

## 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	22/12/2017 11:32
Date Of Accident	22/12/2017 07:50
Exact Location Of Accident	JALAN BUKIT MERAH TOWARDS LOWER DELTA ROAD
Country/State of Loss	SINGAPORE

### DETAILS OF OWN VEHICLE

Vehicle Registration Number	SLQ6057R
<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-98235866

### Vehicle Particulars

Manufacturer	HONDA
Model	VEZEL 1.5X HYBRID AT ABS D/AIRBAG 2WD
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	MTGRAB20171970

### Driver

Name of Driver	THOMAS TAN LIK JIN
NRIC No	S1821507A
Date Of Birth	22/09/1967
Occupation	OUTDOOR
Date Of Driving Pass	20/12/1999
Driving Experience	18 YEARS AND 0 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-97228516
Fax Number	
Contact Number	
EEmail Address	TAN80697938@GMAIL.COM

Address	BLOCK 452 JURONG WEST STREET 42 #03-156
Postcode	640452
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
Number of vehicles involved in the accident	
Was any body injured in the Accident?	YES
Was any injured conveyed to hospital by ambulance?	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
Passenger 1	NAME: : UNKNOWN GENDER: : FEMALE

#### Details of Police Action

Was the accident reported to the police?	YES
If Yes, Please state which Police Station	
Police Station Name	BUKIT MERAH EAST NEIGHBOURHOOD POLICE CENTRE
Police Station Address	<b>ROAD:</b> 391 NEW BRIDGE ROAD POLICE CANTONMENT COMPLEX BLOCK A , <b>POSTCODE:</b> 088762 , <b>COUNTRY:</b> SINGAPORE
Police Station Contact	<b>TEL NO:</b> 1800-2369999 - <b>FAX NO:</b> 62268438
Was notice of intended Prosecution given?	NO
If Yes, against whom?	

#### Circumstances of Accident

Refer to Police report T/20171222/2018

#### 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	SJS7783J
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	PRIVATE CAR
Name of Driver	JIMMY TAN GIM YONG
NRIC/Passport Number	
Contact Number	84887783
Address	

Postcode  
Insurance Company Name  
Nature Of Damage  
No. Of Passenger (Including Driver)

#### DETAILS OF OTHER VEHICLE PROPERTY 2

Vehicle Registration Number GBE5660L  
Vehicle Make/Model/Colour  
Details Of Properties  
Vehicle Category GOODS VEHICLE  
Name of Driver  
NRIC/Passport Number  
Contact Number  
Address  
Postcode  
Insurance Company Name  
Nature Of Damage  
No. Of Passenger (Including Driver)

#### DETAILS OF INJURED PERSON 1

Name THOMAS TAN LIK JIN  
Approximate Age 50  
Injuries Sustain NECK PAIN  
Injured person in which vehicle? SLQ6057R  
Were seat belts worn? YES  
Was this injured conveyed to hospital by ambulance? NO  
Address BLOCK 452 JURONG WEST STREET 42  
#03-156  
Postcode 640452

**SKETCH PLAN**

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5. **Any false reporting may be referred to the Police for investigation**.
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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: 22 DEC

Reporting Centre Personnel's Signature  
Name: caymen  
NRIC/FIN No.: G28T9CUGX

### SKETCH PLAN

A: SLQ6057R  
 B: STS7783J  
 C: GRE5660L

DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

Refer to Police report T/20171222/2018

## 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: 22 Dec

Reporting Centre Personnel's Signature  
Name: *Raymen*  
NRIC/FIN No.: *G28T9806X*

GARDHC SketchPlanForm\_V3

1045 hrs



**SINGAPORE  
POLICE FORCE**



T/20171222/2018

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Report No. T/20171222/2018

Police Station Of Origin:  
Bukit Merah East N.P.C  
A 391 New Bridge Road Police Cantonment  
Complex SINGAPORE 088762  
Tel No: 1800-2369999

**REPORT OF A TRAFFIC ACCIDENT**

Date/Time Report Made: 22/12/2017 09:09	Vide Report No.:	Station Diary No.: 25
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**Informant's Particulars**

