

## 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 ..... 02/09/2021 11:53 (SGT)  
Date of Accident ..... 30/08/2021 22:45 (SGT)  
Exact Location of Accident ..... Seletar West Link, Singapore  
Additional Location Information ..... -  
Country/State of Loss ..... Singapore

### DETAILS OF OWN VEHICLE

Vehicle Registration Number ..... SLM4793H

#### 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) +65-84129669  
Alternative Phone No ..... (Office) +65-66550005

#### VEHICLE PARTICULARS

Manufacturer ..... Nissan  
Model ..... Qashqai  
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 ..... 1197

#### 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 ..... MOHAMED GANI  
NRIC No ..... S7497159H

Date Of Birth .....	19/11/1974
Occupation .....	Outdoor
Date Of Driving Pass .....	05/11/1998
Driving experience .....	22 YEARS AND 9 MONTHS
Gender .....	Male
Mobile Number .....	(Phone) +65-84129669
Alt. Phone Number .....	-
Email Address .....	gr.sg.accident@grab.com
Address .....	BLK 364B SEMBAWANG CRESCENT #10-215
Address complement .....	-
Postcode .....	752364
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 .....	Collided into Motorcyclist
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) .....	1
Has the driver been approached by unknown person(s) soliciting/offering accident claims assistance? .....	No

#### DETAILS OF POLICE ACTION

Was the accident reported to the police? .....	Yes
Police Station Name .....	Bedok Division Headquarters
Police Station Phone No .....	(Phone) +65-18002440000
Alt. Police Station Phone No .....	(Fax) +65-64443009
Police Station Address .....	30 Bedok North Road Singapore 469676
Was notice of intended Prosecution given? .....	No
If yes, against whom? .....	-

#### CIRCUMSTANCES OF ACCIDENT

PLEASE REFER TO POLICE REPORT  
REPORT NO: G/20210801/7037

#### 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 .....	FBD4955Z
Vehicle Manufacturer .....	-
Vehicle Model .....	-
Vehicle Variant .....	-
Vehicle Colour .....	-

Vehicle Category .....	Motorcycle
Name of Driver .....	-
Contact Number .....	(Phone) +65-96499714
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**

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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 20.50 01.09.21

Witnessed by Reporting Centre Personnel (MD NP224)



