

## 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	18/12/2017 12:59
Date Of Accident	16/12/2017 22:20
Exact Location Of Accident	UPPER CHANGI ROAD EAST
Country/State of Loss	SINGAPORE

### DETAILS OF OWN VEHICLE

Vehicle Registration Number	SLP1886C
<b>Insured/Policyholder</b>	
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	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	MTGRAB20171595

### Driver

Name of Driver	PANG KAH YIT
NRIC No	S7970645J
Date Of Birth	30/12/1979
Occupation	OUTDOOR
Date Of Driving Pass	28/11/2002
Driving Experience	15 YEARS AND 0 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-83239595
Fax Number	
Contact Number	
EEmail Address	APKIYS@GMAIL.COM

Address	BLOCK 114 HO CHING ROAD #02-76
Postcode	610114
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	CHAIN COLLISION
Weather Conditions	CLEAR
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)	2

#### Details of Police Action

Was the accident reported to the police?	YES
If Yes, Please state which Police Station	
Police Station Name	TRAFFIC POLICE DIVISION HQ - SINGAPORE CITY
Police Station Address	<b>ROAD:</b> 10 UBI AVENUE 3 , <b>POSTCODE:</b> 408865 , <b>COUNTRY:</b> SINGAPORE
Police Station Contact	<b>TEL NO:</b> 65470000 - <b>FAX NO:</b>
Was notice of intended Prosecution given?	NO
If Yes, against whom?	

#### Circumstances of Accident

Refer to Police Report: - T/20171217/7010

#### 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	SLC982H
Vehicle Make/Model/Colour	MAZDA 3
Details Of Properties	SALOON CAR
Name of Driver	MUHAMMAD NAZERUL BIN ZULKEPLI
NRIC/Passport Number	
Contact Number	8299 4761
Address	
Postcode	
Insurance Company Name	
Nature Of Damage	
No. Of Passenger (Including Driver)	

#### Details of Witness

Name	
------	--

Phone Number

Email Address

DETAILS OF OTHER VEHICLE PROPERTY 2

Vehicle Registration Number	SGN7971U
Vehicle Make/Model/Colour	HYUNDAI
Details Of Properties	SALOON CAR
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

DETAILS OF INJURED PERSON 1

Name	PANG KAH YIT
Approximate Age	37
Injuries Sustain	
Injured person in which vehicle?	SLP1886C
Were seat belts worn?	YES
Was injured conveyed to hospital by ambulance?	NO
Address	BLOCK 114 HO CHING ROAD #02-76
Postcode	610114

## Sketch Plan

### SKETCH PLAN

#### 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 liability.
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. 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.
7. 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:

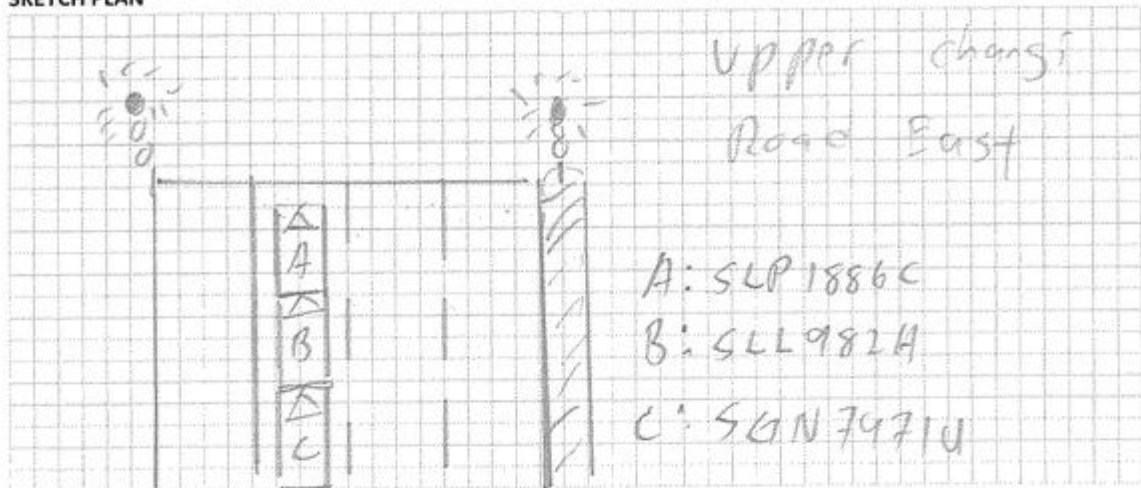
- (a) My insurer, my workshop and the General Insurance Association of Singapore ("GIA") may/are permitted to collect, use, disclose and/or process my personal data/personal information set out in this [form] and any other personal information provided by me or possessed by my insurer (collectively the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



## DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

Refer to police report: - 7/2017/17/7010

## DECLARATION

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

Policyholder's Signature  
Date & Time:

GAIRMC SketchPlanForm\_V3

Driver's Signature  
(If driver is not the policyholder)  
Date & Time:

18/2/2017 1330h

Reporting Centre Personnel's Signature  
Name: Lam WPR Shun  
NRIC/FIN No.: G 686 9052K



**SINGAPORE  
POLICE FORCE**



T/20171217/7010

Police Station Of Origin:  
Traffic Police Division HQ  
10 Ubi Avenue 3 SINGAPORE 408865  
Tel No: 65470000

1 of 4

Report No. T/20171217/7010

**REPORT OF A TRAFFIC ACCIDENT**

Date/Time Report Made: 17/12/2017 22:26		Vide Report No.: G/20171216/0270		Station Diary No.:	
<b>Informant's Particulars</b>					
Name of Informant: PANG KAH YIT			Address: APT BLK 114 HO CHING ROAD #02-76 SINGAPORE 610114		
ID Type / ID No.: NRIC NO / S7970645J			Contact No.: Home/Office: Mobile: 83239595		
Nationality: SINGAPORE CITIZEN			Email: apkiys@gmail.com		
Sex: Male	Age: 37	Date of Birth: 30/12/1979	Type of Informant: Driver		
Race: Chinese			Language: English		Institution / School Name:
Occupation: Other car and light goods vehicle drivers nec			Driving Licence Information: Class:		Date of Expiry:

**General Information of the Accident**

Type of Accident:	Injury Attended by Police	Drink Drive: No	Date/Time of Accident: 16/12/2017 22:20	Type of Location: T-Junction
Location:  UPPER CHANGI ROAD EAST  Upper Changi Road East towards TPE/Expo direction, after Bedok Road junction but before Simei Ave/Xilin Ave junction, directly above canal at the small traffic light T-junction.				
Weather: Clear		Road Surface: Dry		Road Speed Limit:
Traffic Flow: One Way		Traffic Control: Traffic Light - Working		Traffic Volume: Moderate
Type of Collision: Between Moving Vehicles - Head To Rear				Anyone conveyed by ambulance: Yes

**Details of Vehicle Involved**

Vehicle No.	Type	Make	Model	Color	Condition	No of Passenger
SGN7971U	Car	KIA				0
SLC982H	Car	MAZDA				0
SLP1886C	Car	TOYOTA	Vios			1



**SINGAPORE  
POLICE FORCE**



T/20171217/7010

Police Station Of Origin:  
Traffic Police Division HQ  
10 Ubi Avenue 3 SINGAPORE 408865  
Tel No: 65470000

2 of 4

Report No. T/20171217/7010

**CONTINUATION OF REPORT**

Details of Person Involved			
Any Pedestrian Involved: No			
No. of Pedestrians Injured: NIL		Use of Pedestrian Crossing: NA	
Passenger			
Name	Unknown Passenger	ID No.	NIL
Related Vehicle	SLP1886C (Car)	Contact No.	NIL
Hospital/Clinic	NIL	Class of Driving Licence & Expiry Date	Class: NIL Date of Expiry: NIL
Date Treatment	NIL	Date Discharge	NIL
No. of Days granted Medical Leave	NIL	Degree of Injury	Slight
Driver			
Name	PANG KAH YIT	ID No.	S7970645J
Related Vehicle	SLP1886C (Car)	Contact No.	83239595
Hospital/Clinic	NIL	Class of Driving Licence & Expiry Date	Class: NIL Date of Expiry: NIL
Date Treatment	NIL	Date Discharge	NIL
No. of Days granted Medical Leave	NIL	Degree of Injury	NIL

