rebate Amount	\$48,519.00		

The information contained herein is correct as at 09 Dec 2017