

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 19:48 (SGT)
Date of Accident 25/09/2021 13:20 (SGT)
Exact Location of Accident Upper Bukit Timah Rd, Singapore
Additional Location Information -
Country/State of Loss Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number SLM9810J

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) +65-94882957
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 THIRUSHELVAM S/O MALUKKAN
NRIC No S1668617D

Date Of Birth	14/03/1964
Occupation	Outdoor
Date Of Driving Pass	30/09/2008
Driving experience	13 YEARS
Gender	Male
Mobile Number	(Phone) +65-94882957
Alt. Phone Number	-
Email Address	gr.sg.accident@grab.com
Address	BLK 880 YISHUN STREET 81 #07-265
Address complement	-
Postcode	760880
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)	2
Has the driver been approached by unknown person(s) soliciting/offering accident claims assistance?	No

PASSENGER 1

Name	PASSENGER
Gender	Female

DETAILS OF POLICE ACTION

Was the accident reported to the police?	Yes
Police Station Name	Yishun South Neighbourhood Police Centre
Police Station Phone No	(Phone) +65-18008522999
Alt. Police Station Phone No	(Fax) +65-68522239
Police Station Address	32 Yishun Street 81 Singapore 768456
Was notice of intended Prosecution given?	No
If yes, against whom?	-

CIRCUMSTANCES OF ACCIDENT

REFER TO POLICE REPORT.

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	SMU8370P
Vehicle Manufacturer	-

Vehicle Model	-
Vehicle Variant	-
Vehicle Colour	-
Vehicle Category	Private car
Name of Driver	-
Contact Number	(Phone) +65-93799588
Address	-
Address complement	-
Postcode	-
Insurance Company Name	-
Nature Of Damage	-
Details of property damaged in accident	-
No. Of Passenger (Including Driver)	3

SKETCH PLAN

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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

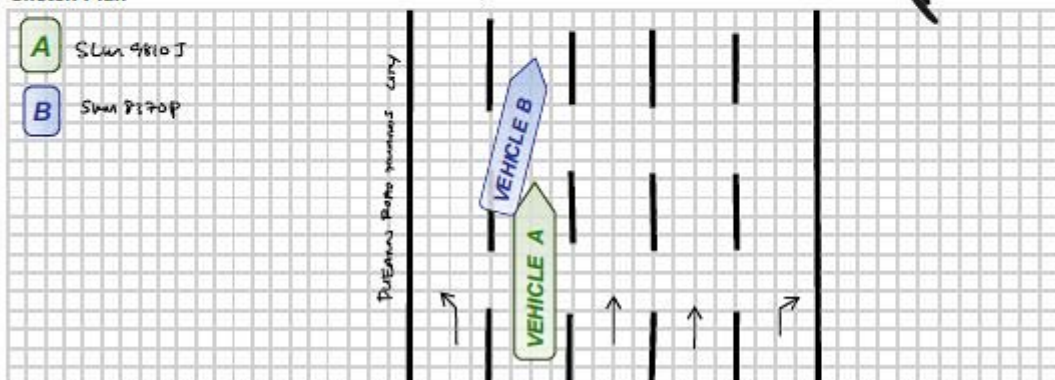
(c) my Personal Information may/can be disclosed by any of the Insurers and/or GIA to their third party service providers or agents (including their lawyers/law firms), which may be sited outside of Singapore, for one or more of the above Purposes.

Policyholder's Signature / Date & Time

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

Witnessed by Reporting Centre Personnel

Sketch Plan



Describe Circumstances of the Accident

REFER TO POLICE REPORT.

