

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 Actual 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 First Submission	23/08/2024 15:17 (SGT)
Reported by	Actual Driver
Date of Accident	23/08/2024 07:35 (SGT)
Exact Location of Accident	Hillview Rd, Singapore
Additional Location Information	-
Country/State of Loss	Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SNR9475T
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INSURED/POLICYHOLDER

Is company?	Yes
Name Of Registered Owner	GRAB RENTALS PTE LTD
Company Reg No	2XXXXX200G
Email Address	gr.sg.accident@grab.com
Mobile Phone No	(Phone) +65-87892649
Alternative Phone No	(Office) +65-66550005

VEHICLE PARTICULARS

Manufacturer	Kia
Model	Niro
Variant	SG2 HYBRID 1.6 EX DCT
Exact purpose for which vehicle was being used at time of accident	Private hire
Are you claiming under your own insurance policy for repair to your vehicle?	No - Claiming third party
Vehicle Category	Private hire
Transmission	Auto
CC	1580
Vehicle Fuel	Petrol-Electric
First Registration Date	-
Chassis no	KNACP81EVR5178169
Effective Date/Time of Ownership	-

INSURANCE COMPANY

Name of Insurance Company	India International Insurance Pte Ltd
Policy Number / Cover Note Number	D21MFL0000447_03

DRIVER

Name of Driver	TAN CHOON KIAT
NRIC No	SXXXX516G
Date Of Birth	14/06/1968
Occupation	Outdoor
Driving Pass Date	09/03/1994
Driving License Pass Class	3
Driving License Validity	Valid
Driving experience	30 YEARS AND 5 MONTHS
Gender	Male
Mobile Number	(Phone) +65-87892649
Alt. Phone Number	-
Email Address	gr.sg.accident@grab.com
Address	BLK 23 CHAI CHEE ROAD #07-498
Address complement	-
Postcode	461023
Is the driver the policyholder?	No
If No, Relationship of the Driver with the Insured	Hirer
Does Driver Own Other Vehicles?	No
Vehicle Registration Number of Other Vehicle Owned by Driver	-
Insurance Company of Other Vehicle Owned by Driver	-

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 the accident?	No
Number of vehicles involved in the accident	2
Was anybody injured in the Accident?	Yes
Was any injured conveyed to hospital by ambulance?	No
Was any other vehicle or property damaged?	Yes
Number of Passengers (Including Driver)	1
Has the driver been approached by unknown person(s) soliciting/offering accident claims assistance?	No
Translator's name	-
Translator's ID	-
Translator's phone number	-
Translator's email	-
Original language used in the statement	-

DETAILS OF POLICE ACTION

Was the accident reported to the police?	Yes
Police Station Name	Traffic Police
Police Station Phone No	(Phone) +65-65470000
Alt. Police Station Phone No	(Fax) +65-65474900
Police Station Address	10 Ubi Avenue 3 Singapore 408865
Was notice of intended Prosecution given?	No
If yes, against whom?	-

CIRCUMSTANCES OF ACCIDENT

AS PER POLICE REPORT No.T/20240823/7023

ATTACHMENT(S)

Are accident photos available for attachment?	Yes
Was there any video captured by Car Camera?	No

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	SMB1636U
Vehicle Manufacturer	Man
Vehicle Model	NL 320F (A22) 11L AUTO ABS TURBO
Vehicle Variant	-
Vehicle Colour	-
Vehicle Category	Bus
Name of Driver	-
Contact Number	-
Address	-
Address complement	-
Postcode	-
Insurance Company Name	-
Nature Of Damage	FRONT LEFT HAND SIDE
Details of property damaged in accident	-
No. Of Passenger (Including Driver)	-

INJURED PERSONS DETAILS

INJURED 1

Name of injured person	TAN CHOON KIAT
Gender	Male
Phone No	(Phone) +65-87892649
Address	BLK 23 CHAI CHEE ROAD #07-498
Address Complement	-
Post Code	461023
Approximate Age Years Old	56
Injuries Sustained	UNWELL 5DAYS MC
Injured person in which vehicle?	SNR9475T
Were seat belts worn?	Yes
Was this injured conveyed to hospital by ambulance?	-

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 center 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 involvedisclosure 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.

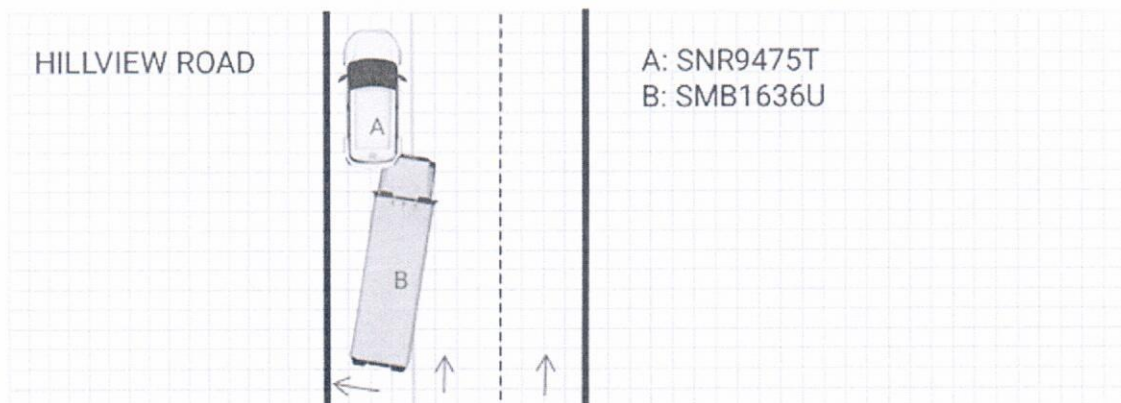
Policyholder's Signature / Date & Time

Sketch Plan

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

23/08/2024
1300hrs

Witnessed by Reporting Centre Personnel



Describe Circumstances of the Accident

AS PER POLICE REPORT
No.T/20240823/7023

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

23/08/2024
1300hrs

Witnessed by Reporting Centre
Personnel

