

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 04/09/2021 10:21 (SGT)
Date of Accident 02/09/2021 22:45 (SGT)
Exact Location of Accident Jln. Ahmad Ibrahim, Singapore
Additional Location Information -
Country/State of Loss Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number SLW4164X

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) +65-97683834
Alternative Phone No (Office) +65-66550005

VEHICLE PARTICULARS

Manufacturer Honda
Model Vezel
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 DENNIS LIM YONG HUA
NRIC No S6934769Z

Date Of Birth	08/10/1969
Occupation	Outdoor
Date Of Driving Pass	24/06/1988
Driving experience	33 YEARS AND 3 MONTHS
Gender	Male
Mobile Number	(Phone) +65-97683834
Alt. Phone Number	-
Email Address	gr.sg.accident@grab.com
Address	BLK 803A KEAT HONG CLOSE #07-150
Address complement	-
Postcode	681803
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?	Yes
Was any injured conveyed to hospital by ambulance?	No
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	Female

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

PLEASE REFER TO POLICE REPORT
REPORT NO:

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	SKH1816J
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Vehicle Manufacturer	-
Vehicle Model	-
Vehicle Variant	-
Vehicle Colour	-
Vehicle Category	Private car
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)	-

INJURED PERSONS DETAILS

INJURED 1

Name of injured person	DENNIS LIM YONG HUA
Gender	Male
Phone No	-
Address	-
Address Complement	-
Post Code	-
Approximate Age Years Old	-
Injuries Sustained	PAIN IN CHEST , LEG AND LEFT THUMB SWOLLEN
Injured person in which vehicle?	SLW4164X
Were seat belts worn?	-
Was this injured conveyed to hospital by ambulance?	No

SKETCH PLAN

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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 (MO No. 22.10)



Describe Circumstances of the Accident

PLEASE REFER TO POLICE REPORT
REPORT NO:

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 12:00 03.09.21

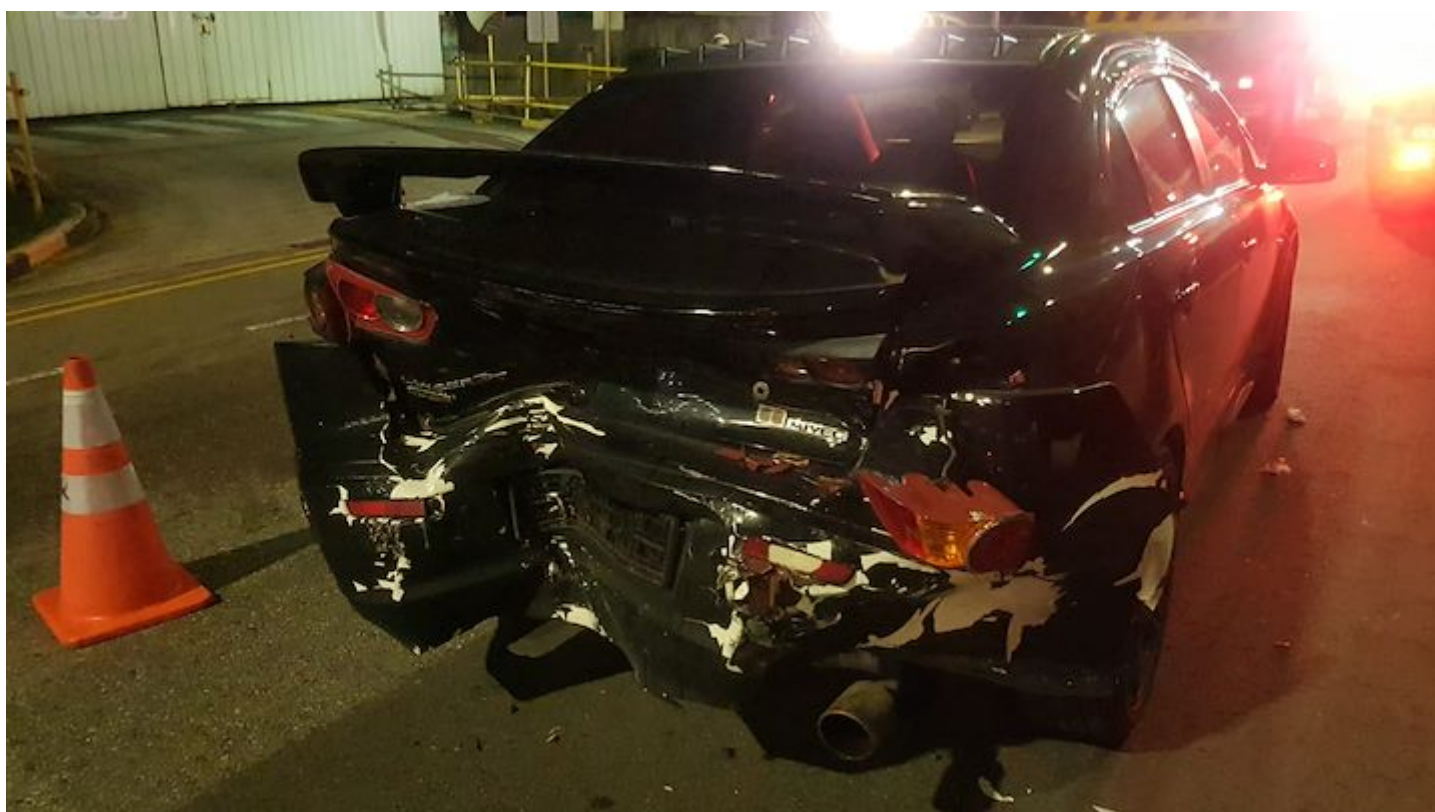
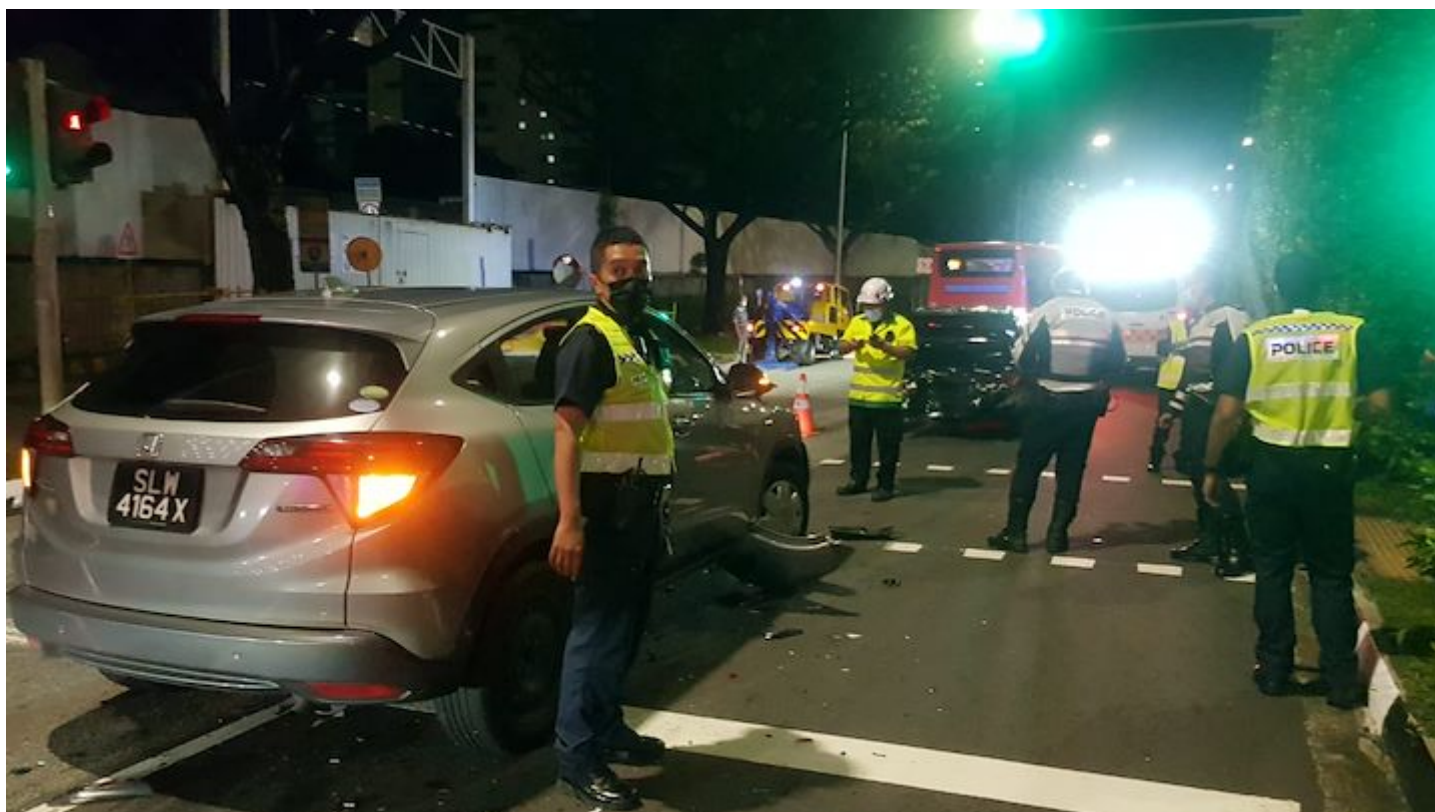
Witnessed by Reporting Centre
Personnel MD N7122 IN


