Name of Informant: THOMAS TAN LIK JIN			Address: APT BLK 452 JURONG WEST STREET 42 #03-156 SINGAPORE 640452		
ID Type / ID No.: NRIC NO / S1821507A			Contact No.: Home/Office: 65644291      Mobile: 97228516		
Nationality: SINGAPORE CITIZEN			Email:		
Sex: Male	Age: 50	Date of Birth: 22/09/1967	Type of Informant: Driver		
Race: Chinese			Language: English		Institution / School Name:
Occupation: GRAB DRIVER			Driving Licence Information: Class: 3      Date of Expiry:		

**General Information of the Accident**

Type of Accident:	Non-Injury Others	Drink Drive: No	Date/Time of Accident: 22/12/2017 07:50	Type of Location: Straight Road
Location: Along Road 1 JALAN BUKIT MERAH				
Near to overhead bridge after Henderson Rd. after ESSO.				
Weather: Clear		Road Surface: Dry		Road Speed Limit:
Traffic Flow: Two Way		Traffic Control: Traffic Light - Working		Traffic Volume: Light
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
GBE5660L	Lorry	TOYOTA	DYNA	White	Slightly Damaged	0
SJS7783J	Car	RENAULT	MEGANE	Blue	Slightly Damaged	0
SLQ6057R	Car	HONDA	VEZEL	White	Slightly Damaged	1



**SINGAPORE  
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T/20171222/2018

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Report No. T/20171222/2018

**CONTINUATION OF REPORT**

Details of Person Involved			
Any Pedestrian Involved: No			
No. of Pedestrians Injured: NIL		Use of Pedestrian Crossing: NA	
Driver			
Name	LIM BOON THYE	ID No.	S1529817J
Related Vehicle	GBE5660L (Lorry)	Contact No.	96532609
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
Driver			
Name	TAN GIM YONG JIMMY	ID No.	S1799105A
Related Vehicle	SJS7783J (Car)	Contact No.	84887783
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
Driver			
Name	THOMAS TAN LIK JIN	ID No.	S1821507A
Related Vehicle	SLQ6057R (Car)	Contact No.	97228516
Hospital/Clinic	NIL	Class of Driving Licence & Expiry Date	Class: 3 Date of Expiry: NIL
Date Treatment	NIL	Date Discharge	NIL
No. of Days granted Medical Leave	NIL	Degree of Injury	Slight

**Brief Details.**

On 22/12/2017 at about 0750hrs, I was travelling in my car SLQ6057R along Jalan Bukit Merah while fetching my passenger from MDIS Sterling Rd headed to Lavender MRT. I then arrived on Jalan Bukit Merah near to the overhead bridge just after the ESSO. I then came to a stop at the traffic light. All of a sudden I heard a loud bang coming from my rear, and I felt a collision from behind me. I then knew that the car behind had hit me, and I went out to check. I found out that the lorry GBE5660L had failed to stop in time, and collided with the car in front of it SJS7783J, which in turn hit onto my rear. This causes me to have some pain in my neck and my car sustained a dent and scratches at the rear left portion. The blue car SJS7783J had damages at the front and rear and the lorry had damages to its front. All of us then



**SINGAPORE  
POLICE FORCE**



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Report No. T/20171222/2018

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CONTINUATION OF REPORT

exited the vehicles respectively and exchanged particulars. No police or ambulance attended to me and no one was injured in this collision.





**SINGAPORE  
POLICE FORCE**



T/20171222/2018

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Tel No: 1800-2369999

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Report No. T/20171222/2018

**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: A / Staff Sgt MUHAMMAD ANDI SUFIAN BIN MOHD SHAH	Signature Of Informant: 
Signature Of Interpreter: Not applicable	Date/Time: 22/12/2017 09:09
Officer In Charge Of Case: TP / GIA / Staff Sgt TANG SIEW PING Contact No.: 65476430	Classification Of Case:
Authentication Stamp NP168	 Signature Singapore Police Force

Accident Photo



Accident Photo





Accident Photo



Accident Photo



Accident Photo







Accident Photo





Accident Photo

