

# 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 ..... 13/04/2021 11:31 (SGT)  
Date of Accident ..... 10/04/2021 12:50 (SGT)  
Exact Location of Accident ..... Napier Rd, Singapore  
Additional Location Information ..... -  
Country/State of Loss ..... Singapore

## DETAILS OF OWN VEHICLE

Vehicle Registration Number ..... SLQ4227E

### 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) +65-94563899  
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  
Transmission ..... Auto  
CC ..... 1496

### INSURANCE COMPANY

Name of Insurance Company ..... India International Insurance Pte Ltd  
Type of Coverage ..... Comprehensive  
Fleet Policy ..... Yes  
Policy Number ..... D21MFL0000447  
Cover Note Number ..... -

### DRIVER

Name of Driver ..... PEH CHIN JIONG  
NRIC No ..... S1819480E

Date Of Birth .....	28/10/1967
Occupation .....	Outdoor
Date Of Driving Pass .....	06/04/1988
Driving experience .....	33 YEARS
Gender .....	Male
Mobile Number .....	(Phone) +65-94563899
Alt. Phone Number .....	-
Email Address .....	JIONGPEH@GMAIL.COM
Address .....	BLK 536 CHOA CHU KANG STREET 51 #08-144
Address complement .....	-
Postcode .....	680536
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 .....	UNKNOWN
Gender .....	Male

#### DETAILS OF POLICE ACTION

Was the accident reported to the police? .....	Yes
Police Station Name .....	Jurong Division Headquarters
Police Station Phone No .....	(Phone) +65-18007910000
Alt. Police Station Phone No .....	(Fax) +65-68965647
Police Station Address .....	No. 2 Jurong West Avenue 5 Singapore 649482
Was notice of intended Prosecution given? .....	No
If yes, against whom? .....	-

#### CIRCUMSTANCES OF ACCIDENT

#### REFER TO POLICE REPORT

#### 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 .....	SGD2250C
Vehicle Manufacturer .....	Toyota

Vehicle Model .....	-
Vehicle Variant .....	-
Vehicle Colour .....	-
Vehicle Category .....	Private car
Name of Driver .....	LING CHYE SENG
NRIC No .....	S0097083B
Contact Number .....	-
Address .....	30 WEST COAST ROAD #03-18
Address complement .....	-
Postcode .....	127450
Insurance Company Name .....	-
Nature Of Damage .....	-
Details of property damaged in accident .....	-
No. Of Passenger (Including Driver) .....	2

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

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**8. Consent under the Personal Data Protection Act (PDPA)**

I understand, acknowledge, agree and consent that:

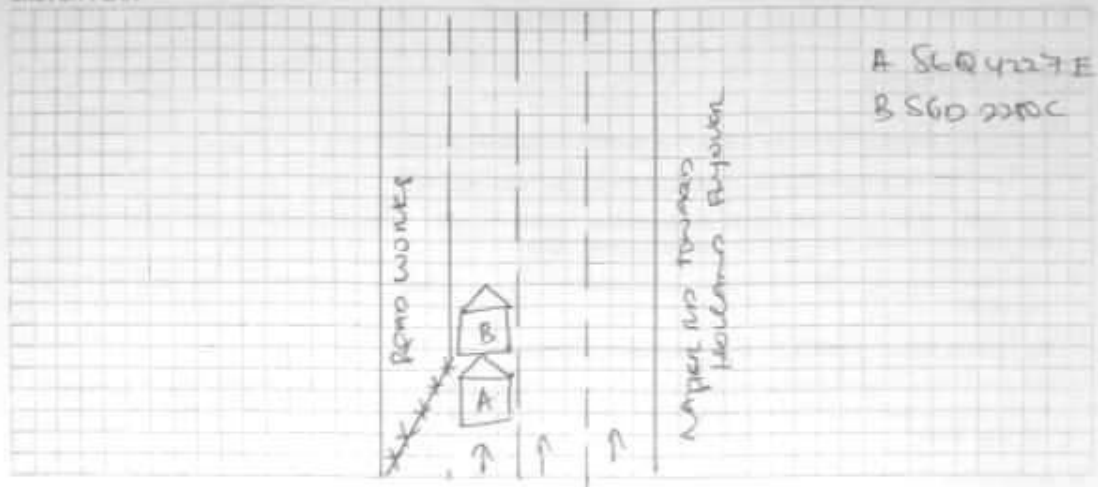
- (a) My insurer, my workshop and the General Insurance Association of Singapore ("GIA") may/are permitted to collect, use, disclose and/or process my personal data/personal information set out in this [form] and any other personal information provided by me or possessed by my insurer (collectively the "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.
- (d) my Personal Information will also be collected and used to compile claims history for the purpose of fraud detection, investigation and management in present and all future claims.
- (e) the information so collected under (d) above may be shared / disclosed:
  - (i) to all insurers and/or any other third parties that assist in evaluating, investigating, controlling or managing fraud, regulators, law enforcement and government agencies as reasonably required for the purposes stated, or
  - (ii) for complying with requirements under any regulations, laws or court orders.

