

# 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 09:47 (SGT)  
Date of Accident ..... 04/03/2021 17:51 (SGT)  
Exact Location of Accident ..... Springleaf Ave & Nee Soon Rd, Singapore  
Additional Location Information ..... -  
Country/State of Loss ..... Singapore

## DETAILS OF OWN VEHICLE

Vehicle Registration Number ..... SLT3892A

### 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) +65-90082565  
Alternative Phone No ..... (Office) +65-66550005

### VEHICLE PARTICULARS

Manufacturer ..... Mazda  
Model ..... 3  
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 ..... EARNEST NG FU FONG  
NRIC No ..... S2696223D  
Date Of Birth ..... 17/11/1963  
Occupation ..... Outdoor

Date Of Driving Pass .....	01/09/2003
Driving experience .....	17 YEARS AND 6 MONTHS
Gender .....	Male
Mobile Number .....	(Phone) +65-90082565
Alt. Phone Number .....	-
Email Address .....	EARNESTNG@GMAIL.COM
Address .....	6 WEST COAST ROAD #03-01
Address complement .....	-
Postcode .....	126824
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? .....	No
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

#### 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 4/3/2021 AT ABOUT 1751HRS, I WAS DRIVING MY VEHICLE SLT3892A LONG SPRINGLEAF AVE. BEFORE REACHING JUNCTION OF SPRINGLEAF AVE AND NEE SOON RD, I SLOWDOWN MY VEHICLE. BUT I NEVER STOP AT STOP LINE AND GOING STRAIGHT SLOWLY WHEN ONE MOTORBIKE FBH5256E FROM MY LEFT SIDE ON NEE SOON RD WAS COLLIDED ONTO MY LEFT SIDE OF MY VEHICLE. EXCHANGED PARTICULARS. MOTORIST SUSTAINED ABRASION ON HIS LEFT HAND. HE ABLE TO STAND AND WALK. I GOT ONE PASSENGER ONBOARD AND SHE OK.

#### 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 .....	FBH5256E
Vehicle Manufacturer .....	-
Vehicle Model .....	-
Vehicle Variant .....	-
Vehicle Colour .....	-

Vehicle Category .....	Motorcycle
Name of Driver .....	ALOYSIUS ALWIN S/O MICHAEL
NRIC No .....	S8625760B
Contact Number .....	(Phone) +65-83282421
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 .....	ALOYSIUS ALWIN S/O MICHAEL
Address .....	-
Address Complement .....	-
Post Code .....	-
Approximate Age Years Old .....	-
Injuries Sustained .....	ABRASION ON LEFT HAND
Injured person in which vehicle? .....	FBH5256E
Were seat belts worn? .....	-
Was this injured conveyed to hospital by ambulance? .....	No

**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

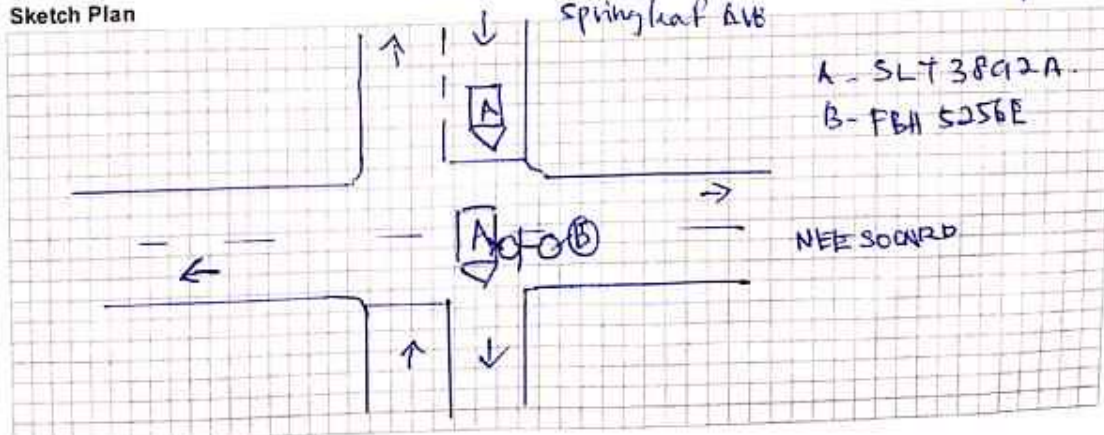
(c) my Personal Information may/can be disclosed by any of the Insurers and/or GIA to their third party service providers or agents (including their lawyers/law firms), which may be sited outside of Singapore, for one or more of the above Purposes.

Policyholder's Signature / Date & Time

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

Witnessed by Reporting Centre Personnel

Sketch Plan



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## ACCIDENT STATEMENT

Date Of Report 4/3/2021  
 Date Of Accident 4/3/2021  
 Exact Location Of Accident SPRINT LEAF KITE TO NET SWIND  
 Country/State of Loss SINGAPORE

## DETAILS OF OWN VEHICLE

Vehicle Registration Number 5LT 3973A

## Insured/Policyholder

Name Of Registered Owner \_\_\_\_\_

Co Reg No \_\_\_\_\_

Email Address \_\_\_\_\_

Mobile Phone No \_\_\_\_\_

Alternative Phone No \_\_\_\_\_

## Vehicle Particulars

Manufacturer \_\_\_\_\_

Model \_\_\_\_\_

Exact Purpose for which vehicle was being used at time of accident \_\_\_\_\_

Are you claiming under your own insurance policy for repair to your vehicle? \_\_\_\_\_

If No, Please state action to be taken \_\_\_\_\_

Vehicle Category \_\_\_\_\_

## Insurance Company

Name of Insurance Company \_\_\_\_\_

Type Of Coverage \_\_\_\_\_

Fleet Policy \_\_\_\_\_

Policy Number \_\_\_\_\_

Cover Note Number \_\_\_\_\_

## Driver

Name of Driver \_\_\_\_\_

Passport No/FIN \_\_\_\_\_

Date Of Birth \_\_\_\_\_

Occupation \_\_\_\_\_

Date Of Driving Pass \_\_\_\_\_

Driving Experience \_\_\_\_\_

Gender \_\_\_\_\_

Mobile Number \_\_\_\_\_

Fax Number \_\_\_\_\_

Contact Number \_\_\_\_\_

Email Address \_\_\_\_\_

earnestng@gmail.com

NOEMAIL

MALE / FEMALE MALE(LOCAL) +65- 9008 3865

YEARS AND MONTHS \_\_\_\_\_

OUTDOOR 01 SEP 2003

17-11-1963

J269623D

EARNEST NG A/only

YES / NO \_\_\_\_\_

REPORTING ONLY / THIRD PARTY  
 PRIVATE HIRE / COMMERCIAL VEHICLE

MA-202

OFFICE- \_\_\_\_\_

(LOCAL) +65- \_\_\_\_\_



