

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 30/07/2021 18:45 (SGT)
Date of Accident 21/07/2021 22:00 (SGT)
Exact Location of Accident Serangoon Ave 2, Singapore
Additional Location Information -
Country/State of Loss Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number SLM7658X

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) +65-88126619
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 PHUA YANG TAT
NRIC No S1158442Z

Date Of Birth	26/11/1955
Occupation	Outdoor
Date Of Driving Pass	07/03/1977
Driving experience	44 YEARS AND 4 MONTHS
Gender	Male
Mobile Number	(Phone) +65-88126619
Alt. Phone Number	-
Email Address	codyphua@gmail.com
Address	BLK 539 JURONG WEST AVENUE 1 #02-1036
Address complement	-
Postcode	640539
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 vehicle 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 West Neighbourhood Police Centre
Police Station Phone No	(Phone) +65-18002689999
Alt. Police Station Phone No	(Fax) +65-62672438
Police Station Address	700 Corporation Road Singapore 649818
Was notice of intended Prosecution given?	No
If yes, against whom?	-

CIRCUMSTANCES OF ACCIDENT

ON 21/07/21 AT ABOUT 2200HRS I WAS DRIVING VEHICLE A SLM7658X ALONG SERANGOON AVENUE 2 WITH ONE MALE PASSENGER.SUDDENLY VEHICLE B SLY6473X APPLIED BRAKE.MY VEHICLE FRONT COLLIDED ONTO VEHICLE B REAR EVEN THOUGH I APPLIED BRAKE.EXCHANGED PARTICULAR AND NO INJURIES.

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	SLV6473X
Vehicle Manufacturer	-
Vehicle Model	-
Vehicle Variant	-
Vehicle Colour	-
Vehicle Category	Private car
Name of Driver	LIM ZHIMING
NRIC No	S9907539B
Contact Number	(Phone) +65-84822131
Address	-
Address complement	-
Postcode	-
Insurance Company Name	-
Nature Of Damage	-
Details of property damaged in accident	-
No. Of Passenger (Including Driver)	2

SKETCH PLAN

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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.

Yang Hui

Policyholder's Signature / Date & Time

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

Witnessed by Reporting Centre Personnel

Sketch Plan

30/01/11 / 1315hrs

Barua

A SLN7658 X	
B SLY6473 X	

Describe Circumstances of the Accident

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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