**SINGAPORE
POLICE FORCE**

Police Station Of Origin:
Jurong West N.P.C
700 Corporation Road SINGAPORE 649818
Tel No: 1800-2689999



T/20210903/2139

1 of 3

Report No. T/20210903/2139

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 03/09/2021 23:09	Vide Report No.:	Station Diary No.: 124
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Informant's Particulars

Name of Informant: DENNIS LIM YONG HUA	Address: APT BLK 803A KEAT HONG CLOSE #07-150 SINGAPORE 681803		
ID Type / ID No.: NRIC NO / S6934769Z	Contact No.: Home/Office: Mobile: 87683834		
Nationality: SINGAPORE CITIZEN	Email:		
Sex: Male	Age: 51	Date of Birth: 08/10/1969	Type of Informant: Driver
Race: Chinese	Language:		Institution / School Name:
Occupation: GRAB DRIVER	Driving Licence Information: Class: 3		Date of Expiry:

General Information of the Accident

Type of Accident: Non-Injury Attended by Police	Drink Drive: No	Date/Time of Accident: 02/09/2021 22:45	Type of Location: Roundabout
Location: AYER RAJAH EXPRESSWAY			
Weather: Clear	Road Surface: Dry	Road Speed Limit:	
Traffic Flow: Dual Carriage Way	Traffic Control: Not Controlled	Traffic Volume: Light	
Type of Collision: Between Moving Vehicles - Head To Rear			Anyone conveyed by ambulance: No

Details of Vehicle Involved

Vehicle No.	Type	Make	Model	Color	Condition	No of Passenger
SKH1816J	Car	MITSUBISHI	LANCER	Black	Seriously Damaged	0
SLW4164X	Car	HONDA	VEZEL	Silver	Seriously Damaged	1

Details of Person Involved

Any Pedestrian Involved: No	Use of Pedestrian Crossing: NA
No. of Pedestrians Injured: NIL	



**SINGAPORE
POLICE FORCE**



T/20210903/2139

Police Station Of Origin:
Jurong West N.P.C
700 Corporation Road SINGAPORE 649818
Tel No: 1800-2689999

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Report No. T/20210903/2139

CONTINUATION OF REPORT






Driver			
Name	DENNIS LIM YONG HUA	ID No.	S6934769Z
Related Vehicle	SLW4164X (Car)	Contact No.	87683834
Hospital/Clinic	NIL	Class of Driving Licence & Expiry Date	Class: 3 Date of Expiry: NIL
Date Treatment	NIL	Date Discharge	NIL
No. of Days granted Medical Leave	NIL	Degree of Injury	Slight

Brief Details.

On 02/09/2021 at about 2245hrs, I was driving my car bearing plate number SLW4164X along Jalan Ahmad Ibrahim on the 1st lane, most right lane. At the traffic light before the Pioneer Roundabout, I wish to state that I suddenly lost my consciousness and was not sure what had happened. Suddenly, I felt an impact and my air bag was deployed. That was when I realised, I had collided head on into the car in front of me bearing car plate number SKH1816J. My front bumper was dented and was unable to move subsequently. The other car rear bumper was dented as well.

Traffic police and ambulance were at scene. Ambulance had also made a check on myself, my passenger and the other driver and no one was conveyed to hospital. There was in car camera in my car.

I also to wish to state that I am starting to feel pain in my chest and leg. My left thumb is currently swollen. I will go to the doctor to make a check.

 SINGAPORE POLICE FORCE		 T/20210903/2139
Police Station Of Origin: Jurong West N.P.C 700 Corporation Road SINGAPORE 649818 Tel No: 1800-2689999		3 of 3 Report No. T/20210903/2139
CONTINUATION OF REPORT		
Sketch Plan Informant is not able to provide sketch plan		
<p>IMPORTANT: Please attach a copy of your vehicle's Insurance Certificate to this report. If you don't have the certificate with you now, please fax a copy to 65474885 stating the <u>report number</u> as reference.</p>		
Signature of Officer Recording The Report J / Sgt 3 DIANATASHYA INDRIANI BINTE ABDUL GHANI		Signature Of Informant: 
Signature Of Interpreter: Not applicable		Date/Time: 03/09/2021 23:09
Officer In Charge Of Case: TP / GIT / Staff Sgt LEE GUANG HUI Contact No.: 65476423		Classification Of Case:
 Signature:  Singapore Police Force		SN 126

