

## 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	26/12/2017 09:22
Date Of Accident	24/12/2017 12:30
Exact Location Of Accident	PENANG LANE
Country/State of Loss	SINGAPORE

### DETAILS OF OWN VEHICLE

Vehicle Registration Number	SLN8953G
<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-98235008

### 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	MTGRAB20171499

### Driver

Name of Driver	SOH KIM CHUAN
NRIC No	S1113691E
Date Of Birth	17/03/1955
Occupation	OUTDOOR
Date Of Driving Pass	04/03/1977
Driving Experience	40 YEARS AND 9 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-96915888
Fax Number	
Contact Number	
Email Address	RAYMONDSOHKOC@GMAIL.COM

Address	BLOCK 122 SENGKANG EAST WAY #05-01
Postcode	540122
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
Number of vehicles involved in the accident	2
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)	5
Passenger 1	NAME: : UNKNOWN GENDER: : MALE
Passenger 2	NAME: : UNKNOWN GENDER: : MALE
Passenger 3	NAME: : UNKNOWN GENDER: : FEMALE
Passenger 4	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	PAYA LEBAR NPP
Police Station Address	ROAD: 114 HOUGANG AVE 1 #01-1270 , POSTCODE: 530114 , COUNTRY: SINGAPORE
Police Station Contact	TEL NO: - FAX NO:
Was notice of intended Prosecution given?	NO
If Yes, against whom?	

#### Circumstances of Accident

On 24/12/2017 at about 1230hrs, I was driving my vehicle (A: SLN8953G) along the 2nd lane of Penang Lane towards Innote! Hotel. Vehicles ahead stopped and I follow suit. A moment later, I felt an impact from behind. Vehicle (B: SLJ8937A) had hit onto the rear portion of my vehicle. Vehicle A (SLN8953G): 4 passengers onboard Vehicle B (SLJ8937A): No passengers onboard

#### 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	SLJ8937A
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	COMMERCIAL VEHICLE
Name of Driver	MOHAMMAD BAHTIARAMON BIN SANI
NRIC/Passport Number	
Contact Number	97887774
Address	
Postcode	
Insurance Company Name	
Nature Of Damage	
No. Of Passenger (Including Driver)	

**DETAILS OF INJURED PERSON 1**

Name	SOH KIM CHUAN
Approximate Age	
Injuries Sustain	
Injured person in which vehicle?	SLN8953G
Were seat belts worn?	YES
Was this injured conveyed to hospital by ambulance?	NO
Address	
Postcode	

**SKETCH PLAN**

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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:

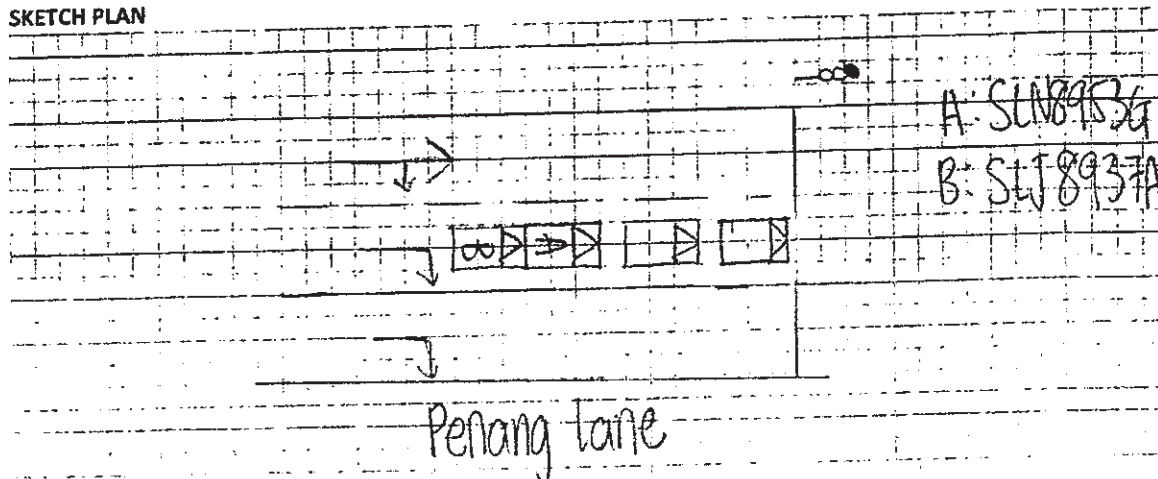
- (a) My insurer, my workshop and the General Insurance Association of Singapore ("GIA") may/are permitted to collect, use, disclose and/or process my personal data/personal information set out in this [form] and any other personal information provided by me or possessed by my insurer (collectively the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

\_\_\_\_\_  
Reporting Centre Personnel's Signature  
Name: San  
NRIC/FIN No.: S8P59896B

SKETCH PLAN



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: Sam  
NRIC/FIN No.: S88598968

GP/CP/CPA/CPA/CPA/CPA/CPA



**SINGAPORE  
POLICE FORCE**



T/20171226/2047

1 of 3

Police Station Of Origin:  
Paya Lebar NPP  
114 Hougang Avenue 1 #01-1270  
SINGAPORE 530114  
Tel No: 1800-2899999

