

## 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 10:05
Date Of Accident	10/12/2017 13:00
Exact Location Of Accident	105 EUNOS AVENUE 3
Country/State of Loss	SINGAPORE

### DETAILS OF OWN VEHICLE

Vehicle Registration Number	SLQ9323C
<b>Insured/Policyholder</b>	
Name Of Registered Owner	GRAB RENTALS 2 PTE LTD
Co Reg No	201701345N
Email Address	NOEMAIL
Mobile Phone No	
Alternative Phone No	OFFICE-98235866

### Vehicle Particulars

Manufacturer	MAZDA
Model	3-1.5 SEDAN EU6 (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	MTGRAB20172079

### Driver

Name of Driver	LAU KOK GUAN
NRIC No	S1587578Z
Date Of Birth	22/01/1963
Occupation	OUTDOOR
Date Of Driving Pass	05/10/1984
Driving Experience	33 YEARS AND 2 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-96251918
Fax Number	
Contact Number	
Email Address	NOEMAIL

Address	BLK 227 PARIS RIS STREET 21 #12-92
Postcode	510227
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 - MAJOR/MINOR RD
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
I have been approached by unknown person(s) soliciting/offering accident claims assistance.	NO
Number of Passengers (Including Driver)	2

#### 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 10.12.2017 at about 1300 hrs, I was driving in my vehicle (A: SLQ9323C) along 105 Eunoz Avenue 3. There was a white vehicle stopped on the left of the road beside of the parallel parking lot. After passed by the white vehicle, vehicle (B: SLG7565L) suddenly dashed out from the minor road (Eunoz Avenue 3) / exit of Hafery building on my left, I immediately sound my horn to stop him but to no avail. Vehicle B did not stop and hit onto the left rear portion of my vehicle. Vehicle A (SLQ9323C): 1 passenger on board. Vehicle B (SLG7565L): 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	SLG7565L
Vehicle Make/Model/Colour	
Details Of Properties	
Name of Driver	
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

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:  
NRIC/FIN No.:



### SKETCH PLAN

SKETCH PLAN

A: SLQ9323C  
B: SLQ7565L

Harlem  
105, Eunos Avenue  
3, Q 109836

The sketch plan is drawn on graph paper. It features a horizontal line with several tick marks. To the right of this line, there are two rectangular boxes, one above the other. The top box contains a right-pointing arrow, and the bottom box contains two horizontal lines. An arrow points from these boxes towards the right. On the right side of the sketch, there are two more rectangular boxes, one above the other. The top box is labeled 'B' and contains a right-pointing arrow. The bottom box is labeled 'A' and contains two horizontal lines. To the left of the sketch, there are two lines of text: 'A: SLQ9323C' and 'B: SLQ7565L'. To the right of the sketch, there is a list of items: 'Harlem', '105, Eunos Avenue', and '3, Q 109836'.

DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

Refer to GIA 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: aymen  
NRIC/FIN No.: 990101000000

## Enquire PARF/COE Rebate for Registered Vehicle

<b>Vehicle Owner Particulars</b>	
Owner ID Type	Company
Owner ID	1345N
<b>Vehicle Details</b>	
Vehicle No.	SLQ9323C
Vehicle to be Exported	Yes
Intended De-registration Date	11 Dec 2017
Vehicle Make	MAZDA
Vehicle Model	MAZDA3 SEDAN 1.5 AT EU6
Primary Colour	Blue
Manufacturing Year	2017
Engine No.	P520442995
Chassis No.	JM6BN22A8H0151597
Maximum Power Output	88.0 kW (118 bhp)
Open Market Value	\$14,761.00
Original Registration Date	27 Jul 2017
First Registration Date	27 Jul 2017
Transfer Count	0
Actual ARF Paid	\$9,761.00
<b>Intended PARF Rebate Details</b>	
PARF Eligibility	Yes
PARF Eligibility Expiry Date	26 Jul 2027
PARF Rebate Amount	\$7,320.00
<b>Intended COE Rebate Details</b>	
COE Expiry Date	26 Jul 2027
COE Category	A - Car up to 1600cc & 97kW (130bhp)
COE Period(Years)	10
QP Paid	\$42,801.00
COE Rebate Amount	\$34,240.00
<b>Total Rebate Amount</b>	<b>\$41,560.00</b>

The information contained herein is correct as at 11 Dec 2017

OK