

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	04/12/2017 12:54
Date Of Accident	03/12/2017 12:20
Exact Location Of Accident	MARSILING DRIVE
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SLP1863T
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Insured/Policyholder

Name Of Registered Owner	GRAB RENTALS PTE LTD
Co Reg No	201517200G
Email Address	NOEMAIL
Mobile Phone No	
Alternative Phone No	OFFICE-98235083

Vehicle Particulars

Manufacturer	TOYOTA
Model	VIOS 1.5E CVT
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	
Cover Note Number	MTGRAB20171591

Driver

Name of Driver	R.KALAI KATHRAVAN
NRIC No	S7406470A
Date Of Birth	03/03/1974
Occupation	OUTDOOR
Date Of Driving Pass	16/10/2012
Driving Experience	5 YEARS AND 1 MONTH
Gender	MALE
Mobile Number	(LOCAL) +65-81430188
Fax Number	
Contact Number	
Email Address	KALAI_33@ME.COM

Address	BLK 132 MARSILING RISE #04-214
Postcode	730132
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?	NO
Was any other material or property damaged?	YES
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

On 04.12.2017 at about 1220hrs, I was driving my vehicle (A: SLP1863T) along Marsiling Drive. While I was queuing to entering to Block 27. A lorry (B: GBF6534G) in front of my vehicle suddenly reverse back and hit onto my vehicle front portion. Both vehicle no passenger onboard.

Attachment(s)

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

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	GBF6534G
Vehicle Make/Model/Colour	
Details Of Properties	
Name of Driver	HANF MOHAMMAD ABU
NRIC/Passport Number	
Contact Number	83749148
Address	
Postcode	
Insurance Company Name	
Nature Of Damage	
No. Of Passenger (Including Driver)	

Details of Witness

Name	
Phone Number	
Email Address	

SKETCH PLAN

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8. **Consent under the Personal Data Protection Act (PDPA)**

I understand, acknowledge, agree and consent that:

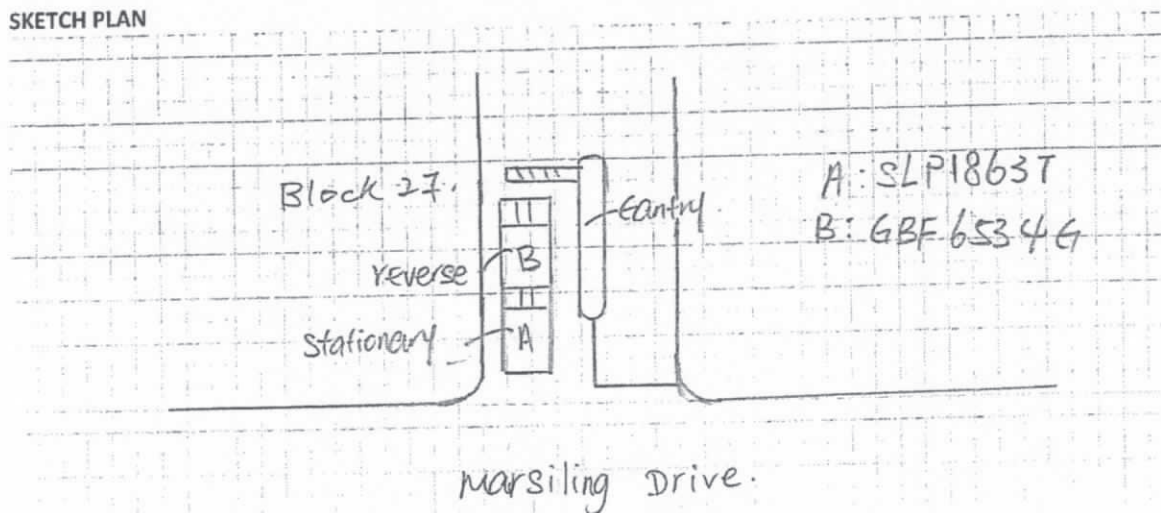
- (a) My insurer, my workshop and the General Insurance Association of Singapore ("GIA") may/are permitted to collect, use, disclose and/or process my personal data/personal information set out in this [form] and any other personal information provided by me or possessed by my insurer (collectively the "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:

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

SKETCH PLAN



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

Refer to GVA Report.

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:

Reporting Centre Personnel's Signature
Name: Yang Jing
NRIC/FIN No.: 9370752C.

Enquire PARF/COE Rebate for Registered Vehicle

Vehicle Owner Particulars	
Owner ID Type	Company
Owner ID	7200G
Vehicle Details	
Vehicle No.	SLP1863T
Vehicle to be Exported	Yes
Intended De-registration Date	04 Dec 2017
Vehicle Make	TOYOTA
Vehicle Model	VIOS 1.5E CVT
Primary Colour	Grey
Manufacturing Year	2017
Engine No.	2NRX145018
Chassis No.	MHFB29F3502009763
Maximum Power Output	79.0 kW (105 bhp)
Open Market Value	\$12,946.00
Original Registration Date	29 May 2017
First Registration Date	29 May 2017
Transfer Count	0
Actual ARF Paid	\$7,946.00
Intended PARF Rebate Details	
PARF Eligibility	Yes
PARF Eligibility Expiry Date	28 May 2027
PARF Rebate Amount	\$5,959.00
Intended COE Rebate Details	
COE Expiry Date	28 May 2027
COE Category	A - Car up to 1600cc & 97kW (130bhp)
COE Period(Years)	10
QP Paid	\$51,600.00
COE Rebate Amount	\$41,280.00
Total Rebate Amount	\$47,239.00

The information contained herein is correct as at 04 Dec 2017

OK