

## 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	12/01/2018 15:47
Date Of Accident	11/01/2018 16:30
Exact Location Of Accident	SLIP ROAD OF AYE AND LOWER DELTA ROAD
Country/State of Loss	SINGAPORE

### DETAILS OF OWN VEHICLE

Vehicle Registration Number	SLS8078G
<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	MAZDA
Model	3-1.5 SEDAN EU6 (A)
Exact Purpose for which vehicle was being used at time of accident	PERSONAL USED
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	

### Driver

Name of Driver	HO PENG KWANG
NRIC No	S1791646G
Date Of Birth	25/09/1967
Occupation	OUTDOOR
Date Of Driving Pass	29/06/1988
Driving Experience	29 YEARS AND 6 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-90285569
Fax Number	
Contact Number	
Email Address	NOEMAIL

Address	BLOCK 127C KIM TIAN ROAD #38-541
Postcode	163127
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	SIDE SWIPE
Weather Conditions	DRIZZLING
Road Surface	WET

#### 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: : MS HO GENDER: : FEMALE

#### Details of Police Action

Was the accident reported to the police?	YES
If Yes, Please state which Police Station	
Police Station Name	HOUGANG NEIGHBOURHOOD POLICE POST
Police Station Address	ROAD: BLK 357 HOUGANG AVENUE 7 #01-805 , POSTCODE: 530357 , COUNTRY: SINGAPORE
Police Station Contact	TEL NO: 1800-2869999 - FAX NO: 63822066
Was notice of intended Prosecution given?	NO
If Yes, against whom?	

#### Circumstances of Accident

Refer to sketch plan and police report T/20180112/2049

#### Attachment(s)

Are accident photos available for attachment?	YES
Was there any video captured by Car Camera?	YES
Remarks/ Reasons:	SD CARD WITH TRAFFIC POLICE
Was there any audio recorded?	NO

#### DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	SHC7494B
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	TAXI
Name of Driver	
NRIC/Passport Number	
Contact Number	

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

#### DETAILS OF OTHER VEHICLE PROPERTY 2

Vehicle Registration Number GV5363X  
Vehicle Make/Model/Colour  
Details Of Properties  
Vehicle Category COMMERCIAL VEHICLE  
Name of Driver  
NRIC/Passport Number  
Contact Number  
Address  
Postcode  
Insurance Company Name  
Nature Of Damage  
No. Of Passenger (Including Driver) 2

#### DETAILS OF OTHER VEHICLE PROPERTY 3

Vehicle Registration Number SLG7828D  
Vehicle Make/Model/Colour  
Details Of Properties  
Vehicle Category PRIVATE CAR  
Name of Driver  
NRIC/Passport Number  
Contact Number  
Address  
Postcode  
Insurance Company Name  
Nature Of Damage  
No. Of Passenger (Including Driver) 1

#### DETAILS OF OTHER VEHICLE PROPERTY 4

Vehicle Registration Number S6744CB  
Vehicle Make/Model/Colour  
Details Of Properties  
Vehicle Category PRIVATE CAR  
Name of Driver  
NRIC/Passport Number  
Contact Number  
Address  
Postcode  
Insurance Company Name  
Nature Of Damage  
No. Of Passenger (Including Driver)

#### DETAILS OF OTHER VEHICLE PROPERTY 5

Vehicle Registration Number SLQ6827K  
Vehicle Make/Model/Colour  
Details Of Properties  
Vehicle Category PRIVATE CAR

Name of Driver  
NRIC/Passport Number  
Contact Number  
Address  
Postcode  
Insurance Company Name  
Nature Of Damage  
No. Of Passenger (Including Driver)

1

#### DETAILS OF INJURED PERSON 1

Name  
Approximate Age  
Injuries Sustain  
Injured person in which vehicle?  
Were seat belts worn?  
Was this injured conveyed to hospital by ambulance?  
Address  
Postcode

HO PENG KWANG

SLS8078G

YES

NO

#### DETAILS OF INJURED PERSON 2

Name  
Approximate Age  
Injuries Sustain  
Injured person in which vehicle?  
Were seat belts worn?  
Was this injured conveyed to hospital by ambulance?  
Address  
Postcode

MS HO

SLS8078G

YES

NO

**SKETCH PLAN**

**IMPORTANT NOTICE**

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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.

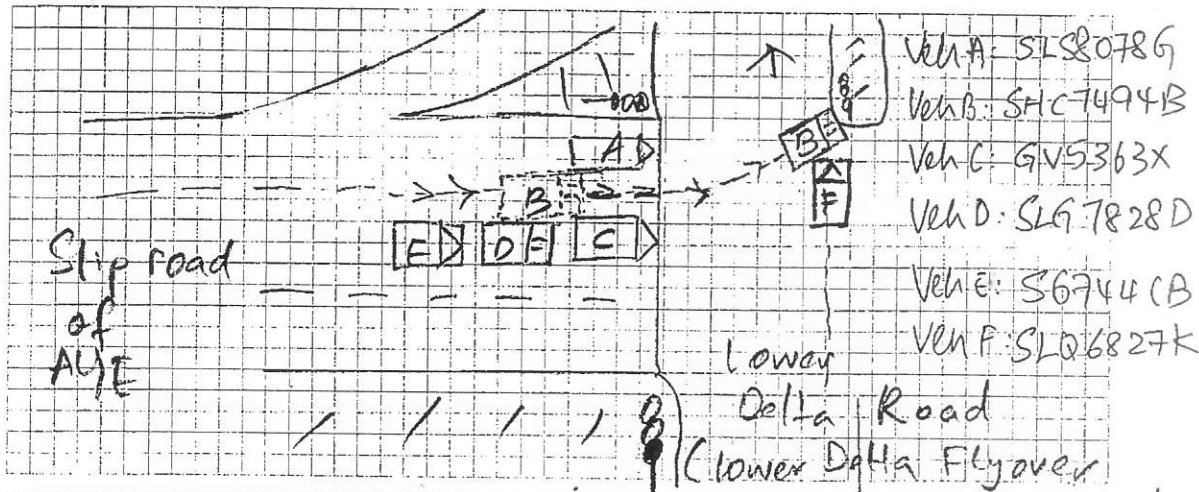
Policyholder's Signature  
Date & Time:

