

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	06/09/2024 09:46 (SGT)
Reported by	Actual Driver
Date of Accident	05/09/2024 06:30 (SGT)
Exact Location of Accident	Changi South Ave 3, Singapore
Additional Location Information	AFTER PIE TOWARDS CHANGI SOUTH AVE 4
Country/State of Loss	Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SNM2258B
-----------------------------------	----------

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) +65-85953494
Alternative Phone No	(Office) +65-66550005

VEHICLE PARTICULARS

Manufacturer	Toyota
Model	Sienta
Variant	HYBRID STANDARD
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	1490
Vehicle Fuel	Petrol-Electric
First Registration Date	-
Chassis no	JTDBBBA390L000648
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	RAJU PACKIRISAMY
NRIC No	SXXXX520Z
Date Of Birth	15/10/1961
Occupation	Outdoor
Driving Pass Date	12/10/1981
Driving License Pass Class	3
Driving License Validity	Valid
Driving experience	42 YEARS AND 11 MONTHS
Gender	Male
Mobile Number	(Phone) +65-85953494
Alt. Phone Number	-
Email Address	gr.sg.accident@grab.com
Address	436 TAMPINES STREET 43 #03-107
Address complement	-
Postcode	520436
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	Collided into Parked Vehicle
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?	Yes
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 05/09/2024 AT ABOUT 0630HRS I WAS INSIDE STATIONARY VEHICLE (A) BEARING REGISTRATION NUMBER SNM2258B, AS I JUST WENT OUT OF VEHICLE (A) WHICH I PARKED FOR A MINTUTE IN LANE 2 AT THE SIDE OF THE ROAD ALONG CHANGI SOUTH AVE 3 AFTER PIE TOWARDS CHANGI SOUTH AVE 4, AS THERE WAS A RUBBISH BIN THERE AND I WENT OUT TO THROW MY TRASH. AFTER GETTING BACK INTO VEHICLE (A), I WAS ABOUT TO PUT ON MY SEATBEAT WHEN ALL OF A SUDDEN VEHICLE (B) BEARING REGISTRATION NUMBER SHB741P FROM BEHIND HIT ONTO THE WHOLE RIGHT SIDE OF MY VEHICLE. I SUSTAINED RIGHT ARM BRUISED, SPINAL INJURY AND LUNG INJURY (INTERAL BRUISE). I WAS CONVEYED TO CHANGI GENERAL HOSPITAL BY AMBULANCE. TP WAS ON SCENE.

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	SHB741P
Vehicle Manufacturer	Toyota
Vehicle Model	Prius
Vehicle Variant	-
Vehicle Colour	Red
Vehicle Category	Taxi
Name of Driver	-
Contact Number	-
Address	-
Address complement	-
Postcode	-
Insurance Company Name	-
Nature Of Damage	LEFT HAND SIDE
Details of property damaged in accident	TRANSCAB
No. Of Passenger (Including Driver)	-

INJURED PERSONS DETAILS

INJURED 1

Name of injured person	RAJU PACKIRISAMY
Gender	Male
Phone No	(Phone) +65-85953494
Address	436 TAMPINES STREET 43 #03-107
Address Complement	-
Post Code	520436
Approximate Age Years Old	62
Injuries Sustained	RIGHT ARM BRUISED, SPINAL INJURY AND LUNG INJURY (INTERAL BRUISE)
Injured person in which vehicle?	SNM2258B
Were seat belts worn?	Yes
Was this injured conveyed to hospital by ambulance?	Yes

SKETCH PLAN**IMPORTANT NOTICE**

1. Please correctly report the details of the accident to speed up the claims process.
2. This Form must be **completed by the Policyholder and/or the Authorized Driver**.
3. Information provided must be as **truthful and accurate as possible**. Any willful 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. 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 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.