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

22/09/14 / 15:10

15/09/14







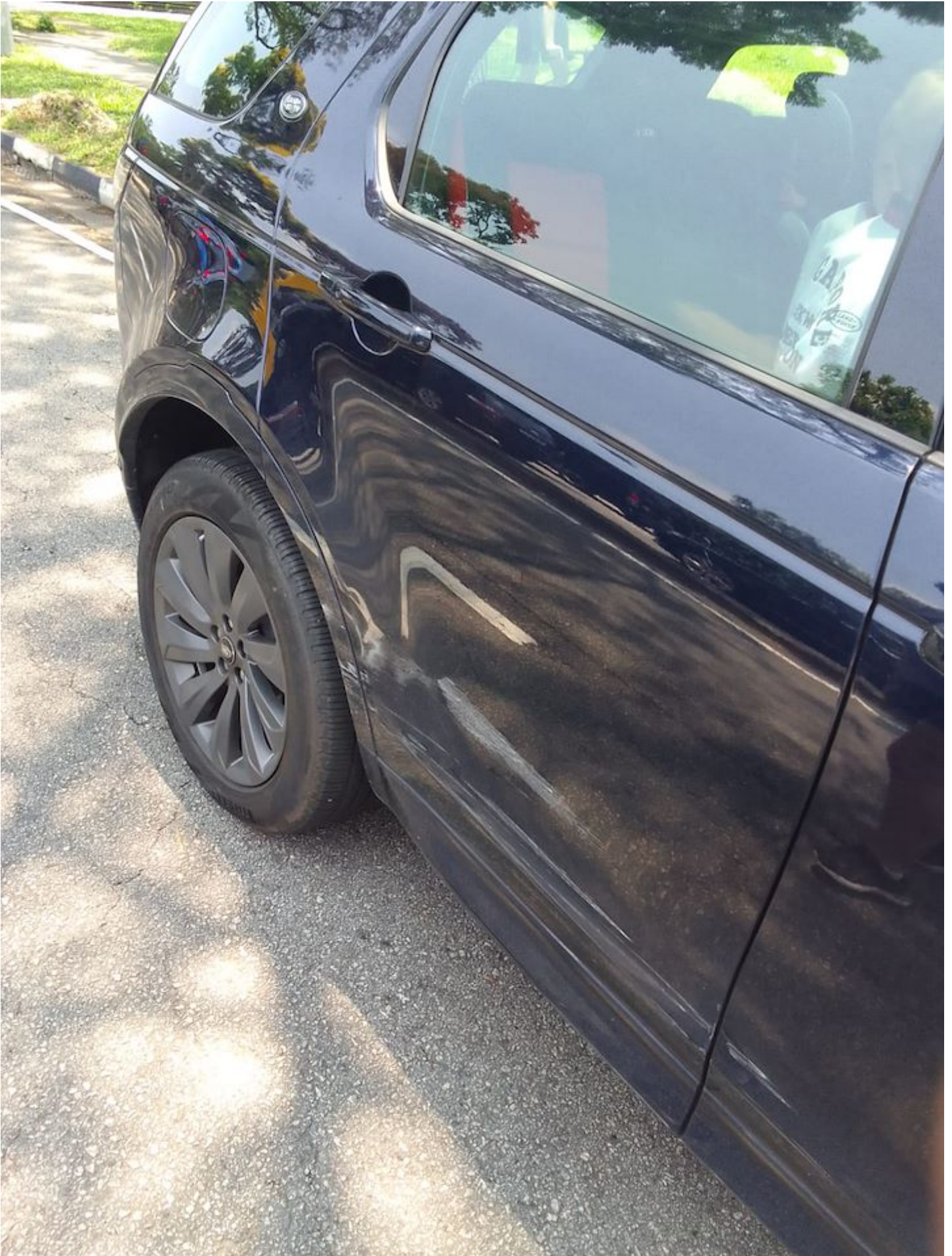
















SINGAPORE POLICE FORCE



T/20210926/2006

Police Station Of Origin:
Yishun South N.P.C
32 Yishun Street 81 SINGAPORE 768456
Tel No: 1800-8522999

