

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 15/03/2021 11:38 (SGT)
Date of Accident 14/03/2021 19:28 (SGT)
Exact Location of Accident 10 Eunus Rd 8, Singapore 408600
Additional Location Information SINGPOST CENTER (PAYA LEBAR)
Country/State of Loss Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number SMQ5590L

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) +65-91996084
Alternative Phone No (Office) +65-66550005

VEHICLE PARTICULARS

Manufacturer Kia
Model Niro
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 LIM POH SAN
NRIC No S7512748J
Date Of Birth 24/04/1975
Occupation Outdoor

Date Of Driving Pass	29/06/2013
Driving experience	7 YEARS AND 9 MONTHS
Gender	Male
Mobile Number	(Phone) +65-91996084
Alt. Phone Number	-
Email Address	POHSAN.LIM@GMAIL.COM
Address	BLK 36 EUNOS CRESCENT #18-278
Address complement	-
Postcode	400036
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 - Major/Minor Rd
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)	4
Has the driver been approached by unknown person(s) soliciting/offering accident claims assistance?	No

PASSENGER 1

Name	UNKNOWN
Gender	Female

PASSENGER 2

Name	UNKNOWN
Gender	Female

PASSENGER 3

Name	UNKNOWN
Gender	Male

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 14/03/2021 AT ABOUT 1928HRS, I WAS DRIVING MY VEHICLE SMQ5590L ALONG EUNOS RD 8 TOWARDS SINGPOST PAYA LEBAR. REACHING DESTINATION I MAKE A LEFT TURN TO DROP OFF MY PASSENGER, WHEN VEHICLE SMH530R WHICH WAS GOING STRAIGHT SWIPED ONTO MY LEFT SIDE FRONT OF MY VEHICLE. NOBODY WAS INJURED.

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	SMH530R
Vehicle Manufacturer	Toyota
Vehicle Model	COROLLA ALTIS
Vehicle Variant	-
Vehicle Colour	-
Vehicle Category	Private car
Name of Driver	LAM KUO YUNG
NRIC No	S7245680G
Contact Number	(Phone) +65-93891474
Address	-
Address complement	-
Postcode	-
Insurance Company Name	-
Nature Of Damage	-
Details of property damaged in accident	-
No. Of Passenger (Including Driver)	2

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:

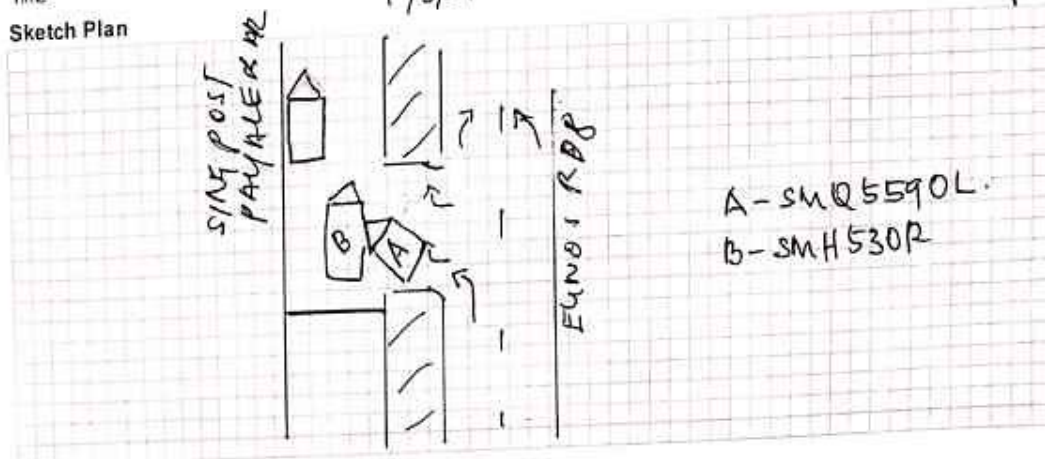
- (a) My insurer, my workshop and the General Insurance Association of Singapore ("GIA") may/are permitted to collect, use, disclose and/or process my personal data/personal information set out in this [form] and any other personal information provided by me or possessed by my insurer (collectively the "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' 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



Describe Circumstances of the Accident

On 14/3/2021 at about 1925Hrs, I was driving my vehicle SMQ 5590L along EUNOS RD 8 towards Smyth's pub LABAR. Reaching destination I make a left turn to drop off my passenger, when vehicle SMH 530R which were going straight were ^{front} ~~swiped~~ ~~collided~~ onto my left side of my vehicle. Nobody was injured.