Describe Circumstances of the Accident

PLEASE REFER TO POLICE REPORT  
REPORT NO: G/20210801/7037

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 20:50 01.09.21

\_\_\_\_\_  
Witnessed by Reporting Centre  
Personnel MD NT/22 IN



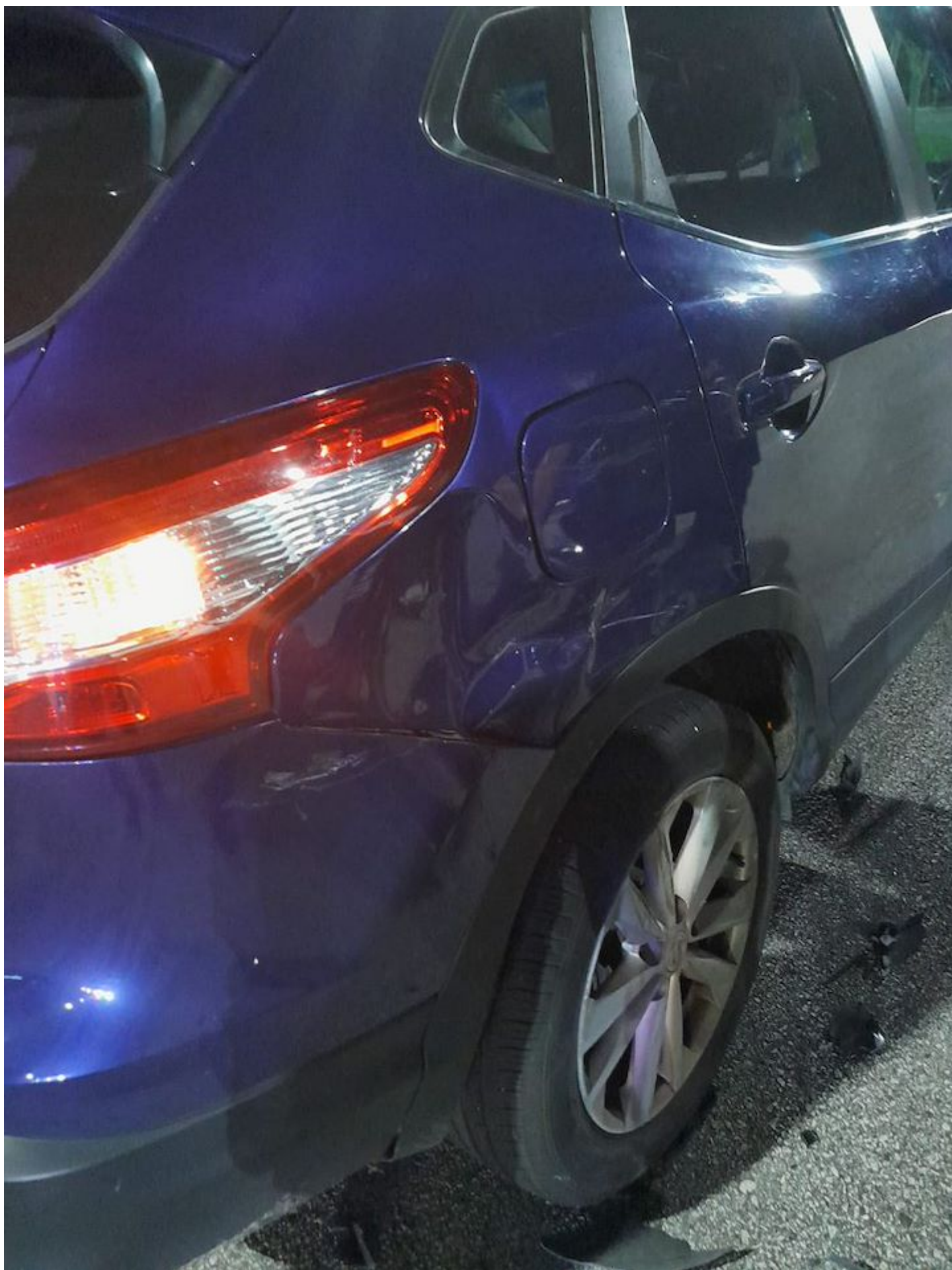




































**SINGAPORE  
POLICE FORCE**



G/20210901/7037

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**POLICE REPORT (NP299)**

Report No. G/20210901/7037

Police Station Of Origin  
Bedok Division HQ  
30 Bedok North Road SINGAPORE 469676  
Tel No:1800-2440000

Date/Time Report Made 01/09/2021 15:02	Vide Report No.	Station Diary No.
Name Of Informant MOHAMED GANI	Address 364B SEMBAWANG CRESCENT #10-215 SINGAPORE 752364	
ID Type / ID No. NRIC NO / S7497159H	Contact No. Home/Office:	Mobile: 84129669
Nationality SINGAPORE CITIZEN	Email Address GANIMOHD@YAHOO.COM	
Occupation driver	Sex Male	Age 46
Institution/School Name	Date of Birth 19/11/1974	Race Indian
Date/Time Of Incident 30/08/2021 22:45	Location Of Incident selatar west link twds CTE	

**Brief details.**

On 30/8/2021 @2245hrs, i was travelling along Seletar west link towards CTE. while changing lanes, on my part i did necessary checks but when i saw a motocyclist i panicked and lose track of the lane i am travelling. To avoid accident, i further panicked and wobbled. In the end we hit each other and accident occurred.

i do agree on my part i did not take extra due care and proper lookout towards vulnerable motorist when changing lanes.

i deeply regret and pledge to be more careful when driving.

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: 01/09/2021 15:02
Officer In-Charge Of Case:	Classification Of Case:

This report is lodged at Traffic Police Kiosk 1





**SINGAPORE  
POLICE FORCE**



G/20210901/7037

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POLICE REPORT (NP299)

CONTINUATION OF REPORT

Report No. G/20210901/7037

As a father of 5 children and being sole bread winner i always excersice extra cautious when driving.  
i pray for the quick recovery for the rider and pillion  
thats all  
thank you sir

Subjects Involved			
Victim			
Person Name	Unknown		
ID Type	NRIC NO	ID No	S9444636H
Gender	Unknown	Age	0
Language	English	Mobile No	96499714
Relation To Informant	stranger		

Signature Of Officer Recording The Report:  
Not applicable

Signature Of Interpreter:  
Not applicable

Officer In-Charge Of Case:

Signature Of Informant:

The identity of the person making this report has been authenticated by Singpass. No signature is required.

Date/Time:  
01/09/2021 15:02

Classification Of Case:

This report is lodged at Traffic Police Kiosk 1