Policyholder's Signature  
Date & Time:

Driver's Signature  
(if driver is not the policyholder)  
Date & Time:

Reporting Centre Personnel's Signature  
Name:  
NIC/FIN No.:

### SKETCH PLAN



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

REFER TO POLICE REPORT

## DECLARATION

I/We declare the foregoing particulars are true in every respect.

Policyholder's Signature \_\_\_\_\_  
Date & Time: \_\_\_\_\_

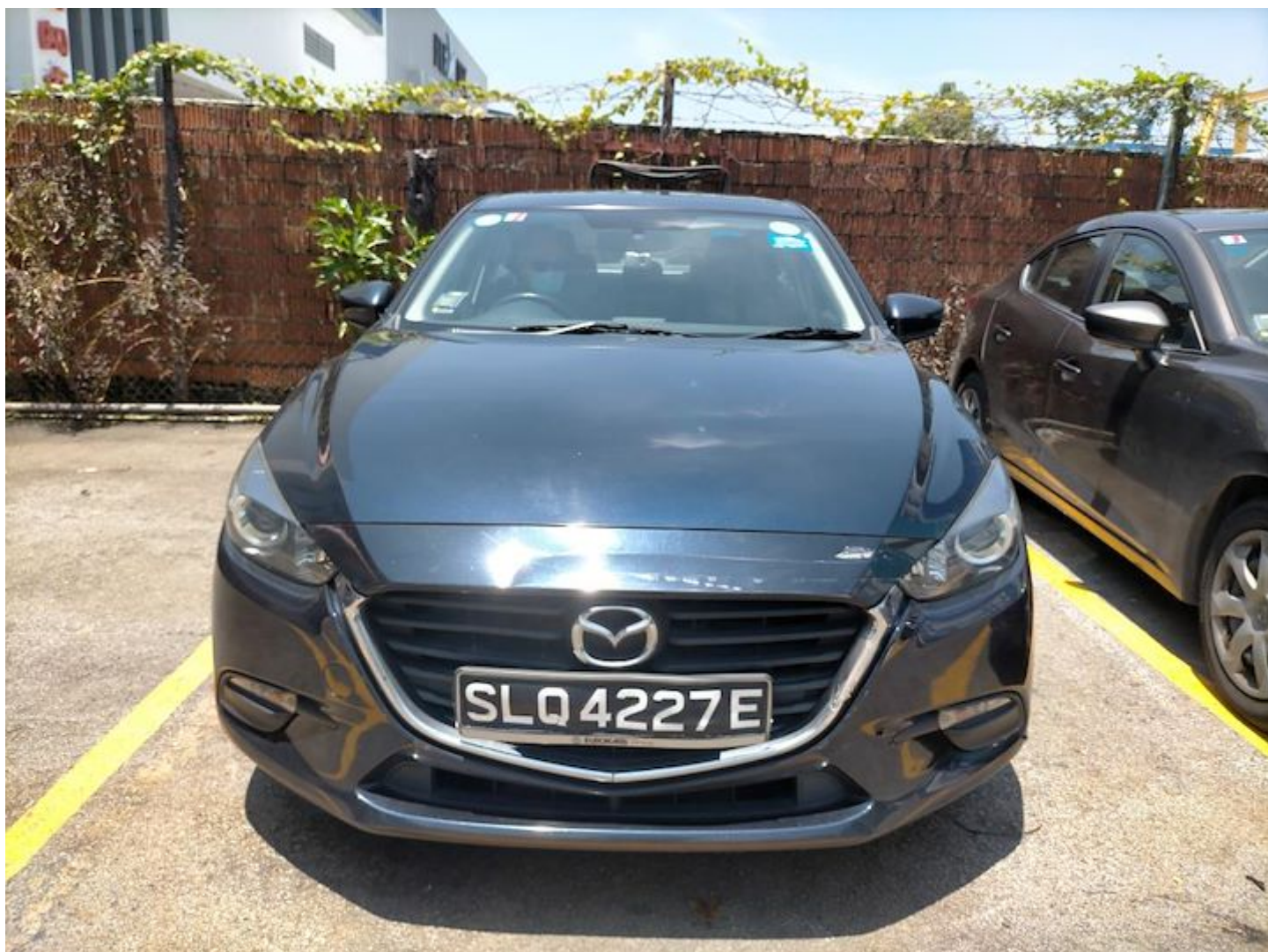
Driver's Signature  
(If driver is not the policyholder)  
Date & Time