Report No. T/20171226/2047

**REPORT OF A TRAFFIC ACCIDENT**

Date/Time Report Made: 26/12/2017 12:30		Vide Report No.:		Station Diary No.: 13
<b>Informant's Particulars</b>				
Name of Informant: SOH KIM CHUAN		Address: APT BLK 122 SENGKANG EAST WAY #05-01 SINGAPORE 540122		
ID Type / ID No.: NRIC NO / S1113691E		Contact No.: Home/Office: Mobile: 96915888		
Nationality: SINGAPORE CITIZEN		Email:		
Sex: Male	Age: 62	Date of Birth: 17/03/1955	Type of Informant: Driver	
Race: Chinese		Language:	Institution / School Name:	
Occupation: Grab Driver		Driving Licence Information: Class: 2A,2,3,4,5 Date of Expiry:		

<b>General Information of the Accident</b>				
Type of Accident:	Non-Injury Others	Drink Drive: No	Date/Time of Accident: 24/12/2017 12:30	Type of Location: T-Junction
Location: Along Road 1 PENANG LANE  Along road 1 opposite Isetana.				
Weather: Clear		Road Surface: Dry	Road Speed Limit:	
Traffic Flow:		Traffic Control: Traffic Light - Working	Traffic Volume: Moderate	
Type of Collision: Moving Vehicle Against - Parked Vehicle			Anyone conveyed by ambulance: No	

<b>Details of Vehicle Involved</b>						
Vehicle No.	Type	Make	Model	Color	Condition	No. of Passenger
SLJ8937A	Car					0
SLN8953G	Car					4

<b>Details of Person Involved</b>	
Any Pedestrian Involved: No	
No. of Pedestrians Injured: NIL	Use of Pedestrian Crossing: NA



**SINGAPORE  
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T/20171226/2047

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SINGAPORE 530114  
Tel No: 1800-2899999

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Report No. T/20171226/2047

**CONTINUATION OF REPORT**

<b>Driver</b>			
Name	Mohd Bahtiarmon Bin Saini	ID No.	S7250956J
Related Vehicle	SLJ8937A (Car)	Contact No.	97887774
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
<b>Driver</b>			
Name	SOH KIM CHUAN	ID No.	S1113691E
Related Vehicle	SLN8953G (Car)	Contact No.	96915888
Hospital/Clinic	TAN TOCK SENG HOSPITAL	Class of Driving Licence & Expiry Date	Class: 2A,2,3,4,5 Date of Expiry: NIL
Date Treatment	24/12/2017	Date Discharge	24/12/2017
No. of Days granted Medical Leave	04	Degree of Injury	NIL

**Brief Details.**

On 24/12/2017 at about 1230hrs, I was driving my vehicle SLN8953G together with 4 other passengers. As such, I was driving along the 2nd lane at Penang lane opposite Isetana. Lane 1 and lane 2 was a turn right lane and there was 2 other vehicles in front of me. However, the traffic light was red as such I came to a stop.

Suddenly, I felt a heavy impact from the rear of my vehicle and noticed that vehicle SLJ8937A had collided with my vehicle rear portion. I then came out to make a check on my vehicle and took photos of the accident. I then took down the other driver particulars and he and my 4 passengers were not injured. My vehicle sustained dents and scratches on the rear bumper and I did not notice the damages sustain on the other vehicle.

After the accident, I felt pain on my neck area and went to Tan Tock Seng to seek medical attention. I was then issued with a 4 days medical leave from 24/12/2017 to 27/12/2017. There is in-vehicle CCTV in my vehicle facing the front.

I wish to state that the other driver and I had an agreement on private settlement but however my company 'Grab' refused as they don't want to.



**SINGAPORE  
POLICE FORCE**



T/20171226/2047

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SINGAPORE 530114  
Tel No: 1800-2899999

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Report No. T/20171226/2047

**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:

F /

Sgt 2 TAI YOONG CHAN, DOMINIQUE

Signature Of Informant:

Signature Of Interpreter:

Not applicable

Date/Time:

26/12/2017 12:30

Officer In Charge Of Case:

TP / GIA /

Staff Sgt TANG SIEW PING

Contact No.: 65476430

Classification Of Case:

Authentication Stamp

NP168



# Enquire PARF/COE Rebate for Registered Vehicle

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## Vehicle Owner Particulars

Owner ID Type: Company

Owner ID: 7200G

## Vehicle Details

Vehicle No.: SLN8953G

Vehicle to be Exported: Yes

Intended De-registration Date: 26 Dec 2017

Vehicle Make: TOYOTA

Vehicle Model: VIOS 1.5E CVT

Primary Colour: Silver

Manufacturing Year: 2017

Engine No.: 2NRX155343

Chassis No.: MHFB29F3302011270

Maximum Power Output: 79.0 kW (105 bhp)

Open Market Value: \$12,855.00

Original Registration Date: 22 May 2017

First Registration Date: 22 May 2017

Transfer Count: 0

Actual ARF Paid: \$7,855.00

## Intended PARF Rebate Details

PARF Eligibility: Yes

PARF Eligibility Expiry Date: 21 May 2027

PARF Rebate Amount: \$5,891.00

## Intended COE Rebate Details

COE Expiry Date: 21 May 2027

COE Category: A - Car up to 1600cc & 97kW (130bhp)

COE Period(Years): 10