

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 | 11/12/2017 15:57 |
| Date Of Accident | 09/12/2017 18:00 |
| Exact Location Of Accident | PIE TOWARD TUAS |
| Country/State of Loss | SINGAPORE |

DETAILS OF OWN VEHICLE

| | |
|-----------------------------|----------------------|
| Vehicle Registration Number | SLR8509K |
| Insured/Policyholder | |
| Name Of Registered Owner | GRAB RENTALS PTE LTD |
| Co Reg No | 201617200G |
| Email Address | NOEMAIL |
| Mobile Phone No | |
| Alternative Phone No | OFFICE-98235008 |

Vehicle Particulars

| | |
|--|-------------------|
| Manufacturer | HONDA |
| Model | VEZEL-1.5 X A (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 | |
| Cover Note Number | MTGRAB20172143 |

Driver

| | |
|----------------------|------------------------|
| Name of Driver | KWOK KAM TING |
| NRIC No | S7870753D |
| Date Of Birth | 27/10/1978 |
| Occupation | OUTDOOR |
| Date Of Driving Pass | 12/09/2000 |
| Driving Experience | 17 YEARS AND 2 MONTHS |
| Gender | MALE |
| Mobile Number | (LOCAL) +65-88262515 |
| Fax Number | |
| Contact Number | |
| Email Address | KWOKKAMTING1@GMAIL.COM |

| | |
|---|------------------------------------|
| Address | BLK 182 BEDOK NORTH ROAD #13-38 |
| Postcode | 460182 |
| 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) | 5 |

Details of Police Action

| | |
|---|--|
| Was the accident reported to the police? | YES |
| If Yes, Please state which Police Station | |
| Police Station Name | QUEENSTOWN N.P.C |
| Police Station Address | ROAD: 3 QUEENSWAY #01-03 , POSTCODE: 149073 , COUNTRY: SINGAPORE |
| Police Station Contact | TEL NO: 1800-4719999 - FAX NO: |
| Was notice of intended Prosecution given? | NO |
| If Yes, against whom? | |

Circumstances of Accident

On 09.12.2017@ 1800hrs, I was driving my vehicle (A: SLR8509K) along PIE towards TUAS. When I noticed the front vehicle slowed down, I followed suit. Suddenly, a vehicle (B: SJF7575L) which was travelling behind me on the same lane hit onto my vehicle's rear portion. Vehicle A (SLR8509K): 4 passenger on board. Vehicle B (SJF7575L): No passenger on board.

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 | SJF7575L |
| Vehicle Make/Model/Colour | |
| Details Of Properties | |
| Name of Driver | ZAKEE NAJEEB |
| NRIC/Passport Number | |
| Contact Number | 98262324 |
| Address | |
| Postcode | |
| Insurance Company Name | |
| Nature Of Damage | |
| No. Of Passenger (Including Driver) | |

Details of Witness

Name

Phone Number

Email Address


- (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.

SKETCH PLAN

PIE forward Tuas

A: SLR8509K

B: SJF7575L



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

Refer to GRT Report.

DECLARATION

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

Policyholder's Signature
Date & Time:

GRAPHIC Sketch Plan form_V2

Driver's Signature
(If driver is not the policyholder)
Date & Time: 11-12-17
11:10 am.

Reporting Centre Personnel's Signature
Name: Caymen
NRIC/FIN No.: G2859646X.



**SINGAPORE
POLICE FORCE**



T/20171210/2019

1 of 3

Police Station Of Origin:
Queenstown N.P.C
3 Queensway #01-03 SINGAPORE 149073
Tel No: 1800-4719999

