

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 27/09/2021 09:12 (SGT)
Date of Accident 09/09/2021 19:10 (SGT)
Exact Location of Accident Tampines Ave 1, Singapore
Additional Location Information -
Country/State of Loss Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number SMH758B

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) +65-83834977
Alternative Phone No (Office) +65-66550005

VEHICLE PARTICULARS

Manufacturer Hyundai
Model OS KONA EV
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 1600

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 LAI KOON LIONG
NRIC No S0081154H

Date Of Birth	07/05/1953
Occupation	Outdoor
Date Of Driving Pass	03/11/1981
Driving experience	39 YEARS AND 10 MONTHS
Gender	Male
Mobile Number	(Phone) +65-83834977
Alt. Phone Number	-
Email Address	gr.sg.accident@grab.com
Address	BLK 886D WOODLANDS DRIVE 50 #3-549
Address complement	-
Postcode	734886
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 - Change/cross lane
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)	3
Has the driver been approached by unknown person(s) soliciting/offering accident claims assistance?	No

PASSENGER 1

Name	UNKNOWN
Gender	Male

PASSENGER 2

Name	UNKNOWN
Gender	Male

DETAILS OF POLICE ACTION

Was the accident reported to the police?	No
Was notice of intended Prosecution given?	No
If yes, against whom?	-

CIRCUMSTANCES OF ACCIDENT

ON 09/09/21 AT ABOUT 1910HRS I WAS DRIVING VEHICLE (A) SMH758B ALONG TAMPINES AVE 1 WITH TWO PASSENGERS.I WAS AT CENTER AND TO FILTER INTO EXTREME LEFT LANE.AS I SIGNALLED AND FILTERING SUDDENLY VEHICLE (B) SJK5330M SIDE SWIPE MY VEHICLE REAR LEFT.UNABLE TO EXCHANGE PARTICULAR AND NO INJURIES AT POINT OF TIME

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	SJK5330M
Vehicle Manufacturer	-
Vehicle Model	-
Vehicle Variant	-
Vehicle Colour	-
Vehicle Category	Private car
Name of Driver	-
Contact Number	(Phone) +65-90105211
Address	-
Address complement	-
Postcode	-
Insurance Company Name	-
Nature Of Damage	-
Details of property damaged in accident	-
No. Of Passenger (Including Driver)	2

Describe Circumstances of the Accident

ON 09/09/21 AT ABOUT 1910HRS I WAS DRIVING VEHICLE A SMH758B ALONG TAMPINES AVE 1 WITH TWO PASSENGERS. I WAS AT CENTER AND TO FILTER INTO EXTREME LEFT LANE. AS I SIGNALLED AND FILTERING SUDDENLY VEHICLE B SJK5330M SIDE SWIPE MY VEHICLE REAR LEFT. UNABLE TO EXCHANGE PARTICULAR AND NO INJURIES AT POINT OF TIME

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

26/09/21 / 1610 Hrs

Penalty





