Reporting Centre Personnel's Signature  
Name: \_\_\_\_\_  
NRIC/FIN No.: \_\_\_\_\_

NISC/PTN No.:

2000





















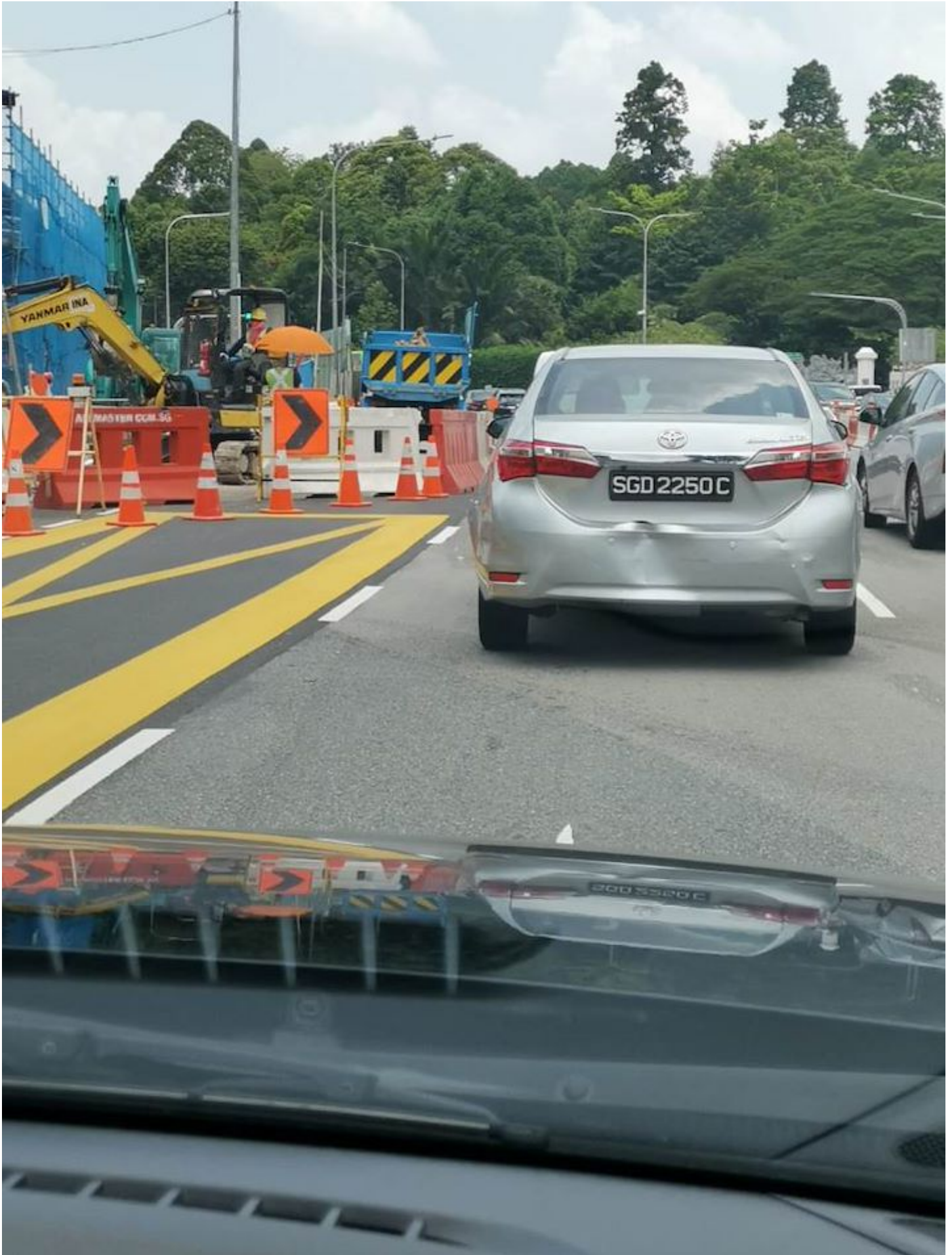














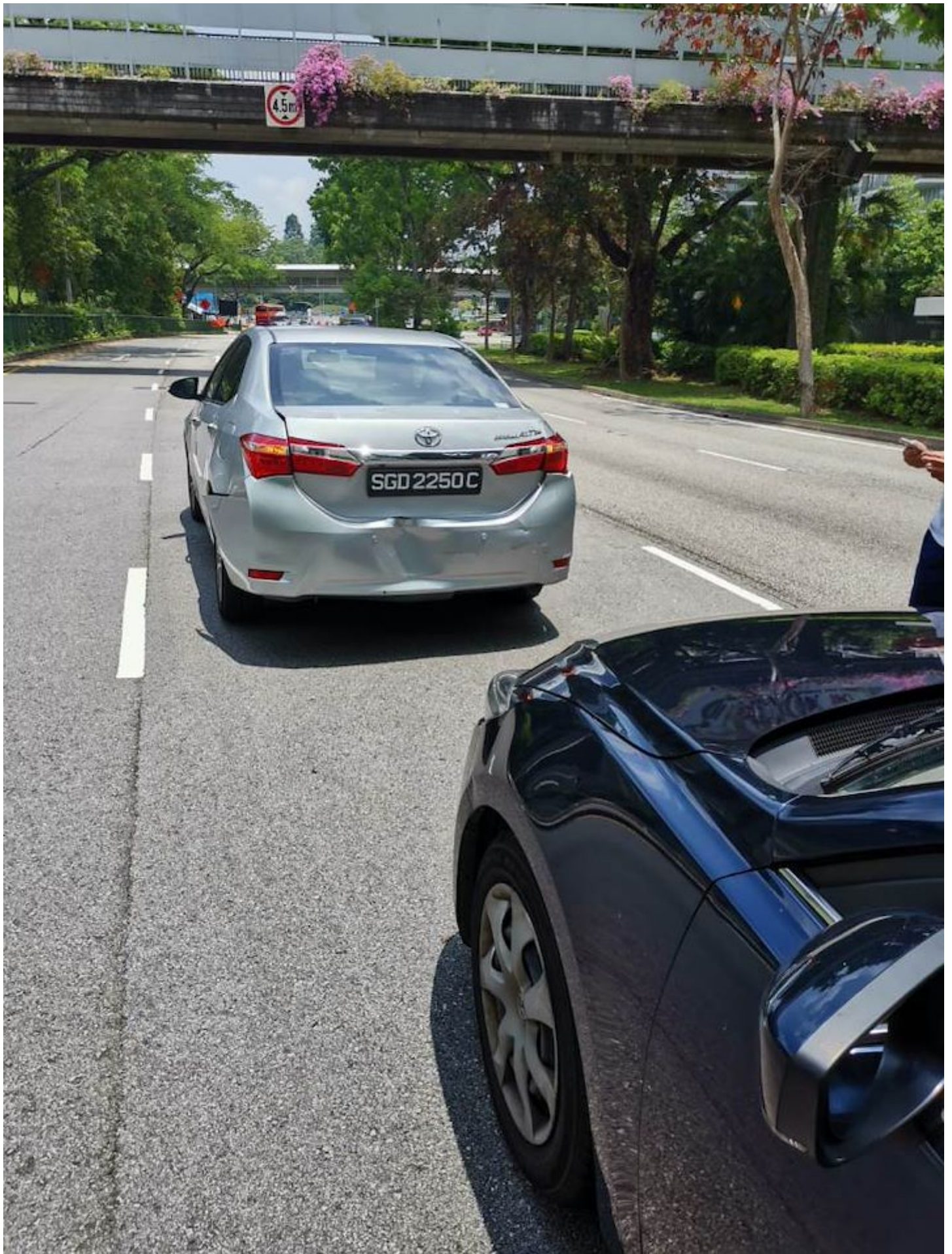


























**SINGAPORE  
POLICE FORCE**



J/20210411/7006

1 of 2

**POLICE REPORT (NP299)**

Report No. J/20210411/7006

Police Station Of Origin  
Jurong Division HQ  
2 Jurong West Avenue 5 SINGAPORE  
649482  
Tel No:1800-7910000

Date/Time Report Made 11/04/2021 09:01	Vide Report No.	Station Diary No.
Name Of Informant PEH CHIN JIONG	Address 536 CHOA CHU KANG STREET 51 #08-144 SINGAPORE 680536	
ID Type / ID No. NRIC NO / S1819480E	Contact No. Home/Office:                      Mobile: 94563899	
Nationality SINGAPORE CITIZEN	Email Address jiongpeh@gmail.com	
Occupation Private hired driver	Sex Male	Age 53
Institution/School Name	Date of Birth 28/10/1967	Race Chinese