**Brief Details.**

On 16/12/17 at about 2220 hrs, I was fetching a grabcar passenger to Pasir-Ris in my vehicle when my vehicle (SLP1886C) came to a halt at the above-mentioned T-junction. I was the first vehicle at the traffic light T-junction while waiting for traffic light to change in my favour to move. Suddenly I heard a loud bang behind and shortly after, I felt my vehicle jerked forward and I suffered a mild whiplash from the impact. I then disembarked from my vehicle and proceeded to check with my passenger on her condition. She also suffered slight physical shock from the impact but mentioned that she felt fine at that time.

After that I proceeded to check on the nature of the accident, of which a third vehicle, vehicle no. SGN7971U driven by Mr. Sim Poh Choon (Shen Baojun) (NRIC No. S7825556J) has crashed into the second vehicle, vehicle no. SLC982H driven by Mr. Muhammad Nazerul Bin Zulkepli (NRIC No. S8636765C) behind my vehicle, resulting in vehicle SLC982H to rear-end into my vehicle SLP1886C. Upon further check I found Mr. Muahmmad Nazerul's wife suffered injuries, as well as driver Mr. Sim Poh Choon. I proceeded to call 999 for ambulance and police assistance.

The Police came and Report:G/20171216/0270 was lodged. The Police also advised me to lodge a NP168.



**SINGAPORE  
POLICE FORCE**



T/20171217/7010

Police Station Of Origin:  
Traffic Police Division HQ  
10 Ubi Avenue 3 SINGAPORE 408865  
Tel No: 65470000

3 of 4

Report No. T/20171217/7010

CONTINUATION OF REPORT





**SINGAPORE  
POLICE FORCE**



T/20171217/7010

Police Station Of Origin:  
Traffic Police Division HQ  
10 Ubi Avenue 3 SINGAPORE 408865  
Tel No: 65470000

4 of 4

Report No. T/20171217/7010

**CONTINUATION OF REPORT**

Sketch Plan

Informant is not able to provide sketch plan

Signature Of Officer Recording The Report:  
Not applicable

Signature Of Interpreter:  
Not applicable

Officer In Charge Of Case:

Authentication Stamp  
NP168

Signature Of Informant:  
The identity of the person making this report has  
been authenticated by SingPass. No signature is  
required.

Date/Time:  
17/12/2017 22:26

Classification Of Case:

Accident Photo



Accident Photo



Accident Photo





Accident Photo



Accident Photo



Accident Photo





Accident Photo





Accident Photo



Accident Photo



Addendum Sheet

**IMPORTANT NOTE:** Please submit the completed Addendum form to the same Authorised Reporting Centre with whom you submitted the Original Report.

### ADDENDUM

**(A) PARTICULARS OF PERSON MAKING THE AMENDMENTS:**

Original Report No : MTLM 17165922 Vehicle Registration No: SLP1886C  
Name (as shown in NRIC) : Pang Kah Yit NRIC/FIN/Passport No : 57970645J  
(\*Vehicle Driver / Vehicle Owner) (\*) Please delete as appropriate  
Address : Block 114 140 Ching Road #02-76 Singapore (610114)  
Contact (Tel) : - Mobile No. : 8323 9595  
Email Address : \_\_\_\_\_  
Date of Accident : 16/12/2017 Time of Accident : 2220hrs  
Place of Accident : Upper Chang Road East  
Insurance Company : Great American Insurance Company

**(B) ADDITIONAL INFORMATION / AMENDMENTS:**

I have made a report on the above mentioned accident and would like to include additional information or make the following amendments:

1. The third party vehicle is SLC 982H instead of SLC 982H
2. The police report number is 7/20171217/7010 instead of 7/20171231/7010

Policyholder / Driver's Signature  
Date:

Reporting Centre Personnel's Signature  
Name: Lam Wei Shy  
NRIC/FIN No.: 66864052R  
Date: 18/12/17