Report No. T/20171210/2019

REPORT OF A TRAFFIC ACCIDENT

| | | | | | |
|--|------------|------------------------------|---|--------------------------|----------------------------|
| Date/Time Report Made: 10/12/2017 10:52 | | Vide Report No.: | | Station Diary No.: 22 | |
| Informant's Particulars | | | | | |
| Name of Informant: KWOK KAM TING | | | Address: APT BLK 182 BEDOK NORTH ROAD #13-38 SINGAPORE 460182 | | |
| ID Type / ID No.: NRIC NO / S7870753D | | | Contact No.: Home/Office: | | Mobile: 88262515 |
| Nationality: SINGAPORE CITIZEN | | | Email: | | |
| Sex: Male | Age: 39 | Date of Birth: 27/10/1978 | Type of Informant: Driver | | |
| Race: Chinese | | | Language: Chinese | | 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: 09/12/2017 18:00 | Type of Location: Straight Road |
| Location: Along Road 1 PAN-ISLAND EXPRESSWAY KALLANG BAHRU | | | | |
| Weather: Clear | | Road Surface: Dry | | Road Speed Limit: |
| Traffic Flow: One Way | | Traffic Control: Not Controlled | | 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 |
|-------------|------|-------|-------|-------|-------------------|-----------------|
| SJF7575L | Car | MAZDA | | Red | Seriously Damaged | 0 |
| SLR8509K | Car | HONDA | Vezel | Black | Seriously Damaged | 4 |

Details of Person Involved

| | |
|---------------------------------|--------------------------------|
| Any Pedestrian Involved: No | Use of Pedestrian Crossing: NA |
| No. of Pedestrians Injured: NIL | |



**SINGAPORE
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T/20171210/2019

2 of 3

Police Station Of Origin:
Queenstown N.P.C
3 Queensway #01-03 SINGAPORE 149073
Tel No: 1800-4719999

Report No. T/20171210/2019

CONTINUATION OF REPORT

| | | | |
|-----------------------------------|--------------------|--|----------------------------------|
| Driver | | | |
| Name | Zakee Najeeb Talib | ID No. | S9503134Z |
| Related Vehicle | SJF7575L (Car) | Contact No. | 98262325 |
| Hospital/Clinic | NIL | Class of Driving Licence & Expiry Date | Class: 3A Date of Expiry: NIL |
| Date Treatment | NIL | Date Discharge | NIL |
| No. of Days granted Medical Leave | NIL | Degree of Injury | NIL |
| Driver | | | |
| Name | KWOK KAM TING | ID No. | S7870753D |
| Related Vehicle | SLR8509K (Car) | Contact No. | 88262515 |
| Hospital/Clinic | FONG CLINIC | Class of Driving Licence & Expiry Date | Class: 3 Date of Expiry: NIL |
| Date Treatment | 10/12/2017 | Date Discharge | 10/12/2017 |
| No. of Days granted Medical Leave | 04 | Degree of Injury | Serious |

Brief Details.

On 9/12/17 at about 1800hrs, I was working as a Grab driver and having 4 passengers in my car, SLR8509K. I was travelling at lane 1 along PIE towards Tuas. I stopped my car slowly as the car in front had stopped. After I stopped for 2 seconds, a car, SJF7575L, hit my car from behind. This was not the first time such incident happened. I went to see doctor at Fong Clinic and got 4 days MC. This was because I was suffering pain from neck, back and legs. The other driver's name was Zakee Najeeb Talib, NRIC: S9503134Z and HP: 98262325. The passenger's name was Michelle and HP: 96265991. The rear of my car cannot be closed fully. The sensor was spoiled and causing my car cannot be locked. The left rear signalling was broken.



**SINGAPORE
POLICE FORCE**



T/20171210/2019

3 of 3

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Queenstown N.P.C
3 Queensway #01-03 SINGAPORE 149073
Tel No: 1800-4719999

Report No. T/20171210/2019

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:

D /

Sgt 2 LI SHI HAO

Signature Of Informant:

Signature Of Interpreter:

Not applicable

Date/Time:

10/12/2017 10:52

Officer In Charge Of Case:

TP / AEIT /

Sgt 2 YEO KIA HUAT

Contact No.: 65476325

Classification Of Case:

SN 46

Authentication Stamp

NP168

| | |
|-----------------------------------|--|
| <p>SINGAPORE POLICE FORCE</p> | |
| SIGNATURE | |