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 14/3/21 - 2025H

Witnessed by Reporting Centre Personnel













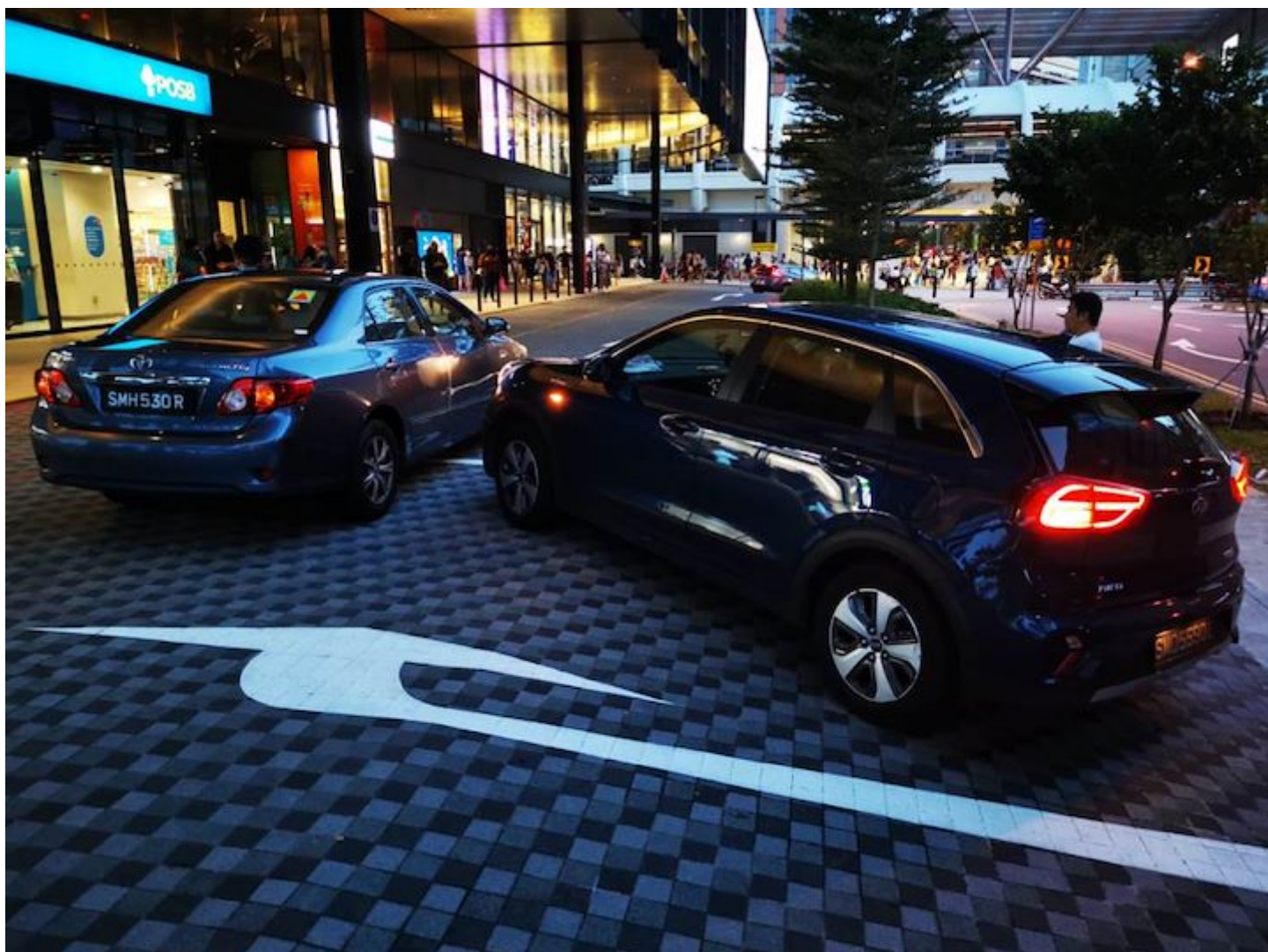


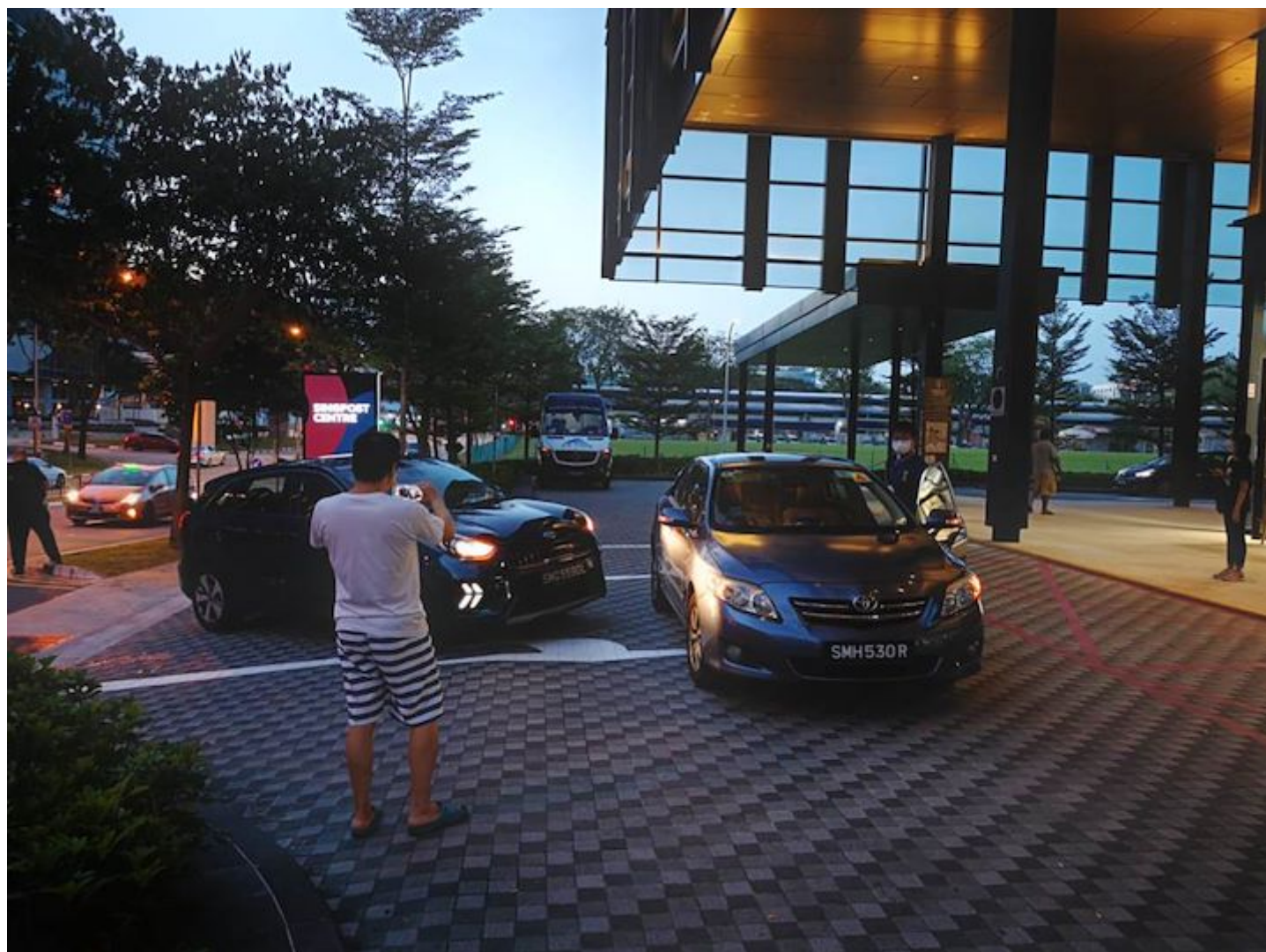








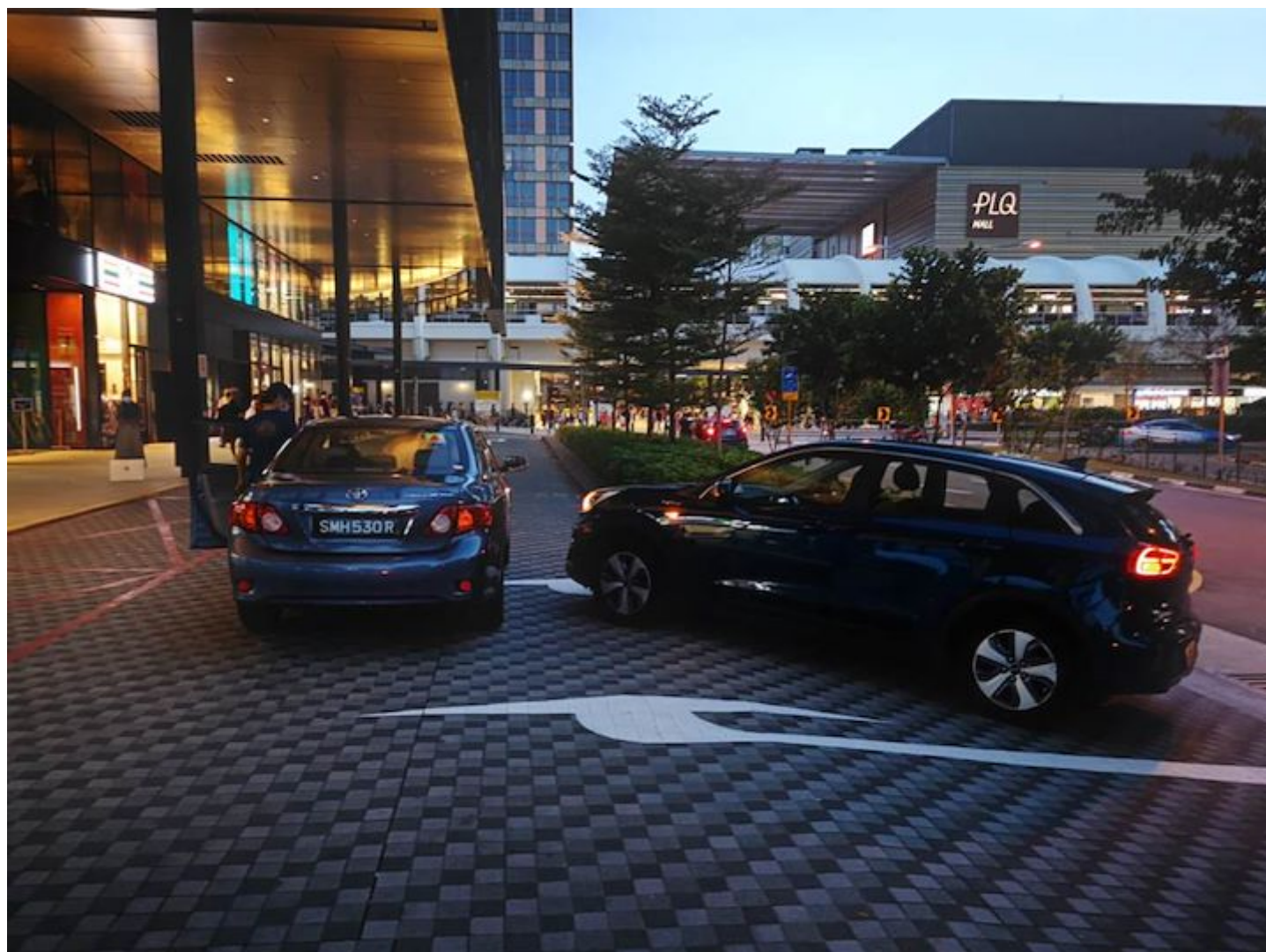
















GENERAL INSURANCE ASSOCIATION OF SINGAPORE RECORDS MANAGEMENT CENTRE
6 Raffles Quay #18-00 Singapore 048580
Tel (65) 6224 0010 Fax (65) 6224 0030
Operating Hours : Monday to Friday, 09:00 – 17:00
UEN: S66550020G / GST Reg. No.: M400017735

ADDENDUM

Original Report No : SJ04213F000A Vehicle Registration No: SMQ5590L

Name(as shown in NRIC) : GRAB RENTALS PTE LTD NRIC/FIN/Passport No : 201617200G

(*Vehicle Driver / Vehicle Owner) (*) Please delete as appropriate

Address : 18 Sin Ming Lane Midview City #01-08 Singapore(573960)

Contact (Tel) : 66550005 Mobile No. :

Email Address : _____

Date of Accident : 14/03/2021 Time of Accident: 19:28hrs

Place of Accident : 10 Eunos Road 8

Insurance Company: India International Insurance Pte Ltd

I have made a report on the above mentioned accident and would like to include additional information or make the following amendments:

- Change accident claim to " Third Party Claim "



Policyholder / Driver's Signature
Date:

Reporting Centre Personnel's Signature
Name: Ashikin
NRIC/FIN No.:
Date: 15/03/2021