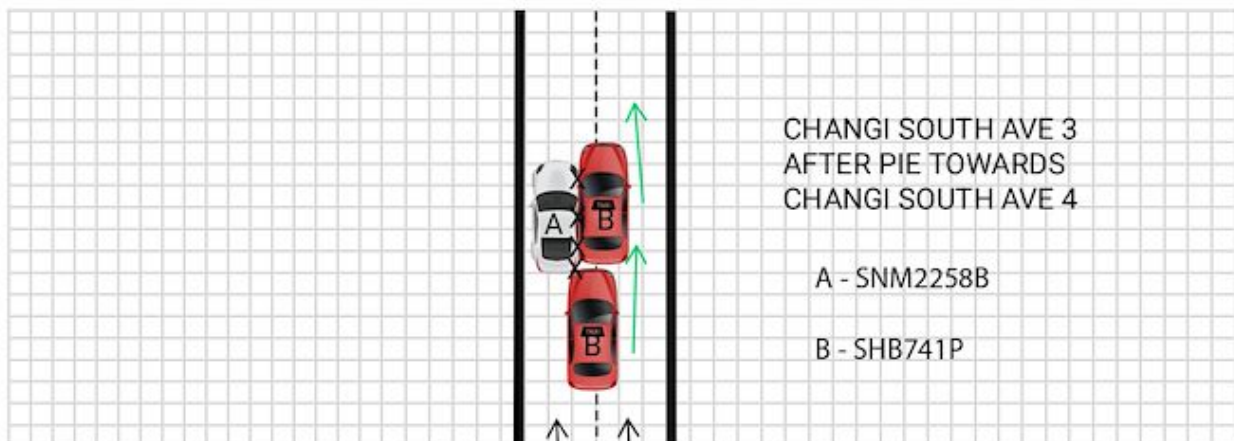
Policyholder's Signature / Date & Time

Sketch Plan

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

05/09/2024 1930HRS

Witnessed by Reporting Centre Personnel



Describe Circumstances of the Accident

ON 05/09/2024 AT ABOUT 0630HRS I WAS INSIDE STATIONARY VEHICLE (A) BEARING REGISTRATION NUMBER SNM2258B, AS I JUST WENT OUT OF VEHICLE (A) WHICH I PARKED FOR A MINTUTE IN LANE 2 AT THE SIDE OF THE ROAD ALONG CHANGI SOUTH AVE 3 AFTER PIE TOWARDS CHANGI SOUTH AVE 4, AS THERE WAS A RUBBISH BIN THERE AND I WENT OUT TO THROW MY TRASH. AFTER GETTING BACK INTO VEHICLE (A), I WAS ABOUT TO PUT ON MY SEATBEAT WHEN ALL OF A SUDDEN VEHICLE (B) BEARING REGISTRATION NUMBER SHB741P FROM BEHIND HIT ONTO THE WHOLE RIGHT SIDE OF MY VEHICLE. I SUSTAINED RIGHT ARM BRUISED, SPINAL INJURY AND LUNG INJURY (INTERAL BRUISE). I WAS CONVEYED TO CHANGI GENERAL HOSPITAL BY AMBULANCE. TP WAS ON SCENE.

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

05/09/2024 1930HRS



Witnessed by Reporting Centre Personnel













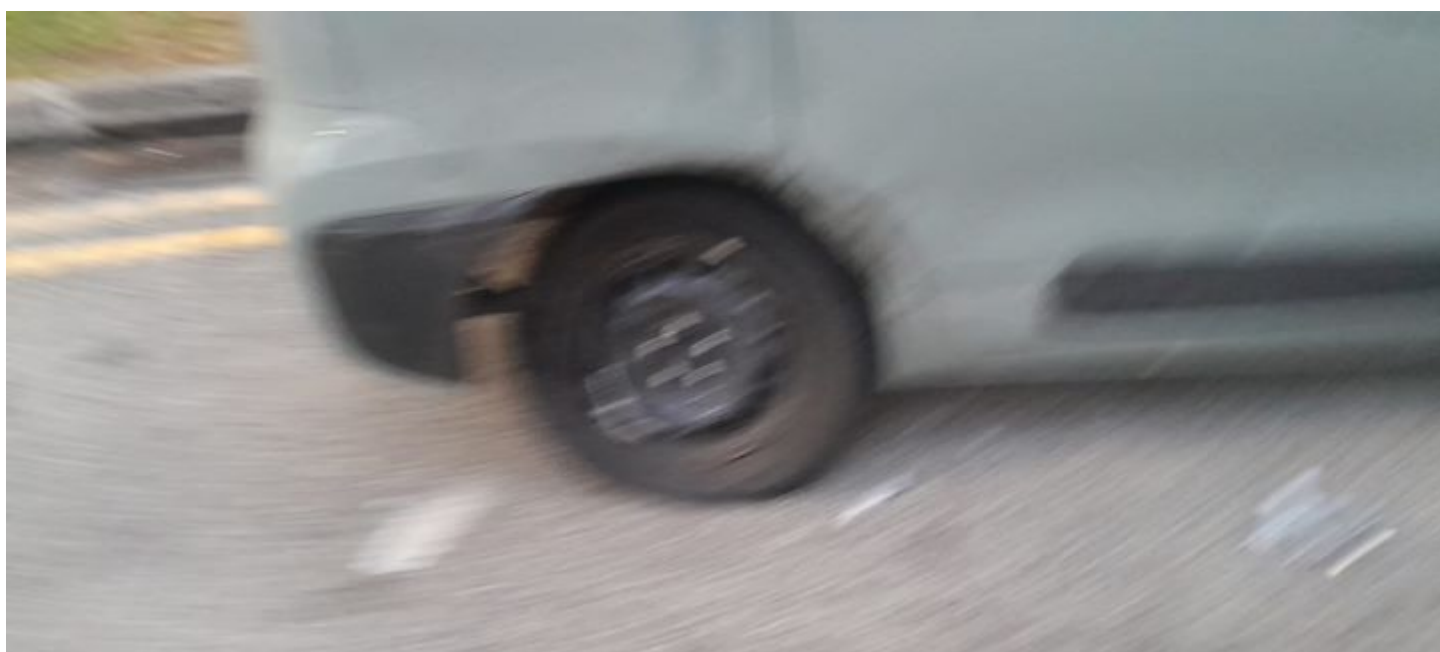
































IMPORTANT NOTE: Please submit the completed Addendum form to the same Accident Reporting Centre with whom you submitted the Original Report.

ADDENDUM


(A) PARTICULARS OF PERSON MAKING THE AMENDMENTS:

Original Report No: SJ0G24960003 Vehicle Registration No: SNM2258B
 Name (as shown in NRIC): Grab Rentals Pte Ltd NRIC/FIN/Passport No: 201617200G
 (*Vehicle Driver/Vehicle Owner) (*) Please delete as appropriate
 Address: _____ Singapore ()
 Contact (Tel): _____ Mobile No.: _____
 Email Address: _____
 Date of Accident: 05/09/2024 Time of Accident: 06:30
 Place of Accident: Changi South Ave 3, Singapore
 Insurance Company: India International Insurance Pte Ltd

(B) ADDITIONAL INFORMATION / AMENDMENTS:

I have made a report on the above-mentioned accident and would like to include additional information or make the following amendments:

UPDATE THIRD-PARTY VEHICLE NUMBER


 Policyholder / Driver's Signature
 Date:


 Reporting Centre Personnel's Signature
 Name:
 NRIC/FIN No.:
 Date: 06.09.2024