

# 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 ..... 02/02/2021 15:17 (SGT)  
Date of Accident ..... 02/02/2021 09:44 (SGT)  
Exact Location of Accident ..... Ubi Ave 2, Singapore  
Additional Location Information ..... -  
Country/State of Loss ..... Singapore

## DETAILS OF OWN VEHICLE

Vehicle Registration Number ..... SLP9162E

### 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) +65-90621911  
Alternative Phone No ..... (Office) +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 - 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 ..... ONG KENG CHUAN  
NRIC No ..... S2164005J  
Date Of Birth ..... 06/04/1956  
Occupation ..... Outdoor

Date Of Driving Pass .....	15/10/1976
Driving experience .....	44 YEARS AND 4 MONTHS
Gender .....	Male
Mobile Number .....	(Phone) +65-90621911
Alt. Phone Number .....	-
Email Address .....	GALLENONG@GMAIL.COM
Address .....	BLK 315 TAMPINES STREET 33 #05-46
Address complement .....	-
Postcode .....	520315
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 Motorcyclist
Weather Conditions .....	Clear
Road Surface .....	Dry

#### OTHER INFORMATION

Was any foreign vehicle involved in the accident? .....	Yes
Number of vehicles involved in the accident .....	2
Was anybody injured in the Accident? .....	Yes
Was any injured conveyed to hospital by ambulance? .....	No
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

#### FOREIGN VEHICLE 1

Vehicle Registration Number .....	JDD72
Vehicle Category .....	Motorcycle

#### PASSENGER 1

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 2/2/2021 AT ABOUT 0944HRS , I WAS DRIVING MY VEHICLE SLP9162E ALONG PAYA LEBAR ROAD TOWARDS UBI AVE 2. REACHING TRAFFIC JUNCTION IT WAS GREEN ARROW TURNING RIGHT ON MY FAVOR. WHILE TURNING RIGHT FROM PAYA LEBAR ROAD INTO UBI AVE 2 ROAD , WHILE TURNING FRONT MOTORBIKE JDD72 WAS FROM SECOND LANE SLIGHTLY TURN TO FIRST LANE AND BACK TO SECOND ON UBI AVE 2 ROAD. I COULD NOT STOP MY VEHICLE IN TIME AND HIT ONTO MOTORBIKE JDD72. MOTORIST SUSTAINED ABRASION ON LEFT ANKLE. NO AMBULANCE AND NO TP ON SCENE. MOTORIST MANAGED TO STAND AND CONSCIOUS. THE MOTORIST REFUSED TO EXCHANGE PARTICULARS.

#### 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 .....	JDD72
Vehicle Manufacturer .....	Yamaha
Vehicle Model .....	-
Vehicle Variant .....	-
Vehicle Colour .....	-
Vehicle Category .....	Motorcycle
Name of Driver .....	UNKNOWN
Contact Number .....	-
Address .....	-
Address complement .....	-
Postcode .....	-
Insurance Company Name .....	-
Nature Of Damage .....	-
Details of property damaged in accident .....	-
No. Of Passenger (Including Driver) .....	1

#### INJURED PERSONS DETAILS

##### INJURED 1

Name of injured person .....	UNKNOWN
Address .....	-
Address Complement .....	-
Post Code .....	-
Approximate Age Years Old .....	-
Injuries Sustained .....	ABRASION ON LEFT ANKLE
Injured person in which vehicle? .....	JDD72
Were seat belts worn? .....	No
Was this injured conveyed to hospital by ambulance? .....	No



## Describe Circumstances of the Accident

On 2/2/2021, at about 0744hrs,  
 I was driving my vehicle SLP 9162E along PAYA LERAN  
 RD towards UBI RD 2. Reaching traffic junction  
 it was green arrow turning right on my favour.  
 while turning right from paya LERAN RD towards  
 into UBI RD 2 RD, while turning front motorbike  
 JDD 72 was from second lane slightly turn to  
 right first lane and back to second on UBI RD 2  
 rd. I could not stop my vehicle in time and hit  
 onto motorbike JDD 72. Motorist sustained  
 abrasion on left ankle. No ambulance and NO TP  
 on scene. Motorist managed to stand and conscious.  
 The motorist refused to exchanged particulars.

## 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 2/2/2021 - 1130H

Witnessed by Reporting Centre  
 Personnel











































