SINGAPORE ACCIDENT STATEMENT

IMPORTANT NOTICE

Fax Number Contact Number

EMail Address

- 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 witholding 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.

	ACCIDENT STATEMENT
Date Of Report	18/12/2017 14:26
Date Of Accident	15/12/2017 16:30
Exact Location Of Accident	LORNIE ROAD TOWARD UPPER THOMSON ROAD
Country/State of Loss	SINGAPORE
	DETAILS OF OWN VEHICLE
Vehicle Registration Number	SLL1853T
Insured/Policyholder	
Name Of Registered Owner	GRAB RENTALS PTE LTD
Co Reg No	201617200G
Email Address	NOEMAIL
Mobile Phone No	
Alternative Phone No	OFFICE-98235083
Vehicle Particulars	
Manufacturer	MAZDA
Model	3-1.5 SEDAN L SP.6EAT (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	MTGRAB20170230
Driver	
Name of Driver	GOH CHOON HUAT
NRIC No	S6913758Z
Date Of Birth	20/04/1969
Occupation	OUTDOOR
Date Of Driving Pass	18/10/1989
Driving Experience	28 YEARS AND 1 MONTH
Gender	MALE
Mobile Number	+65-86865518
Face November	

NOEMAIL

Address BLK 537 CHOA CHU KANG STREET 51

#13-168

Postcode 680537

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 RAINING
Road Surface WET

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.

Number of Passengers (Including Driver) 3

Details of Police Action

Was the accident reported to the police?

If Yes, Please state which Police Station

Was notice of intended Prosecution given?

If Yes, against whom?

Circumstances of Accident

Refer to police report T/20171216/2063

Attachment(s)

Are accident photos available for attachment?

Was there any video captured by Car Camera?

Was there any audio recorded?

SLR6126U

DETAILS OF OTHER VEHICLE PROPERTY 1

YES

NO

NO

NO

YES

NO

Vehicle Registration Number Vehicle Make/Model/Colour

Details Of Properties

Name of Driver STEVEN

NRIC/Passport Number

Contact Number 90088008

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 GOH CHOON HUAT

Approximate Age 48

Injuries Sustain

SLL1853T Injured person in which vehicle?

YES Were seat belts worn? Was injured conveyed to hospital by ambulance? NO

BLOCK 68 TELOK BLANGAH HEIGHTS #07-287 Address

Postcode 100068

SKETCH PLAN

IMPORTANT NOTICE

- Please report <u>correctly</u> the details of the accident to speed up the claims process.
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- Information provided must be as <u>truthful and accurate as possible</u>. Any wilful misrepresentation or withholding of material facts may allow insurance companies to <u>repudiate policy liability</u>.
- 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.
- 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.
- 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:
 - 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.:

Cay won 62859646X

Police Report Pg. 1





T/20171216/2063

Police Station Of Origin:

Bishan N.P.C 20 Bishan Street 23 SINGAPORE 579757 Tel No: 1800-5529999

1 of 3 Report No. T/20171216/2063

REPORT OF	A TRAFFIC	ACCIDENT				
	te/Time Report Made: /12/2017 12:22		Vide Report No.:	Station Diary No.: 48		
Informan	t's Particu	lars				
Name of I GOH CHO	nformant: DON HUAT		Address: APT BLK 537 CHOA CHU KA SINGAPORE 680537	ANG STREET 51 #13-168		
ID Type / ID No.: NRIC NO / S6913758Z		8Z	Contact No.: Home/Office:			
Nationality SINGAPC	y: ORE CITIZE	ΞN	Email:			
Sex: Male	Age: 48	Date of Birth: 20/04/1969	Type of Informant: Driver			
Race: Chinese			Language:	Institution / School Name:		
Occupation: GRAB CAR DRIVER		3	Driving Licence Information: Class: 3	Date of Expiry:		

Type of Accident:	Injury Others	Drink Drive: No	Date/Time of Accident: 15/12/2017 16:30	Type of Location: Straight Road	
Location: Along Road 1 LORNIE ROA TOWARDS U		ROAD. BEFORE THE U	-TURN AREA		
Weather: Raining		Road Surface: Wet	F	Road Speed Limit:	
		Traffic Control:	7	Traffic Volume: Moderate	
	Way	Not Controlled	Λ		

Vehicle No.	Туре	Make	Model	Color	Condition	No of Passenger
SLL1853T	Car		MAZDA 3		Slightly Damaged	2
SLR6126U	Car		TOYOTA		Slightly Damaged	0

