

# 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	30/08/2024 23:10 (SGT)
Reported by	Actual Driver
Date of Accident	30/08/2024 11:25 (SGT)
Exact Location of Accident	Bayfront Ave, Singapore
Additional Location Information	TOWARDS FOUNTAIN
Country/State of Loss	Singapore

## DETAILS OF OWN VEHICLE

Vehicle Registration Number	SLS5205B
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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) +65-83133669
Alternative Phone No	(Office) +65-66550005

### VEHICLE PARTICULARS

Manufacturer	Mazda
Model	3
Variant	SEDAN 1.5 AT EU6
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
First Registration Date	-
Chassis no	JM6BN22A8H0158959
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 .....  
RIC No .....  
Date Of Birth .....  
Occupation .....  
Driving Pass Date .....  
Driving License Pass Class .....  
Driving License Validity .....  
Driving experience .....  
Gender .....  
Mobile Number .....  
Alt. Phone Number .....  
Email Address .....  
Address .....  
Address complement .....  
Postcode .....  
Is the driver the policyholder? .....  
If No, Relationship of the Driver with the Insured .....  
Does Driver Own Other Vehicles? .....  
Vehicle Registration Number of Other Vehicle Owned by Driver .....  
Insurance Company of Other Vehicle Owned by Driver .....

TAN KEE HONG (CHEN QIFENG)  
SXXX525I  
22/04/1988  
Outdoor  
28/03/2023  
3  
Valid  
1 YEAR AND 5 MONTHS  
Male  
(Phone) +65-83133669  
-  
gr.sg.accident@grab.com  
2998 TAMPINES STREET 22#06-664  
-  
522299  
No  
Hirer  
No  
-  
-

#### GENERAL INFORMATION OF THE ACCIDENT

Type of Accident ..... Collision - Change/cross lane  
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) ..... 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? ..... No  
Was notice of intended Prosecution given? ..... No  
If yes, against whom? ..... -

#### CIRCUMSTANCES OF ACCIDENT

ON THE 30/08/2024 ABOUT 1125HRS I WAS ALONG BAYFRONT AYE TOWARDS FOUNTAIN OF WEALTH FROM MARINA BLVD IN VEHICLE(A) BEARING REGISTRATION NUMBER(SLS5208B).AFTER CHECKING FOR TRAFFIC CLEARANCE, I SIGNED TO CHANGE INTO THE THIRD LANE.WHILE HALF OF MY CAR WAS ALREADY IN THE THIRD LANE,VEHICLE (B) BEARING REGISTRATION NUMBER (SNS8377U) FROM THE FOURTH LANE, CHANGE INTO THE THIRD LANE WITH HIGH SPEED, HIT AND GRAZED ONTO MY CAR FRONTAL LEFT PORTION. THERE WERE NO INJURIES WERE PRESENTED DURING 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 ..... SNS8377U  
Vehicle Manufacturer ..... BMW  
Vehicle Model ..... X7 XDRIVE40I 7SEATER,PGR,LASERHL,FL  
Vehicle Variant .....  
Vehicle Colour .....  
Vehicle Category ..... Private car  
Name of Driver .....  
Contact Number .....  
Address .....  
Address complement .....  
Postcode .....  
Insurance Company Name .....  
Nature Of Damage ..... RIGHT HAND SIDE  
Details of property damaged in accident .....  
No. Of Passenger (Including Driver) .....



## SKETCH PLAN

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5. Any false reporting may be referred to the Police for investigation.
6. The 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 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 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.

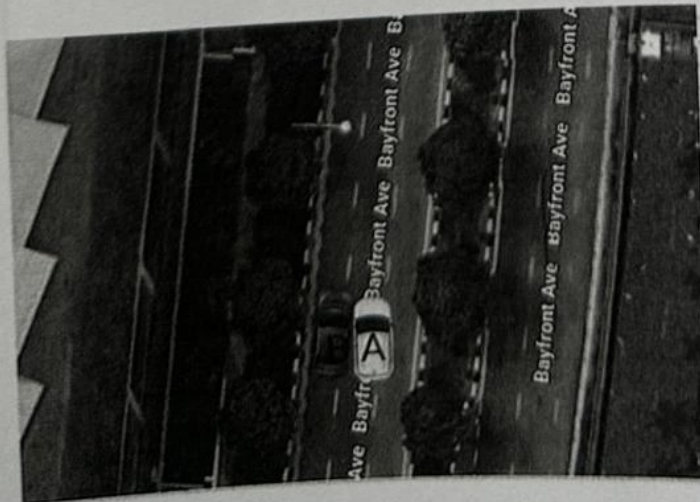


Policyholder's Signature / Date & Time

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

Witnessed by Reporting Centre Personnel

Sketch Plan



BAYFRONT AVE TOWARDS  
FOUNTAIN  
A:SL55205B  
B:SNS8377U

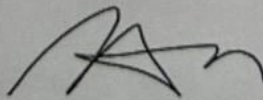


Describe Circumstances of the Accident

ON THE 30/08/2024 ABOUT 1125HRS I WAS ALONG BAYFRONT AYE TOWARDS FOUNTAIN OF WEALTH FROM MARINA BLVD IN VEHICLE(A) BEARING REGISTRATION NUMBER(SLS5208B).AFTER CHECKING FOR TRAFFIC CLEARANCE, I SIGNED TO CHANGE INTO THE THIRD LANE.WHILE HALF OF MY CAR WAS ALREADY IN THE THIRD LANE,VEHICLE (B) BEARING REGISTRATION NUMBER (SNS8377U) FROM THE FOURTH LANE, CHANGE INTO THE THIRD LANE WITH HIGH SPEED, HIT AND GRAZED ONTO MY CAR FRONTAL LEFT PORTION. THERE WERE NO INJURIES WERE PRESENTED DURING THIS INCIDENT.

Declaration

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