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

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

# Sketch Plan Pg. 2

## SKETCH PLAN



## DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

- On 11/01/2018 @ 16:30 hrs, I came to a stop at the traffic light of the slip road of AYE and Lower Delta Road, waiting for 'Green' light. About 5 seconds, a sudden hard impact on my right rear and the next moment, a continuous dragging noise on my left till I saw a yellow vehicle passed thru my vehicle's right portion. It was a Citycab (B:SHC7494B) and the taxi continued to pass mid-junction and hit the traffic light, a vehicle (SLQ 6827K) travelling from Lower Delta Road hit the Citycab as the Citycab stopped at the junction.
- I alerted and realised it involved another 3 more vehicles on the centre lane. The driver of SHC 7494B was not moving at all. The Civil Defence, ambulance and police came to the scene and the driver was conveyed to hospital by ambulance. My daughter is in my car and both of us were injured. That's all!

## 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:  
NRIC/FIN No.:

GIAR/AC SketchPlanForm\_V5



**SINGAPORE  
POLICE FORCE**



T/20180112/2049

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

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Report No. T/20180112/2049

**REPORT OF A TRAFFIC ACCIDENT**

Date/Time Report Made: 12/01/2018 12:22		Vide Report No.: A/20180111/0068		Station Diary No.: 10	
<b>Informant's Particulars</b>					
Name of Informant: HO PENG KWANG			Address: APT BLK 127C KIM TIAN ROAD #38-541 SINGAPORE 163127		
ID Type / ID No.: NRIC NO / S1791646G			Contact No.: Home/Office: Mobile: 90285569		
Nationality: SINGAPORE CITIZEN			Email:		
Sex: Male	Age: 50	Date of Birth: 25/09/1967	Type of Informant: Driver		
Race: Chinese			Language:		Institution / School Name:
Occupation: GRAB DRIVER			Driving Licence Information: Class:		Date of Expiry:

<b>General Information of the Accident</b>				
Type of Accident:	Injury Attended by Police	Drink Drive: No	Date/Time of Accident: 11/01/2018 16:30	Type of Location: Slip Road
Location: Along Road 1 AYER RAJAH EXPRESSWAY SLIP ROAD OF AYE & LOWER DELTA ROAD.				
Weather: Raining		Road Surface: Wet	Road Speed Limit:	
Traffic Flow: One Way		Traffic Control: Not Controlled	Traffic Volume: Light	
Type of Collision: Between Moving Vehicles - Head To Rear			Anyone conveyed by ambulance: No	

<b>Details of Vehicle Involved</b>						
Vehicle No.	Type	Make	Model	Color	Condition	No of Passenger
SHC7494B	Car					0
SLS8078G	Car					0





**SINGAPORE  
POLICE FORCE**



T/20180112/2049

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Report No. T/20180112/2049

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

**CONTINUATION OF REPORT**

**Brief Details.**

On 11/01/2018 at about 1630hrs, I was driving my vehicle along Lower Delta Road. My vehicle was stationary at the extreme left lane, first vehicle as it was red light. While waiting, I felt an impact from the rear right and when I looked towards my right, I discovered that there was a CityCab (SHC7494B) drove passed me and hit onto the traffic light. I alight my vehicle and discovered that there were several vehicle were been hit also as the Citycab had drove in between lane 3 and lane 2. I made a check on the driver however he was not responsive. When Ambulance arrived, he was been conveyed to hospital. I wish to state that there is camera installed in my vehicle and it was already been taken away by TP. I am lodging this report as instructed by TP IO Clarence, c/n: 65476195, reference: A/20180111/0068.





**SINGAPORE  
POLICE FORCE**



T/20180112/2049

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

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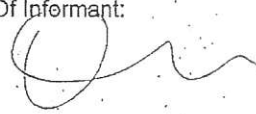
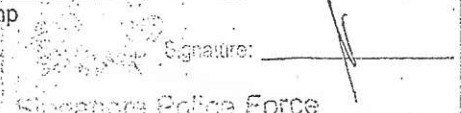
Report No. T/20180112/2049

**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 JANSEN KWOK SHU HAO	Signature Of Informant: 
Signature Of Interpreter: Not applicable	Date/Time: 12/01/2018 12:22
Officer In Charge Of Case: TP / GIT / Sgt 3 LIM ENG KUAN, CLARENCE Contact No.: 65476195	Classification Of Case: SI - 013
Authentication Stamp NP168 	Signature: 