

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 05/03/2021 12:51 (SGT)
Date of Accident 04/03/2021 17:45 (SGT)
Exact Location of Accident Cambridge Rd, Singapore
Additional Location Information -
Country/State of Loss Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number SLT4965S

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) +65-91738559
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 CHUA BOON TAT
NRIC No S1461080D
Date Of Birth 04/07/1961
Occupation Outdoor

Date Of Driving Pass	18/09/1980
Driving experience	40 YEARS AND 6 MONTHS
Gender	Male
Mobile Number	(Phone) +65-91738559
Alt. Phone Number	-
Email Address	MIKECHUA99@GMAIL.COM
Address	BLK 115 LORONG 1 TOA PAYOH #04-404
Address complement	-
Postcode	310115
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	Side Swipe
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)	3
Has the driver been approached by unknown person(s) soliciting/offering accident claims assistance?	No

PASSENGER 1

Name	MOTHER
Gender	Female

PASSENGER 2

Name	INFANT
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 4/3/21 @ 17445HRS I WAS DRIVING MY CAR SLT4965S ALONG CAMBRIDGE ROAD ALONG WITH 1 FEMALE PASSENGER AND HER BABY. I WAS ALIGHTING HER AT UNIT 33J @ CAMBRIDGE ROAD. UPON ARRIVING AT UNIT 33J AS PER THE GPS DIRECTION, MY PASSENGER CLAIMED THAT IT WASN'T THE RIGHT UNIT, MOREOVER IT WAS HARD TO SEE THE UNIT NUMBERS ON THE GATE AS THERE WAS A FEW CONSTRUCTION LORRY PARKING ALONG THE ROAD AND THE VEHICLE WERE BLOCKING THE ENTRANCE TO SOME UNIT. I THEN TOLD MY PASSENGER TO REMAIN SEATED AND I TRY TO REVERSE BACK HOPING TO GET A GLIMPSE AT THE UNIT NO. AS I LOOK TO MY LEFT FOR THE UNIT NO, AT THE SAME TIME SLOWLY REVERSING BACK, I SUDDENLY COLLIDED ONTO SOMETHING AND ONLY TO REALISE MY REAR RIGHT SIDE TYRE BUMPER HAD SIDE SWIPED TO A BLACK MERCEDES EF2211D THAT WAS PARKED OUTSIDE UNIT 35D. THE CAR WAS AT STATIONARY AND NO PASSENGER NOR DRIVER WAS IN THE CAR AT THE POINT OF COLLISION. NO INJURY SUSTAINED FROM ANY PARTY. THE OWNER STEPPED OUT AND WE BOTH EXCHANGED DETAILS.

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	EF2211D
Vehicle Manufacturer	Mercedes
Vehicle Model	-
Vehicle Variant	-
Vehicle Colour	-
Vehicle Category	Private car
Name of Driver	YEE POH HIN
NRIC No	S0401860E
Contact Number	-
Address	35D CAMBRIDGE ROAD
Address complement	-
Postcode	219739
Insurance Company Name	-
Nature Of Damage	-
Details of property damaged in accident	-
No. Of Passenger (Including Driver)	-

SKETCH PLAN

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. 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

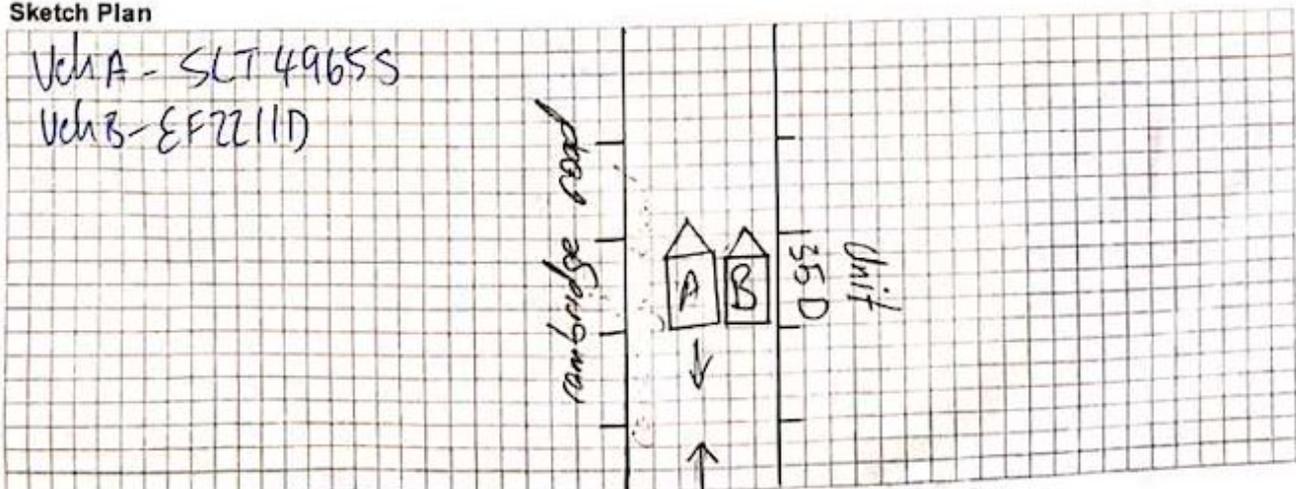
(c) my Personal Information may/can be disclosed by any of the Insurers and/or GIA to their third party service providers or agents (including their law yers/law firms), which may be sited outside of Singapore, for one or more of the above Purposes.

Policyholder's Signature / Date & Time

Witnessed by Reporting Centre Personnel

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

Sketch Plan



Describe Circumstances of the Accident

On 4/3/21 @ 1745 hrs I was driving my car SLT49655 along Cambridge Road along with 1 female passenger and her baby. I was alighting her at Unit 335 @ Cambridge road. Upon arriving at unit 335 as per the GPS direction, My Passenger claimed that it wasn't the right Unit, moreover it was hard to see the unit numbers on the gate as there was a few construction lorry parking along the road and the vehicle were blocking the entrance to some Unit. I then told my passenger to remain seated and I FM to reverse back hoping to get a glimpse of the unit no. As I look to my left for the unit no, at the same time slowly reversing back, I suddenly collided onto something and only to realise my rear right side tyre bumper had side swiped to a black mercedes EF2211D that was parked outside Unit 35D. The car was at Stationary and no passenger nor driver was in the car at the point of collision. No injury sustained from any party. The owner stepped out and we both exchanged details.

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

Witnessed by Reporting Centre Personnel

5/3/21