Details of Person Involved	
Any Pedestrian Involved: No	
No. of Pedestrians Injured: NIL	Use of Pedestrian Crossing: NA





Police Station Of Origin: Bishan N.P.C 20 Bishan Street 23 SINGAPORE 579757 Tel No: 1800-5529999

2 of 3 Report No. T/20171216/2063

CONTINUATION OF REPORT

Driver						per per l'arcident del Voltago de l'
Name	GOH CHOON HUAT		ID No	o.	S6913758Z	
Related Vehicle	SLL1853T (Car)		Contact No.		86865518	
Hospital/Clinic	SIN MIN CLINIC		Class Drivir Licen Expir	ng	Class: 3 Date of Expiry: NIL	
Date Treatment	16/12/2017 Date Disc				2/2017	
No. of Days gran	ted Medical Leave	04	Degree			
Driver					o iigii	
Name	STEVEN			ID No		NIL
Related Vehicle	NIL .			Conta	ct No.	90088008
Hospital/Clinic	NIL		Class Driving Licent Expiry	g ce &	Class: NIL Date of Expiry: NIL	
Date Treatment	NIL		Date Disc		NIL	
No. of Days grant	ed Medical Leave	NIL	Degree o		NIL	

Brief Details.

On the 15/12/2017 at around 4.30pm, I was performing a "Grab Car" service, ferrying two passengers of mine to their destination at Ang Mo Kio Industrial Park 2A. At that time, I was driving my car (SLL1853T -Mazda 3 model) which I had rented from "Grab" along Lornie Road (going towards Upper Thomson Road). I was driving on the centre lane of the 3-lane road at the time. During the journey, I observed that the cars on the both sides of me had slowed down and stopped upon nearing the U-turn area there. It was then I realized that they were giving way to an ambulance (with its siren and blinker lights switched on) which wanted to make a U-turn into my direction. I then slowed down my car and came to a complete stop and suddenly, another car (SLR6126U - Toyota model) hit onto the rear of my car. Both of us then alighted from our cars and we decided to move our cars to the side to make further checks. I then checked on my two passengers and they told me that they were fine and did not require any medical attention. Subsequently I exchanged particulars with the other driver and both of us then drove off from the location. However earlier today, I felt some pain on my back and neck areas to which I went to see a doctor to which I was given 4 days of medical leave (16/12/2017 till 19/12/2017). I am therefore lodging this report as directed by "Grab Car" and also for my insurance claims and to update the Traffic Police too of this accident. I have an in-car camera installed in my car but however it only captures the front and not the rear. That is all for now.





Police Station Of Origin: Bishan N.P.C 20 Bishan Street 23 SINGAPORE 579757 Tel No: 1800-5529999 3 of 3 Report No. T/20171216/2063

CONTINUATION OF REPORT

Sketch Plan

Informant is not able to provide sketch plan

Signature Of Officer Recording The Report: E / SI KWAN CHEE WENG	Signature Of Informant:
Signature Of Interpreter: Not applicable	Date/Time: 16/12/2017 12:22
Officer In Charge Of Case: TP / AEIT / SI ANG YI TING, STEPHANIE Contact No.: 65476414	Classification Of Case:

Enquire PARF/COE Rebate for Registered Vehicle

Vehicle Owner Particular	rs
Owner ID Type:	Company
Owner ID:	7200G
Vehicle Details	
Vehicle No.:	SLL1853T
Vehicle to be Exported:	No
Intended De-registration Date:	03 Jan 2018
Vehicle Make:	MAZDA
Vehicle Model:	MAZDA3 4-DOOR SEDAN 1.5L SP.6EAT
Primary Colour:	Black
Manufacturing Year:	2017
Engine No.:	P520430205
Chassis No.:	JM6BN22A8H0142673
Maximum Power Output:	88.0 kW (118 bhp)
Open Market Value:	\$14,951.00
Original Registration Date:	16 Feb 2017
First Registration Date:	16 Feb 2017
Transfer Count:	0
Actual ARF Paid:	\$9,951.00
Intended PARF Rebate De	etails
PARF Eligibility:	Yes
PARF Eligibility Expiry Date:	15 Feb 2027
PARF Rebate Amount:	\$7,463.00
Intended COE Rebate Det	tails
COE Expiry Date:	15 Feb 2027
COE Category:	A - Car up to 1600cc & 97kW (130bhp)
COE Period(Years):	10
QP Paid:	\$48,000.00
COE Rebate Amount:	\$43,771.00
Total Rebate Amount:	\$51,234.00

The information contained herein is correct as at 03 Jan 2018