

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 liability.
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 Submission 21/09/2021 19:17 (SGT)
Date of Accident 21/09/2021 17:00 (SGT)
Exact Location of Accident Bukit Batok East Ave 3, Singapore
Additional Location Information -
Country/State of Loss Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number SLT641C

INSURED/POLICYHOLDER

Is company? Yes
Name Of Registered Owner GRAB RENTALS PTE LTD

VEHICLE PARTICULARS

Manufacturer Mazda
Model 5
Variant -
Vehicle Category Private hire
Transmission Auto
CC 1998

INSURANCE COMPANY

Name of Insurance Company India International Insurance Pte Ltd
Type of Coverage Comprehensive
Fleet Policy Yes
Policy Number D21MFL0000447
Cover Note Number -

DRIVER

Name of Driver GOH HOCK MENG JARROD
NRIC No S7503633G
Address BLK 121A EDGEDALE PLAINS #04-229
Address complement -
Postcode 821121
Does Driver Own Other Vehicles? No

GENERAL INFORMATION OF THE ACCIDENT

Type of Accident Collision - Change/cross lane
Weather Conditions Clear

OTHER INFORMATION

Was any foreign vehicle involved in the accident? No
Was anybody injured in the Accident? Yes
Was any other vehicle or property damaged? Yes
Number of Passengers (Including Driver) 5

CIRCUMSTANCES OF ACCIDENT

ON THE 21/09/2021 AT ABOUT 1700HOURS, I WAS DRIVING VEHICLE A (SLT641C) TRAVELLING ALONG BUKIT BATOK EAST AVENUE 3 ON LANE 1 WHEN THERE IS STANDSTILL TRAFFIC AHEAD TURNING RIGHT. I WANTED TO CONTINUE HEADING STRAIGHT HENCE I SIGNALLED LEFT, CHECKED MY LEFT BLINDSPOT BEFORE LANE CHANGING TO LANE 2 WHEN SUDDENLY VEHICLE B (FBK1759G) CAME FROM THE BACK SUDDENLY AND REAR ENDED MY VEHICLE. THE RIDER FELL DOWN UPON IMPACT BUT WAS NOT CONVEYED TO THE HOSPITAL.

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 FBK1759G
Vehicle Manufacturer -
Vehicle Model -
Vehicle Variant -
Vehicle Colour -
Vehicle Category Motorcycle
Name of Driver -
Insurance Company Name -

INJURED PERSONS DETAILS

INJURED 1
Name of injured person RIDER
Gender Male
Phone No -
Injured person in which vehicle? FBK1759G

SKETCH PLAN

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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.
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

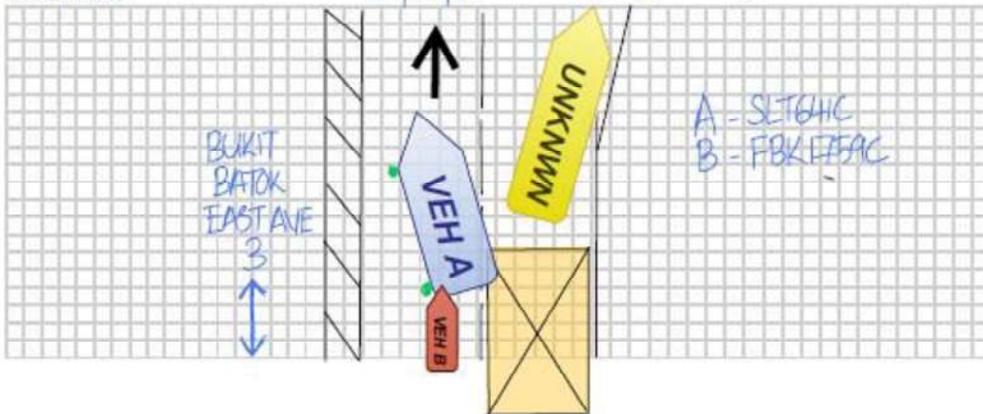
(c) my Personal Information may/can be disclosed by any of the Insurers and/or GIA to their third party service providers or agents (including their lawyers/law firms), which may be sited outside of Singapore, for one or more of the above Purposes.

Policyholder's Signature / Date & Time

Driver's Signature (if driver is not the policyholder) / Date & Time

Witnessed by Reporting Centre Personnel

Sketch Plan



Describe Circumstances of the Accident

ON THE 21092021 AT ABOUT 1700 HOURS, I WAS DRIVING VEHICLE A (SLT641C) TRAVELLING ALONG BUKIT BATOK EAST AVENUE 3 ON LANE 1 WHEN THERE IS STANDSTILL TRAFFIC AHEAD TURNING RIGHT. I WANTED TO CONTINUE HEADING STRAIGHT HENCE I SIGNALLED LEFT, CHECKED MY LEFT BLINDSPOT BEFORE LANE CHANGING TO LANE 2 WHEN SUDDENLY VEHICLE B (FBK1759G) CAME FROM THE BACK SUDDENLY AND REAR ENDED MY VEHICLE. THE RIDER FELL DOWN UPON IMPACT BUT WAS NOT CONVEYED TO THE HOSPITAL.

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

Witnessed by Reporting Centre Personnel


21/09/21 1730

























**SINGAPORE
POLICE FORCE**



T/20211014/2086

Police Station Of Origin:
Punggol N.P.C
21A Tebing Lane SINGAPORE 828837
Tel No: 1800-6049999

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Report No. T/20211014/2086

CONTINUATION OF REPORT

Driver			
Name	GOH HOCK MENG JARROD	ID No.	S7503633G
Related Vehicle	SLT641C (Car)	Contact No.	87502027
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	NIL

Brief Details.

On the 21/09/2021 at 1700hrs I was travelling along Bukit Batok East Avenue 3, with my wife, two children, and mother, when a motorcycle collided into the rear of my vehicle. I was travelling on slow speed as the traffic condition was heavy. Upon the collision I stepped out of the vehicle, and the motorcyclist who was a male indian, approached me. He was unhappy with my driving and threatened to punch me. He then, called for the Police. TP arrived and ambulance arrived and the ambulance provided 1st aid to the rider, and put on two plasters on each of his elbows. The male motorcyclist insisted that I did not signal before I came out of the lane. However I have an in car camera facing outwards, and the camera has audio recording as well. In the video, you can hear me turning on the signal, and it is audible. I am lodging this report as I received a letter from TP on the 06/10/2021, with regards to TP/IP/47525/2021.



**SINGAPORE
POLICE FORCE**

Police Station Of Origin:
Punggol N.P.C
21A Tebing Lane SINGAPORE 028037
Tel No: 1800-6040990



T/20211014/2099

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Report No. T/20211014/2086

CONTINUATION OF REPORT

Sketch Plan

Informant is not able to provide sketch plan

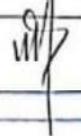
IMPORTANT: Please attach a copy of your vehicle's Insurance Certificate to this report. If you don't have the certificate with you now, please fax a copy to 65474885 stating the report number as reference.

Signature of Officer Recording The Report
F /
SI JASINTHA D/O SUDHAGAR 

Signature Of Informant: 

Signature Of Interpreter:
Not applicable

Date/Time:
14/10/2021 16:39

Officer In Charge Of Case:
TP / AEIT /
Sr Staff Sgt SYED ZAYID MUHAMMAD BIN
SYED ABDUL WAHID ALHINDUAN
Contact No.: 65476404 

Classification Of Case:



