

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	01/11/2024 10:26 (SGT)
Reported by	Actual Driver
Date of Accident	31/10/2024 11:10 (SGT)
Exact Location of Accident	Neil Rd, Singapore
Additional Location Information	TOWARDS KAMPONG BAHRU RD
Country/State of Loss	Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SNB1705S
-----------------------------------	----------

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) +65-85183831
Alternative Phone No	(Office) +65-66550005

VEHICLE PARTICULARS

Manufacturer	Toyota
Model	Prius
Variant	PLUS (AUTO)
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	1798
Vehicle Fuel	Petrol-Electric
First Registration Date	-
Chassis no	JTDZS3EU90J067768
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	SEE HUI LIAN
NRIC No	SXXXX821F
Date Of Birth	19/05/1993
Occupation	Outdoor
Driving Pass Date	07/10/2011
Driving License Pass Class	3
Driving License Validity	Valid
Driving experience	13 YEARS
Gender	Female
Mobile Number	(Phone) +65-85183831
Alt. Phone Number	-
Email Address	gr.sg.accident@grab.com
Address	654C PUNGGOL DRIVE #03-154
Address complement	-
Postcode	823654
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 - Major/Minor Rd
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	Female

PASSENGER 2

Name	UNKNOWN
Gender	Female

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 31/10/2024 ABOUT 1110HRS I WAS DRIVING VEHICLE A BEARING REGISTRATION NUMBER SNB1705S ENROUTING FROM 6 EVERTON PARK TO 124A BUKIT MERAH VIEW FOR WORK PURPOSE. WHILE DRIVING ALONG NEIL RD TOWARDS KAMPONG BAHRU RD ON LANE 2, VEHICLE B BEARING REGISTRATION NUMBER SMB1587C WAS ON LANE 1, WHILE TURNING TOWARDS KAMPONG BAHRU RD, VEHICLE B COLLIDED WITH MY VEHICLE A WITH ITS LEFT SIDE CAUSING MY RIGHT SIDE OF VEHICLE A TO BE DAMAGED. NOBODY WAS INJURED.

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	SMB1587C
Vehicle Manufacturer	Man
Vehicle Model	NL 320F (A22) 11L AUTO ABS TURBO
Vehicle Variant	-
Vehicle Colour	-
Vehicle Category	Commercial vehicle
Name of Driver	SUGUMARAN S/O HARIKRISHNAN
NRIC No	SXXXX076C
Contact Number	(Phone) +65-86083374
Address	-
Address complement	-
Postcode	-
Insurance Company Name	-
Nature Of Damage	LEFT HAND SIDE CORNER
Details of property damaged in accident	-
No. Of Passenger (Including Driver)	-

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.



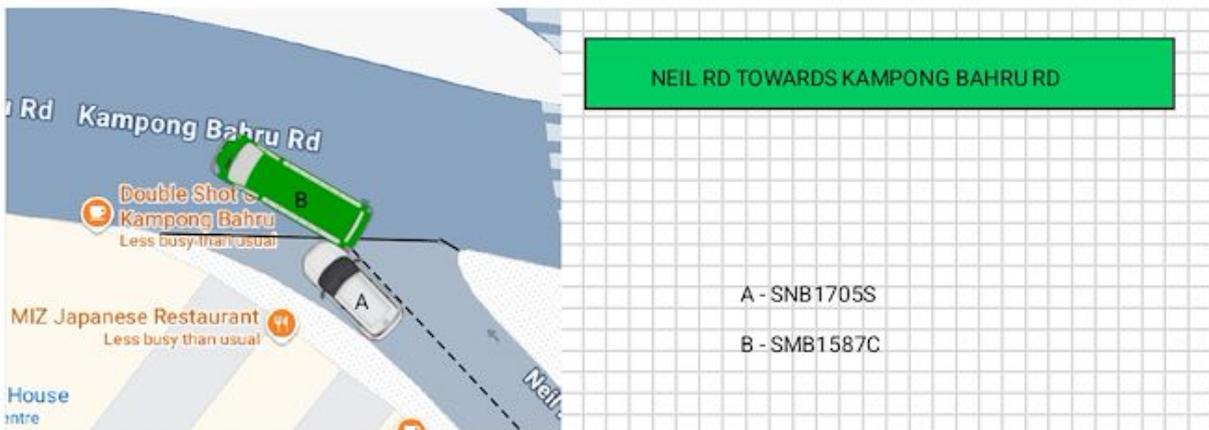
Policyholder's Signature / Date & Time

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

Witnessed by Reporting Centre Personnel

Sketch Plan

31/10/2024 - 1215HRS



Describe Circumstances of the Accident

ON 31/10/2024 ABOUT 1110HRS I WAS DRIVING VEHICLE A BEARING REGISTRATION NUMBER SNB1705S ENROUTING FROM 6 EVERTON PARK TO 124A BUKIT MERAH VIEW FOR WORK PURPOSE. WHILE DRIVING ALONG NEIL RD TOWARDS KAMPONG BAHRU RD ON LANE 2, VEHICLE B BEARING REGISTRATION NUMBER SMB1587C WAS ON LANE 1, WHILE TURNING TOWARDS KAMPONG BAHRU RD, VEHICLE B COLLIDED WITH MY VEHICLE A WITH ITS LEFT SIDE CAUSING MY RIGHT SIDE OF VEHICLE A TO BE DAMAGED. NOBODY WAS INJURED.

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
31/10/2024 - 1215HRS



Witnessed by Reporting Centre Personnel





