

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	26/08/2024 15:25 (SGT)
Reported by	Actual Driver
Date of Accident	26/08/2024 11:40 (SGT)
Exact Location of Accident	Bideford Rd, Singapore
Additional Location Information	-
Country/State of Loss	Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SMA8154C
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INSURED/POLICYHOLDER

Is company?	Yes
Name Of Registered Owner	GRAB RENTALS PTE LTD
Company Reg No	2XXXXX200G
Email Address	
Mobile Phone No	
Alternative Phone No	

VEHICLE PARTICULARS

Manufacturer	Toyota
Model	Sienta
Variant	HYBRID 1.5X CVT
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	1496
Vehicle Fuel	Petrol-Electric
First Registration Date	-
Chassis no	NHP1707126465
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	LIM EMAN
NRIC No	SXXXX660D
Date Of Birth	
Occupation	Outdoor
Driving Pass Date	07/07/2008
Driving License Pass Class	3
Driving License Validity	Valid
Driving experience	16 YEARS AND 1 MONTH
Gender	Male
Mobile Number	
Alt. Phone Number	-
Email Address	gr.sg.accident@grab.com
Address	
Address complement	-
Postcode	
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 on collision
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?	No
Was any injured conveyed to hospital by ambulance?	-
Was any other vehicle or property damaged?	Yes
Number of Passengers (Including Driver)	4
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	-

PASSENGER 1

Name	UNKNOWN
Gender	Male

PASSENGER 2

Name	UNKNOWN
Gender	Male

PASSENGER 3

Name	UNKNOWN
Gender	Female

DETAILS OF POLICE ACTION

Was the accident reported to the police?	No
Was notice of intended Prosecution given?	No
If yes, against whom?	-

CIRCUMSTANCES OF ACCIDENT

ON THE DATE 26/08/2024 AT ABOUT 1140HRS WHILE I WAS DRIVING VEHICLE A BEARING REGISTRATION NUMBER SMA8154C ON THE WAY TO DROP OFF MY PASSENGER EN-ROUTE FROM PULLMAN ORCHARD ROAD TOWARDS SUNTEC CITY WHILE TRAVELLING ALONG BIDEFORD ROAD SUDDENLY VEHICLE B BEARING REGISTRATION NUMBER SHB5969S TURNED LEFT FROM THE MINOR ROAD AND COLLIDED ONTO VEHICLE A CAUSING DAMAGES TO VEHICLE A FRONT PORTION.NO PERSON WAS INJURED OR CONVEYED TO HOSPITAL DUE TO THIS INCIDENT.

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	SHB5969S
Vehicle Manufacturer	Toyota
Vehicle Model	PRIUS 5DR HATCHBACK (AUTO)
Vehicle Variant	-
Vehicle Colour	-
Vehicle Category	Taxi
Name of Driver	LIM KOON SUN
NRIC No	
Contact Number	
Address	
Address complement	-
Postcode	
Insurance Company Name	-
Nature Of Damage	FRONT PORTION
Details of property damaged in accident	-
No. Of Passenger (Including Driver)	-

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.

E. n. n.



Policyholder's Signature / Date & Time

Sketch Plan

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

* 26082024
1300HRS

Witnessed by Reporting Centre Personnel



A- SMA8154C
B - SHB5969S

Describe Circumstances of the Accident

ON THE DATE 26/08/2024 AT ABOUT 1140HRS WHILE I WAS DRIVING VEHICLE A BEARING REGISTRATION NUMBER SMA8154C ON THE WAY TO DROP OFF MY PASSENGER EN-ROUTE FROM PULLMAN ORCHARD ROAD TOWARDS SUNTEC CITY WHILE TRAVELLING ALONG BIDEFORD ROAD SUDDENLY VEHICLE B BEARING REGISTRATION NUMBER SHB5969S TURNED LEFT FROM THE MINOR ROAD AND COLLIDED ONTO VEHICLE A CAUSING DAMAGES TO VEHICLE A FRONT PORTION.NO PERSON WAS INJURED OR CONVEYED TO HOSPITAL DUE TO THIS INCIDENT.

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

26082024
1300HRS



Witnessed by Reporting Centre Personnel