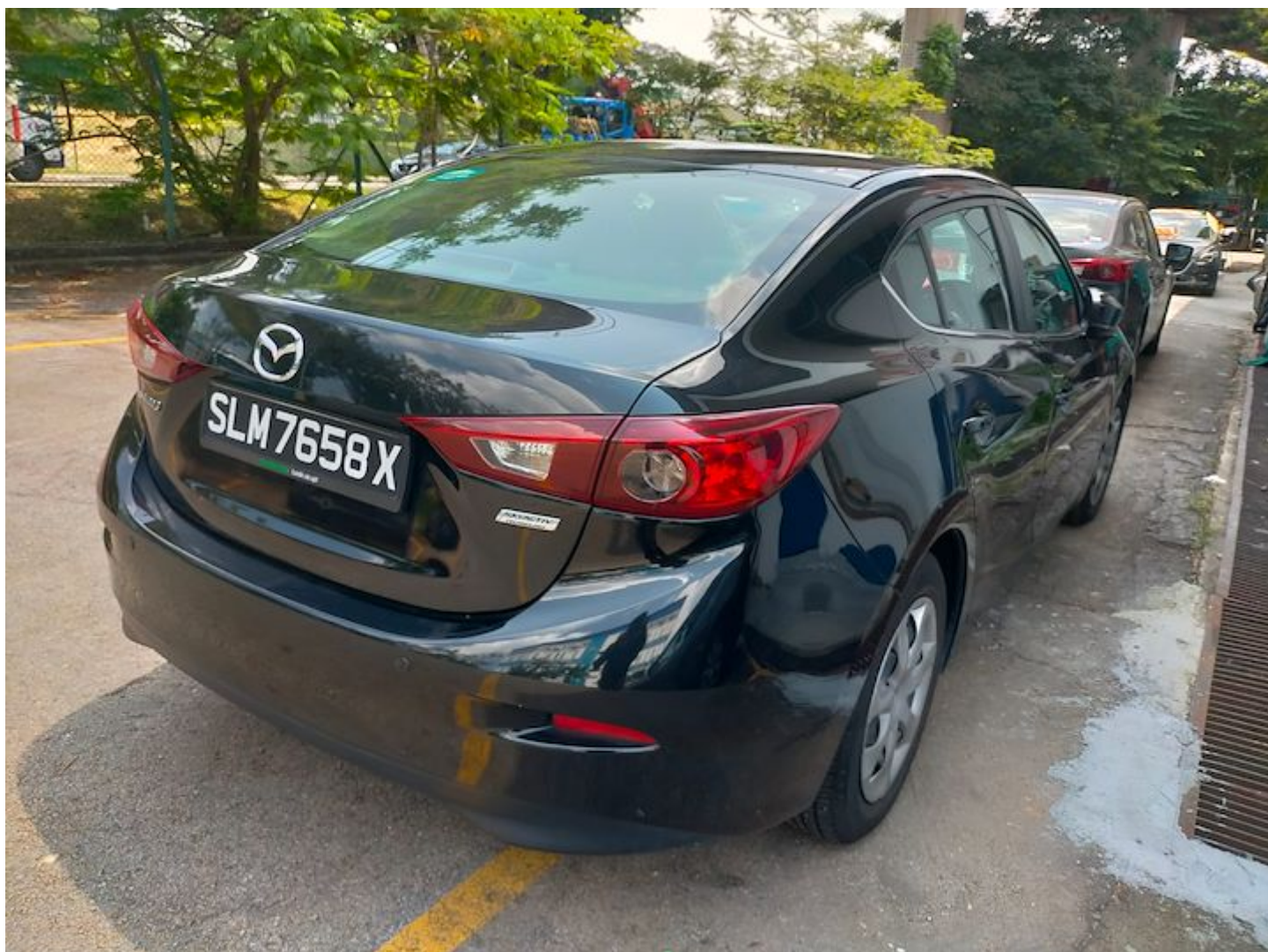
Witnessed by Reporting Centre Personnel

7 / 9









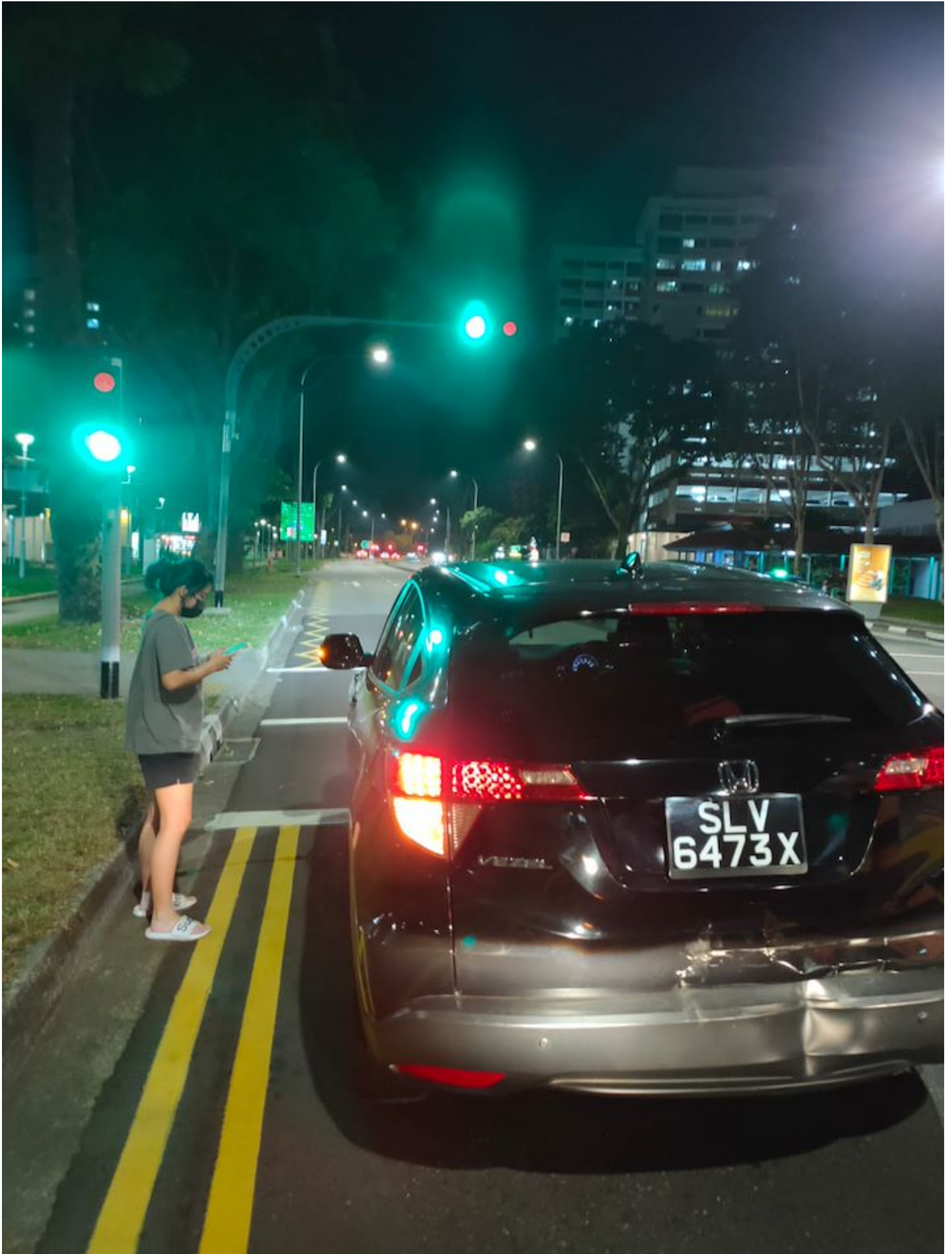


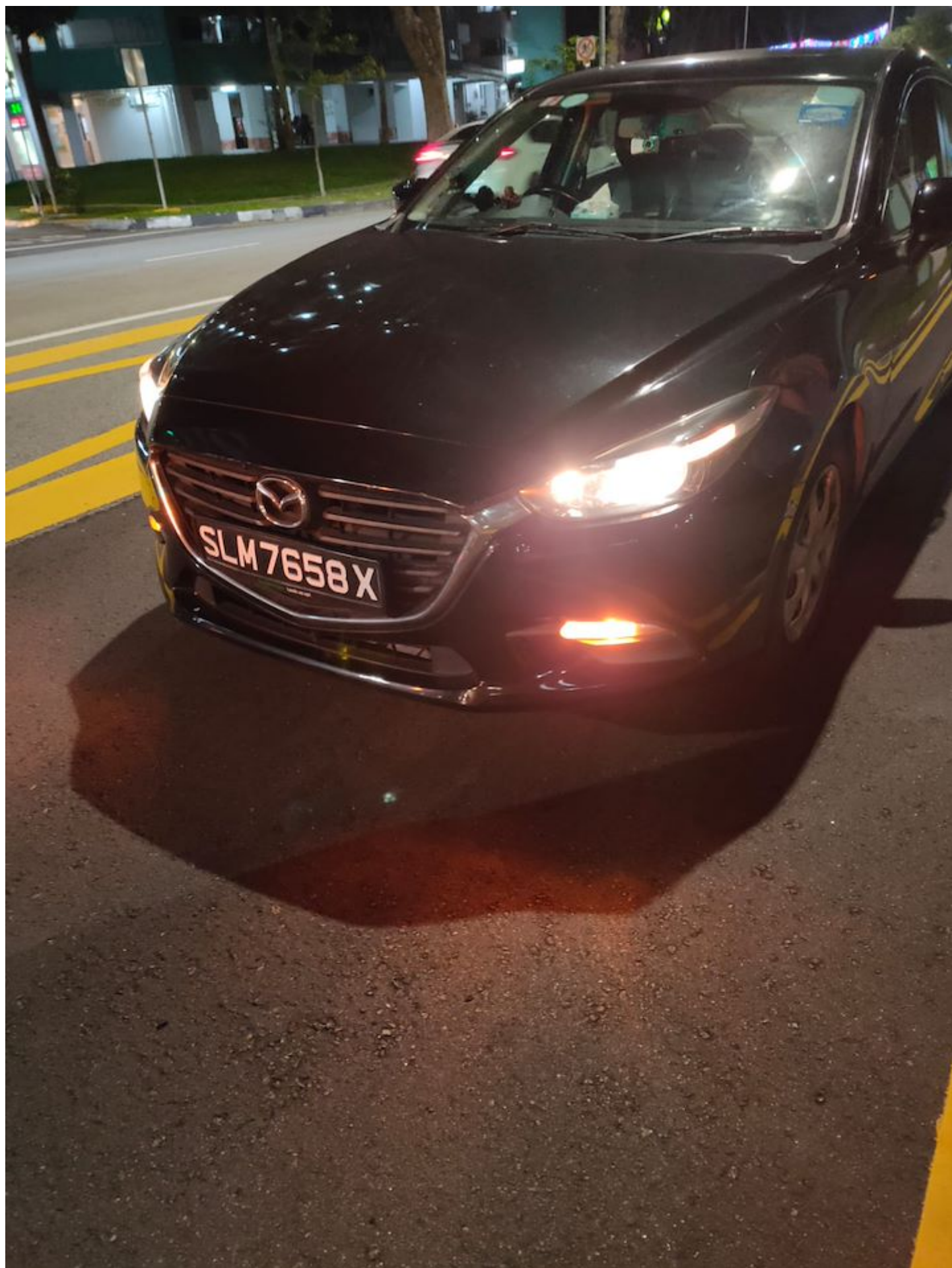


















Jurong West NPC
700 Corporation Road
Singapore 649818
Tel: 62689999 Fax: 62672438



Traffic Police
Annex D

Annex D

Traffic Police Department
Charge Office
10 Ubi Avenue 3
Singapore 408865

NOTICE OF REPORTING

Informant Name : Phua Yang Tat
Identity Card No : S1158442Z
Sex / Age / Race : M/65yrs old/Chinese
Address : B/539 Jurong West Ave 1, #02-1036
Occupation : Grab Driver
Telephone No : 88126619

1. This is to confirm that the above informant, has reported to the Police a non-injury traffic accident which occurred at Serangoon Ave 2 near Blk 39 traffic light on 21/07/2021 at 2200hrs HRS involving the following vehicles: SLM7658X and SLY6473X. The informant does not know if there was a hit and run accident as the informant vehicle does not have any damage.

2. If this accident was reported to the Police within 24 hours of its occurrence, then he/she has complied with Sec 84(2) of the Road Traffic Act, Cap 276.

Issuing Officer	: SSSGT Zuraine
Date / Time	: 22/07/2021 @ 2140hrs
Station Diary No	: 163
Police Post	: Jurong West NPC

JURONG WEST NPC
700 Corporation Rd
Singapore 649818
Tel: 62689999 Fax: 62672438

Signature of Informant	:	
Signature of Issuing Officer	:	

