

# 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 ..... 08/02/2021 12:40 (SGT)  
Date of Accident ..... 06/02/2021 13:50 (SGT)  
Exact Location of Accident ..... Kallang Way Flyover, Singapore  
Additional Location Information ..... -  
Country/State of Loss ..... Singapore

## DETAILS OF OWN VEHICLE

Vehicle Registration Number ..... SLS9289H

### 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) +65-96902572  
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 ..... TIOW CHEE MENG  
NRIC No ..... S1680168B  
Date Of Birth ..... 27/06/1964  
Occupation ..... Outdoor

Date Of Driving Pass .....	28/05/1997
Driving experience .....	23 YEARS AND 9 MONTHS
Gender .....	Male
Mobile Number .....	(Phone) +65-96902572
Alt. Phone Number .....	-
Email Address .....	CHEEMENGTIOW64@GMAIL.COM
Address .....	BLK 141 SIMEI STREET 2 #06-70
Address complement .....	-
Postcode .....	520141
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 .....	GRAB PASSENGER
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 06.02.2021 AT ABOUT 1350HRS I WAS DRIVING MY VEH SLS9289H ON THE EXTREME RIGHT LANE OF KALLANG FLYOVER TOWARDS TUAS. TRAFFIC WAS SMOOTH. VEH B SLA3200Y WHICH WAS IN FRONT SUDDENLY BRAKE. I COULD NOT STOP IN TIME HENCE MY VEH A REAR ENDED VEH B. I CHECK WITH MY PASSENGER AND VEH B OWNER AND PASSENGER THEY ASSURED ME THERE IS NO INJURY. TOUTER ON SCENE AND I OVERHEARD TOUTER TELLING VEH B DRIVER TO SEE DOCTOR.

#### 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 .....	SLA3200Y
Vehicle Manufacturer .....	BMW
Vehicle Model .....	-
Vehicle Variant .....	-
Vehicle Colour .....	-

Vehicle Category .....	Private car
Name of Driver .....	SIMON LIM ENG SOON (SIMON LIN YINGSHUN)
NRIC No .....	S8326832H
Contact Number .....	(Phone) +65-97839041
Address .....	BLK 15 BEDOK RESERVOIR VIEW #11-04
Address complement .....	-
Postcode .....	478933
Insurance Company Name .....	-
Nature Of Damage .....	-
Details of property damaged in accident .....	-
No. Of Passenger (Including Driver) .....	4

PASSENGER 1

Name .....	FATHER
Gender .....	Male

PASSENGER 2

Name .....	MOTHER
Gender .....	Female

PASSENGER 3

Name .....	KID
Gender .....	-

PASSENGER 4

Name .....	KID
Gender .....	-

**SKETCH PLAN****IMPORTANT NOTICE**

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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 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

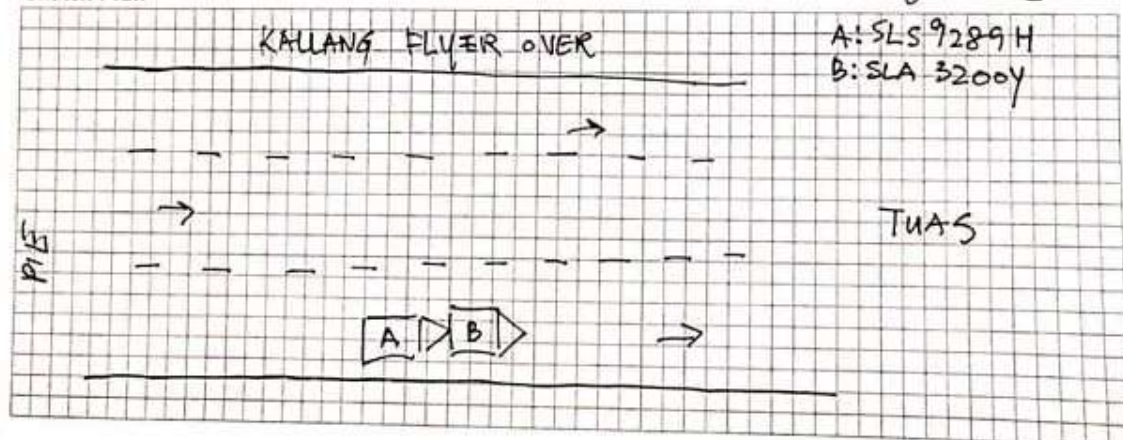
(c) my Personal Information may/can be disclosed by any of the Insurers and/or GIA to their third party service providers or agents (including their law yers/law firms), which may be sited outside of Singapore, for one or more of the above Purposes.

Policyholder's Signature / Date & Time

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

Witnessed by Reporting Centre Personnel

Sketch Plan



## Describe Circumstances of the Accident

ON 06.02.2021 AT ABOUT 1350 HRS I WAS DRIVING MY VEH SLS 9289H ON THE EXTREME RIGHT LANE OF KALLANG FLYOVER TOWARDS TUAS. TRAFFIC WAS SMOOTH. VEH B SLA 3200Y WHICH WAS IN FRONT SUDDENLY BRAKE. I COULD NOT STOP IN TIME HENCE MY VEH A REAR-ENDED VEH B. I CHECK WITH MY PASSENGER AND VEH B DRIVER AND PASSENGER. THEY ASSURED ME THERE IS NO INJURY. TOUTER ON SCENE AND I OVERHEARD TOUTER TELLING VEH B DRIVER TO SEE DOCTOR.

## 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

06.02.2021 1530 HRS

Witnessed by Reporting Centre Personnel

12 Jan 2021























