# **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 witholding 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.

- 4. The issue and acceptance 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 09/04/2021 12:12 (SGT) Date of Accident 09/04/2021 05:30 (SGT) Exact Location of Accident 103 Jln Rajah, Block 103, Singapore 321103 Additional Location Information Country/State of Loss Singapore

### **DETAILS OF OWN VEHICLE**

Vehicle Registration Number SI M1606K

#### INSURED/POLICYHOLDER

Is company? Yes Name Of Registered Owner **GRAB RENTALS PTE LTD** Company Reg No 201617200G **Email Address** gr.sq.accident@grab.com Mobile Phone No (Phone) +65-92727667 Alternative Phone No (Office) +65-66550005

### VEHICLE PARTICULARS

Manufacturer Mazda Model 3 Variant Exact purpose for which vehicle was being used at time of Private hire accident Are you claiming under your own insurance policy for repair to No - Reporting only your vehicle? 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 Policy Number D21MFL0000447 Cover Note Number

### DRIVER

Name of Driver TANG KAH WAI (DENG JIAWEI) NRIC No. S8434750G

Date Of Birth 27/10/1984 Occupation Outdoor Date Of Driving Pass 18/11/2003 Driving experience 17 YEARS AND 5 MONTHS Gender Mobile Number (Phone) +65-92727667 Alt. Phone Number Email Address TANGKAHWAI84@GMAIL.COM Address BLK 117A JALAN TENTERAM #15-509 Address complement Postcode 321117 Is the driver the policyholder? Nο If No. Relationship of the Driver with the Insured Hirer Does Driver Own Other Vehicles? Nο 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 Property Weather Conditions Clear Road Surface Dry OTHER INFORMATION Was any foreign vehicle involved in the accident? No Number of vehicles involved in the accident Was anybody injured in the Accident? Nο Was any injured conveyed to hospital by ambulance? Was any other material or property damaged? Yes Number of Passengers (Including Driver) Has the driver been approached by unknown person(s) soliciting/offering accident claims assistance? Nο **DETAILS OF POLICE ACTION** Was the accident reported to the police? Nο Was notice of intended Prosecution given? No If yes, against whom? CIRCUMSTANCES OF ACCIDENT ON 09.04.2021 AT ABOUT 0530HRS I WAS DRIVING MY VEH A SLM1606K ALONG JALAN RAJAH TOWARDS WHAMPOA. ROUND THE BEND, I LOST CONTROL OF MY VHE A AND MOUNTED THE KERB ACROSS THE ROAD. I CRASHED BETWEEN A TREE AND THE SIGN BOARD. THEN MY VEH A COLLIDED ONTO VEH B SLT 7649K AND VEH C SHD 2070T WHICH WAS PARKED AT THE OPEN-SPACE CARPARK OF BLOCK 103 JALAN RAJAH. NO ONE WAS INJURED. NOTE, THE TREES AND SIGN BOARD WAS ALSO DAMAGED. BLUE SG CHARGING KIOSK WAS ALSO DAMAGED. ATTACHMENT(S) Are accident photos available for attachment? Yes Was there any video captured by Car Camera? Nο Was there any audio recorded? No **DETAILS OF OTHER VEHICLE PROPERTY 1** Vehicle Registration Number SI T7649K Vehicle Manufacturer

Private hire

Vehicle Model
Vehicle Variant
Vehicle Colour
Vehicle Category

Name of Driver

Contact Number	_
Address	_
Address complement	_
Postcode	_
nsurance Company Name	_
Nature Of Damage	_
Details of property damaged in accident	_
No. Of Passenger (Including Driver)	_

# **DETAILS OF OTHER VEHICLE PROPERTY 2**

Vehicle Registration Number	SHD2070T
Vehicle Manufacturer	-
Vehicle Model	-
Vehicle Variant	-
Vehicle Colour	-
Vehicle Category	Taxi
Name of Driver	-
Contact Number	-
Address	-
Address complement	-
Postcode	-
Insurance Company Name	-
Nature Of Damage	-
Details of property damaged in accident	-
No. Of Passenger (Including Driver)	_

# DETAILS OF OTHER VEHICLE PROPERTY 3

Vehicle Registration Number	-
Vehicle Manufacturer	-
Vehicle Model	-
Vehicle Variant	-
Vehicle Colour	-
Vehicle Category	Government
Name of Driver	-
Contact Number	-
Address	-
Address complement	-
Postcode	-
Insurance Company Name	-
Nature Of Damage	-
Details of property damaged in accident	BLUE SG CHARGING KIOSK
No. Of Passenger (Including Driver)	-

## **DETAILS OF OTHER VEHICLE PROPERTY 4**

Vehicle Registration Number Vehicle Manufacturer	-
Vehicle Model	-
Vehicle Variant	_
Vehicle Colour	-
Vehicle Category	Government
Name of Driver	-
Contact Number	-
Address	-
Address complement	-
Postcode	-
Insurance Company Name	-
Nature Of Damage	-
Details of property damaged in accident	SIGN BOARD
No. Of Passenger (Including Driver)	-

## **DETAILS OF OTHER VEHICLE PROPERTY 5**

Vehicle Registration Number	-
Vehicle Manufacturer	-
Vehicle Model	_
Vehicle Variant	-
Vehicle Colour	-
Vehicle Category	Government
Name of Driver	-
Contact Number	-
Address	-
Address complement	-
Postcode	_
Insurance Company Name	-
Nature Of Damage	-
Details of property damaged in accident	TREES
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
- 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 lodgment 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)
  - (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
- 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.
- 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
- 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.

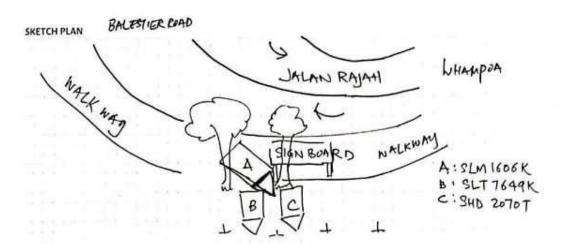
Policyholder's Signature Date & Time:

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

Date & Time:

Name

NRIC/FIN No .: Kymi Yong



### DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

	.04.2021 AT ABOUT 0530 HRS I WAS DEWING
My VE	H A SLM 1606K ALONG JOLAN RAJAH TOWARDS
WHALOS	A . ROUND THE BEND I LOST CONTROL OF MY
A HSV	AND MOUNTED THE KERB ACROSS THE ROAD.
1 CRAS	HED BETWEEN A TREE AND THE LIGH BOARD. THE
my VE	HA ADMIDED ONTO VEH B SLT 7649K AND
VEH C	SHD 2070 T WHICH WAS PARKED MY THE OPEN
CDACE	CARPARK OF BLOCK 103 JALAN RAJOH.
I'm ANT	- MAR WIMRED.
NOTE	THE TREE AND SIGN BOARD WAS TIED DOMINGE
BLUE	SG CHARGING KIOSK WAS ALSO DEMAGE.

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)

of driver is not the policyholde

0630HRS

Reporting Centre Personnel's Signature

Name: NRIC/FIN No.: Kymi Yorg

cs Scanned with CamScanner







