

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 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 | 22/01/2018 14:09 |
| Date Of Accident | 21/01/2018 08:25 |
| Exact Location Of Accident | JUNCTION OF WOODLANDS AVENUE 9 & WOODLANDS LINK |
| Country/State of Loss | SINGAPORE |

DETAILS OF OWN VEHICLE

| | |
|-----------------------------|------------------------|
| Vehicle Registration Number | SLS5249A |
| Insured/Policyholder | |
| Name Of Registered Owner | GRAB RENTALS 2 PTE LTD |
| Co Reg No | 201701345N |
| Email Address | NOEMAIL |
| Mobile Phone No | |
| Alternative Phone No | OFFICE-98235896 |

Vehicle Particulars

| | |
|--|---------------------|
| Manufacturer | MAZDA |
| Model | 3-1.5 SEDAN EU6 (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 | MTGRAB20172579 |

Driver

| | |
|----------------------|-----------------------|
| Name of Driver | CHUA BENG TECK |
| NRIC No | S1637269B |
| Date Of Birth | 22/09/1964 |
| Occupation | OUTDOOR |
| Date Of Driving Pass | 15/05/1993 |
| Driving Experience | 24 YEARS AND 8 MONTHS |
| Gender | MALE |
| Mobile Number | (LOCAL) +65-93857269 |
| Fax Number | |
| Contact Number | |
| Email Address | JAYWEIHAI@GMAIL.COM |

| | |
|---|-------------------------------------|
| Address | BLOCK 34 MARSILING DRIVE #08-393 |
| Postcode | 730034 |
| 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 - CROSS JUNCTION |
| Weather Conditions | CLEAR |
| 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? | 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) | 3 |
| Passenger 1 | NAME: : PASSENGER GENDER: : FEMALE |
| Passenger 2 | NAME: : PASSENGER GENDER: : FEMALE |

Details of Police Action

| | |
|---|---|
| Was the accident reported to the police? | YES |
| If Yes, Please state which Police Station | |
| Police Station Name | 10 UBI AVENUE 3 |
| Police Station Address | ROAD: 10 UBI AVENUE 3 , POSTCODE: 408865 , COUNTRY: SINGAPORE |
| Police Station Contact | TEL NO: - FAX NO: |
| Was notice of intended Prosecution given? | NO |
| If Yes, against whom? | |

Circumstances of Accident

Refer to Police report T/20180121/2028 Additional Remark: Hirer had paid \$10 transportation fees to passenger on the way home.

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 | SHC943T |
| Vehicle Make/Model/Colour | |
| Details Of Properties | |
| Vehicle Category | PRIVATE CAR |
| Name of Driver | |

NRIC/Passport Number
Contact Number 84440098
Address
Postcode
Insurance Company Name
Nature Of Damage
No. Of Passenger (Including Driver)

DETAILS OF INJURED PERSON 1

Name PASSENGER 1
Approximate Age
Injuries Sustain
Injured person in which vehicle? SLS5249A
Were seat belts worn?
Was this injured conveyed to hospital by ambulance? YES
Address
Postcode

DETAILS OF INJURED PERSON 2

Name PASSENGER 2
Approximate Age
Injuries Sustain
Injured person in which vehicle? SLS5249A
Were seat belts worn?
Was this injured conveyed to hospital by ambulance? YES
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:

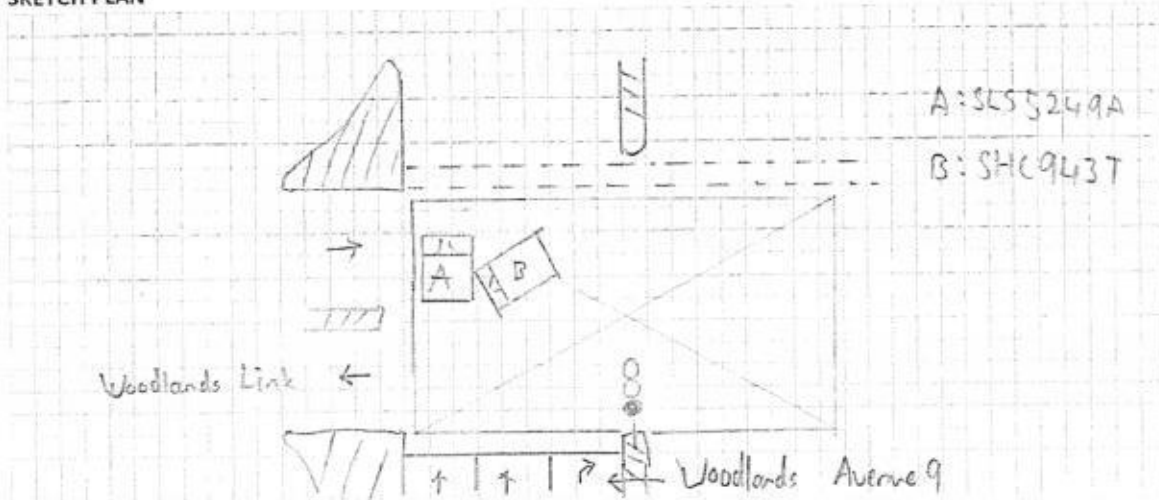
- (a) My insurer, my workshop and the General Insurance Association of Singapore ("GIA") may/are permitted to collect, use, disclose and/or process my personal data/personal information set out in this (form) and any other personal information provided by me or possessed by my insurer (collectively the "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: 22-01-2018 @ 0905hrs

