

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	12/12/2017 13:00
Date Of Accident	11/12/2017 16:00
Exact Location Of Accident	362 UPPER PAYA LEBAR ROAD
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SLL9508M
Insured/Policyholder	
Name Of Registered Owner	GRAB RENTALS PTE LTD
Co Reg No	201617200G
Email Address	NOEMAIL
Mobile Phone No	
Alternative Phone No	OFFICE-98235866

Vehicle Particulars

Manufacturer	TOYOTA
Model	VIOS-1.5 E (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	MTGRAB20170529

Driver

Name of Driver	HO KIM HUAT ROLAND
NRIC No	S6817564Z
Date Of Birth	10/05/1968
Occupation	OUTDOOR
Date Of Driving Pass	29/10/1993
Driving Experience	24 YEARS AND 1 MONTH
Gender	MALE
Mobile Number	(LOCAL) +65-98331677
Fax Number	
Contact Number	
EMail Address	ROLANDHO2239@GMAIL.COM

Address	BLOCK 261 BISHAN STREET 22 #02-239
Postcode	570261
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	DRIZZLING
Road Surface	WET

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
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 sketch plan

Attachment(s)

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

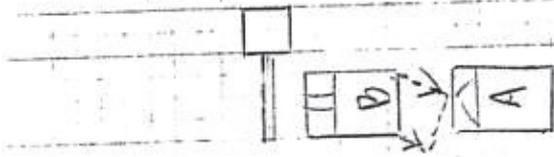
DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	GBA7921S
Vehicle Make/Model/Colour	
Details Of Properties	
Name of Driver	SENTHIL KUMAR
NRIC/Passport Number	
Contact Number	97888952
Address	
Postcode	
Insurance Company Name	
Nature Of Damage	
No. Of Passenger (Including Driver)	

Details of Witness

Name	
Phone Number	
Email Address	

SKETCH PLAN



Veh A: SLL 9508M
 (No passenger)
 Veh B: GBA 7921S
 (1 passenger)

362 Upper Paya Lebar
 Da Jin
 Factory

DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

On 11/12/17 @ 1600hrs, I was driving out of the compound of Da Jin factory at Upper Paya Lebar Road. I waited behind a pick-up (B: GBA 7921S). While waiting, the said pick-up suddenly reversed towards my car. I horned but the said pick-up continued. Thus, the said pick-up hit the front of my car (SLL 9508M). The driver of GBA 7921S, brought me to his workshop but the repair cost exceed \$2k so the driver asked me to proceed to claim against his insurer. That's all.

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: Tan Ailian
 NRIC/FIN No.: S1230742A

Number of Vehicle Form: 27

12/12/2017
 @ 1200hrs