

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 Authorised 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 Submission 28/01/2021 19:02 (SGT)
Date of Accident 27/01/2021 19:00 (SGT)
Exact Location of Accident Tampines Link, Singapore
Additional Location Information TOWARDS TAMPINES AVE 10
Country/State of Loss Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number SLV2126A

INSURED/POLICYHOLDER

Is company? Yes
Name Of Registered Owner GRAB RENTALS PTE LTD
Company Reg No 201617200G
Email Address gr.sg.accident@grab.com
Mobile Phone No (Phone) +65-83452968
Alternative Phone No (Office) +65-66550005

VEHICLE PARTICULARS

Manufacturer Mazda
Model 5
Variant -
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 - Reporting only
Vehicle Category Private hire

INSURANCE COMPANY

Name of Insurance Company India International
Type of Coverage Comprehensive
Fleet Policy Yes
Policy Number D21MFL0000447
Cover Note Number -

DRIVER

Name of Driver HASAN BIN HARON
NRIC No S1449909A
Date Of Birth 24/02/1960
Occupation Outdoor

Date Of Driving Pass	01/07/1980
Driving experience	40 YEARS AND 6 MONTHS
Gender	Male
Mobile Number	(Phone) +65-83452968
Alt. Phone Number	-
Email Address	hasanharon9785@GMAIL.COM
Address	BLK 510B YISHUN ST 51 #03-583
Address complement	-
Postcode	762510
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?	No
Was any injured conveyed to hospital by ambulance?	-
Was any other material or property damaged?	Yes
Number of Passengers (Including Driver)	2
Has the driver been approached by unknown person(s) soliciting/offering accident claims assistance?	No

PASSENGER 1

Name	UNKNOWN
Gender	Male

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 27/1/21 AT ABOUT 1900HRS I WAS DRIVING MY VEH A - SLV2126A ALONG TAMPINES LINK. I TURNED INTO THE SLIP ROAD TAMPINES LINK TOWARDS TAMPINES AVE 10. THERE WAS VEH B - SHB3773C IN FRONT OF MY VEHICLE, WAITING FOR OUR TURN TO MOVE INTO TAMPINES AVE 10. ONCE I CONFIRMED THAT THERE WAS NO VEHICLE ON THE LAST LANE OF TAMPINES AVE 10, I STEP ON MY ACCELERATOR. I DID NOT NOTICE VEH B STILL HAVE NOT MOVED. ENDED MY VEHICLE HEAD TO REAR VEH B. EXCHANGED PARTICULARS. NO INJURY.

ATTACHMENT(S)

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

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	SHB3773C
Vehicle Manufacturer	Hyundai
Vehicle Model	Ioniq
Vehicle Variant	-
Vehicle Colour	-

Vehicle Category	Taxi
Name of Driver	MANGIT SINGH DHAMI
NRIC No	S7320521B
Contact Number	-
Address	-
Address complement	-
Postcode	-
Insurance Company Name	-
Nature Of Damage	-
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
- (d) my Personal Information will also be collected and used to compile claims history for the purpose of fraud detection, investigation and management in present and all future claims.
- (e) the information so collected under (d) above may be shared / disclosed:
 - (i) to all insurers and/or any other third parties that assist in evaluating, investigating, controlling or managing fraud, regulators, law enforcement and government agencies as reasonably required for the purposes stated, or
 - (ii) for complying with requirements under any regulations, laws or court orders.

Policyholder's Signature:
Date & Time:

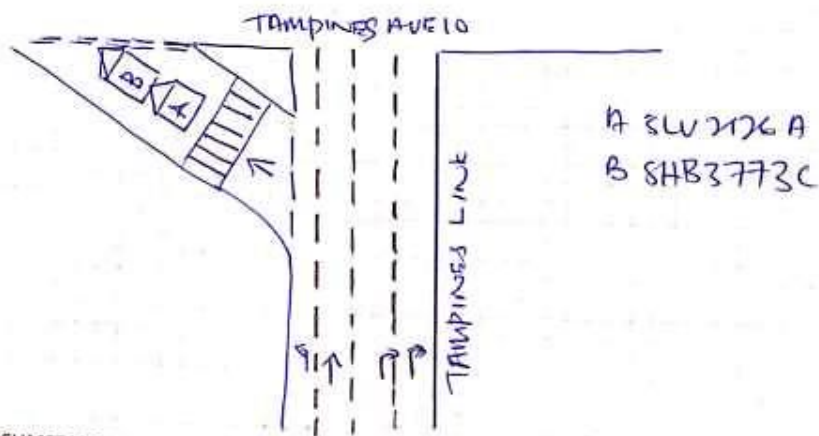
Driver's Signature
(if driver is not the policyholder)
Date & Time:

28/1/21 / 17:15hrs

Reporting Centre Person's Signature
Name:
NRIC/FIN No.:

Buang

SKETCH PLAN



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

ON 27/1/2 AT ABOUT 1900HRS, I WAS DRIVING MY VEHICLE A (SLU 2126 A) ALONG TAMPINES LINK. I TURN INTO THE SLIP ROAD TAMPINES LINK TOWARDS TAMPINES AVE 10. THERE WAS VEHICLE B (SHB 3773 C) IN FRONT OF MY VEHICLE, WAITING FOR OUR TURN TO MOVE INTO TAMPINES AVE 10. ONCE I CONFIRMED THAT THERE WAS NO VEHICLE ON THE LAST LANE OF TAMPINES AVE 10. I STEP ON MY ACCELERATOR. I DIDN'T NOTICE VEHICLE B STILL HAVEN'T MOVE. ENDED MY VEHICLE HEAD TO REAR VEHICLE B. EXCHANGED PARTICULARS NO INJURY.

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

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

28/1/21 / 1715HRS

Baung