Reporting Centre Personnel's Signature
Name: Lan Vee Sheng
NRIC/FIN No.: G6864052R

SKETCH PLAN



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

Refer to Police Report
T/20180121/2018

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: 22-01-2018 @ 0905 hrs

Reporting Centre Personnel's Signature

Name: _____

NRIC/FIN No.:

Len WPC Shan
076864032R



**SINGAPORE
POLICE FORCE**



T/20180121/2028

1 of 3

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

Report No. T/20180121/2028

REPORT OF A TRAFFIC ACCIDENT

| | | | | | |
|--|------------|------------------------------|---|-------------------|----------------------------|
| Date/Time Report Made: 21/01/2018 12:11 | | Vide Report No.: | | Station Diary No. | |
| Informant's Particulars | | | | | |
| Name of Informant: CHUA BENG TECK | | | Address: APT BLK 34 MARSILING DR #08-393 HDB-WOODLANDS SINGAPORE 730034 | | |
| ID Type / ID No.: NRIC NO / S1637269B | | | Contact No.: Home/Office: | | Mobile: 93857269 |
| Nationality: SINGAPORE CITIZEN | | | Email: | | |
| Sex: Male | Age: 53 | Date of Birth: 22/09/1964 | 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 Attended by Police | Drink Drive: No | Date/Time of Accident: 21/01/2018 08:25 | Type of Location: JUNCTION |
| Location: WOODLANDS AVENUE 9 ALONG WOODLANDS AVENUE 9 TOWARDS WOODLANDS LINK | | | | |
| Weather: Clear | | Road Surface: Dry | | Road Speed Limit: |
| Traffic Flow: One Way | | Traffic Control: Traffic Light - Working | | Traffic Volume: Light |
| Type of Collision: Between Moving Vehicles - Head To Side | | | | Anyone conveyed by ambulance: Yes |

Details of Vehicle Involved

| Vehicle No. | Type | Make | Model | Color | Condition | No of Passenger |
|-------------|------|------------------|--------------------------------|-------|-----------|-----------------|
| SHC943T | | MERCEDES BENZ | VIANO 2.2 CDI TREND LONG | | | 5 |
| SLS5249A | | MAZDA | MAZDA3 SEDAN 1.5 AT EU6 | | | 2 |



**SINGAPORE
POLICE FORCE**



T/20180121/2028

2 of 3

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

Report No. T/20180121/2028

CONTINUATION OF REPORT

Brief Details.

ON THE ABOVE MENTIONED DATE TIME AND LOCATION,
I WAS TRAVELLING ALONG WOODLANDS AVENUE 9 WHEN I WAS AT THE JUNCTION, THE
TRAFFIC LIGHT WAS GREEN AND THEN I PROCEED TO MOVE OFF SUDDENLY A VEHICLE
COLLIDED ONTO THE RIGHT SIDE OF MY VEHICLE.



**SINGAPORE
POLICE FORCE**



T/20180121/2028

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

3 of 3

Report No. T/20180121/2028

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:
TP /
MUHAMMAD HAZIQ BIN SAIFUDDIN

Signature Of Interpreter:
Not applicable

Officer In Charge Of Case:
TP / GIT /
Staff Sgt SHAHRUL NIZAM BIN SAMARRI
Contact No.: 65476904

Authentication Stamp
NP16B

Signature Of Informant:

Date/Time:
21/01/2018 12:11

Classification Of Case:



**SINGAPORE
POLICE FORCE**

Signature: _____