Date/Time Of Incident 10/04/2021 12:50 - 10/04/2021 13:15	Language English	
	Location Of Incident 536 CHOA CHU KANG STREET 51 #08-144 SINGAPORE 680536	

**Brief details.**

The accident happened outside of the British Council Singapore.

I was driving on Grange Road towards Holland Road, the few cars in front of me suddenly stops so I tried to do an emergency stop I felt the brakes are gripping even the whole car is Jerking but it was too late and I collided onto the car (SGD2250C) in front of me. It was not raining and traffic condition is light. My passenger was alright he did not get hurt or injury in the car accident, he called another grab car to go to his destination.

Signature Of Officer Recording The Report: Not applicable	Signature Of Informant: The identity of the person making this report has been authenticated by SingPass. No signature is required.
Signature Of Interpreter: Not applicable	Date/Time: 11/04/2021 09:01
Officer In-Charge Of Case:	Classification Of Case:
Authentication Stamp	



**SINGAPORE  
POLICE FORCE**



J/20210411/7006

2 of 2

POLICE REPORT (NP299)

CONTINUATION OF REPORT

Report No. J/20210411/7006

Subjects Involved			
Victim			
Person Name	PEH CHIN JIONG		
ID Type	NRIC NO	ID No	S1819480E
Gender	Male	Age	53
Race	Chinese	Language	English
Occupation	Private hired driver	Address	536 CHOA CHU KANG STREET 51 #08-144 SINGAPORE 680536
Mobile No	94563899	Is Informant A Victim?	Yes
Person Name	PEH CHIN JIONG (Informant)		

Signature Of Officer Recording The Report: Not applicable	Signature Of Informant: The identity of the person making this report has been authenticated by SingPass. No signature is required.
Signature Of Interpreter: Not applicable	Date/Time: 11/04/2021 09:01
Officer In-Charge Of Case:	Classification Of Case:
Authentication Stamp	



