

# 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 ..... 04/02/2021 19:04 (SGT)  
Date of Accident ..... 04/02/2021 14:15 (SGT)  
Exact Location of Accident ..... 30 Eunus Cres, Eunus, Singapore 409423  
Additional Location Information ..... PIE  
Country/State of Loss ..... Singapore

## DETAILS OF OWN VEHICLE

Vehicle Registration Number ..... SLU3089Y

### 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) +65-83303303  
Alternative Phone No ..... (Home) +65-66550005

### VEHICLE PARTICULARS

Manufacturer ..... Honda  
Model ..... Vezel  
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 - Claiming third party  
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 ..... LEONG QINGHAO, LIONEL  
NRIC No ..... S8205735H  
Date Of Birth ..... 14/02/1982  
Occupation ..... Outdoor

Date Of Driving Pass .....	19/06/2006
Driving experience .....	14 YEARS AND 8 MONTHS
Gender .....	Male
Mobile Number .....	(Phone) +65-83303303
Alt. Phone Number .....	-
Email Address .....	LEONGQHLIONEL@GMAIL.COM
Address .....	131 POH HUAT ROAD WEST #06-03
Address complement .....	-
Postcode .....	546684
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 .....	Chain 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 .....	3
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) .....	1
Has the driver been approached by unknown person(s) soliciting/offering accident claims assistance? .....	No

#### 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 04.02.2021 AT ABOUT 1415HRS I WAS DRIVING MY VEH A SLU3089Y ON THE 2ND RIGHT LANE OF JALAN EUNOS TOWARDS STILL ROAD NEAR THE JALAN KECHOT. THERE WERE CONSTRUCTION ON THE MIDDLE LANE (4TH LANE) WITH CONES LINE UP. I SIGNAL LEFT AND SLOWLY GET ONTO 3RD LANE. I ALREADY CHECK IT WAS SAFE TO FILTER. VEH C SJQ5906X DRIVING VERY FAST FROM THE 4TH LANE, TRYING TO AVOID THE CONES SWERVED INTO MY LANE AND COLLIDED ONTO MY VEH A LEFT FRONT CAUSING MY VEH A TO SWERVE RIGHT AND HIT ONTO VEH B SLP2039A LEFT REAR BUMPER. NO ONE WAS INJURED.

NOTE: IN A HEAVY TRAFFIC SITUATION, I FEEL THE SPEED OF VEH C IS TOO FAST.

#### ATTACHMENT(S)

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

#### DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number .....	SJQ5906X
Vehicle Manufacturer .....	Suzuki
Vehicle Model .....	-
Vehicle Variant .....	-
Vehicle Colour .....	-
Vehicle Category .....	Private car
Name of Driver .....	MOHAMMAD HAFIZ BIN AZMAN

NRIC No .....	S8727474H
Contact Number .....	(Phone) +65-90667764
Address .....	BLK 217B SUMANG WALK #13-234
Address complement .....	-
Postcode .....	822217
Insurance Company Name .....	-
Nature Of Damage .....	-
Details of property damaged in accident .....	-
No. Of Passenger (Including Driver) .....	3

#### DETAILS OF OTHER VEHICLE PROPERTY 2

Vehicle Registration Number .....	SLP2039A
Vehicle Manufacturer .....	Volkswagen
Vehicle Model .....	-
Vehicle Variant .....	-
Vehicle Colour .....	-
Vehicle Category .....	Private car
Name of Driver .....	KHOO CHIN KIAT
NRIC No .....	S9119851G
Contact Number .....	(Phone) +65-91686844
Address .....	30 TANAH MERAH KECHIL ROAD #13-09
Address complement .....	-
Postcode .....	465558
Insurance Company Name .....	-
Nature Of Damage .....	-
Details of property damaged in accident .....	-
No. Of Passenger (Including Driver) .....	1

# SKETCH PLAN

## IMPORTANT NOTICE

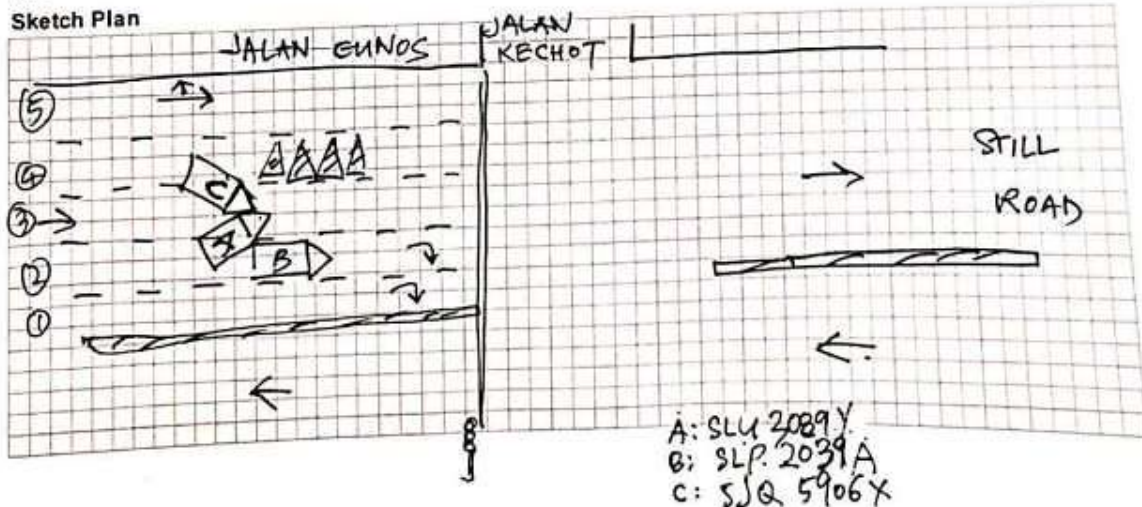
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7. By the lodgement of this report to the insurers, you hereby consent to the archiving of this report at the centre and to copies of the report being made available aforesaid.
8. **Consent under the Personal Data Protection Act (PDPA)**  
I understand, 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' law yers/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' law yers/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 law yers/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  
04-02-2021 1600 Hrs

Witnessed by Reporting Centre Personnel  
Kym Yung

## Sketch Plan





## Describe Circumstances of the Accident


ON 04.02.2021 AT ABOUT 1415 HRS I WAS DRIVING MY VEH A SLP 3089Y ON THE 2ND RIGHT LANE ON JALAN BUNDS TOWARDS STILL ROAD NEAR THE JALAN KECHOT. THERE WERE CONSTRUCTION ON THE MIDDLE LANE (4TH LANE) WITH CONES LINE UP. I SIGNAL LEFT <sup>AND SLOWLY</sup> TO GET ONTO 3RD LANE. I ALREADY CHECK IT WAS SAFE TO FILTER. VEH C SLP 5906X DRIVING VERY FAST FROM THE 4TH LANE, TRYING TO AVOID THE CONES SWERVED INTO MY LANE AND COLLIDED ONTO MY VEH A LEFT FRONT CAUSING MY VEH A TO SWERVE RIGHT AND HIT ONTO VEH B SLP 2039A LEFT REAR BUMPER. NO ONE WAS INJURED.


NOTE: IN A HEAVY TRAFFIC SITUATION, I FEEL THE SPEED OF VEH C IS TOO FAST.

## 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  
  
 04.02.2021  
 1600HRS

Witnessed by Reporting Centre Personnel  
  
 Kyan Yong







