1 of 3

Report No. T/20210926/2006

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 26/09/2021 03:33		Vide Report No.:		Station Diary No.: 21
Informant's Particulars				
Name of Informant: THIRUCHELVAM S/O MALUKKAN MANICKAM		Address: APT BLK 880 YISHUN STREET 81 #07-265 SINGAPORE 760880		
ID Type / ID No.: NRIC NO / S1668617D		Contact No.: Home/Office: Mobile: 94882957		
Nationality: SINGAPORE CITIZEN		Email:		
Sex: Male	Age: 57	Date of Birth: 14/03/1964	Type of Informant: Driver	
Race: Indian		Language: English	Institution / School Name:	
Occupation: GRAB DRIVER		Driving Licence Information: Class: 3 Date of Expiry:		

General Information of the Accident

Type of Accident:	Non-Injury	Drink Drive: No	Date/Time of Accident: 25/09/2021 13:20	Type of Location: Straight Road
Location: UPPER BUKIT TIMAH ROAD				
Weather: Clear		Road Surface: Dry	Road Speed Limit:	
Traffic Flow:		Traffic Control: Not Controlled	Traffic Volume:	
Type of Collision:			Anyone conveyed by ambulance: No	

Details of Vehicle Involved

Vehicle No.	Type	Make	Model	Color	Condition	No of Passenger
SLM9810J	Car	MAZDA		Grey	Slightly Damaged	1
SMU8370P	Car	LAND ROVER		Blue	Slightly Damaged	2

Details of Person Involved

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



**SINGAPORE
POLICE FORCE**



T/20210926/2006

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32 Yishun Street 81 SINGAPORE 768456
Tel No: 1800-8522999

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Report No. T/20210926/2006

CONTINUATION OF REPORT

Driver			
Name	THIRUCHELVAM S/O MALUKKAN MANICKAM		ID No. S1668617D
Related Vehicle	SLM9810J (Car)		Contact No. 94882957
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	NIL
Driver			
Name	MURRAY JENNIFER CAROL		ID No. G3094860U
Related Vehicle	SMU8370P (Car)		Contact No. 93799588
Hospital/Clinic	NIL		Class of Driving Licence & Expiry Date Class: NIL Date of Expiry: NIL
Date Treatment	NIL	Date Discharge	NIL
No. of Days granted Medical Leave	NIL	Degree of Injury	NIL

Brief Details.

On 25/09/2021 at about 1.20pm, while I was driving along Bukit Timah Road towards City area (before Eng Neo Ave), I was filtering to the left side of the road. After completing the filter to the left side of the road, I noticed there was a car via my side car mirror however there was quite a distance.

All of a sudden, the car grazed on the side of my car. My car sustained scratches on the side. Both cars stopped at the side of Eng Neo Ave to exchange particulars. No police/ambulance was activated. No injury was also sustained by both parties. I am lodging this report for insurance claim and traffic police record purposes only.

**SINGAPORE
POLICE FORCE**

T/20210926/2006

Police Station Of Origin:
Yishun South N.P.C
32 Yishun Street 81 SINGAPORE 768456
Tel No: 1800-8522999

3 of 3

Report No. T/20210926/2006

CONTINUATION OF REPORT**Sketch Plan**

Informant is not able to provide sketch plan

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 **report number** as reference.

Signature of Officer Recording The Report

L /

Sr Staff Sgt MOHAMMED
HAYQAL BIN SAMSURI

Signature Of Informant:

Signature Of Interpreter:
Not applicable

Date/Time:
26/09/2021 03:33

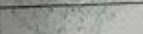
Officer In Charge Of Case:

TP / GIA /
SI TAN JEOK LENG
Contact No.: 65476151



Classification Of Case:
SN 130

Authentication Stamp
NP168



Signature:

Singapore Police Force



TRAFFIC POLICE
AMENDMENT

Traffic Police Department
Charge Office
10 Ubi Avenue 3
Singapore 408865

NP 168 No. : T/20210926/2006 Name : THIRUCHELVAM S/O
MALUKKAN MANICKAM
Accident Date/Time : 25/09/2021 at Address : BLK 880 YISHUN ST 81
1320hrs #07-265
Vehicle(s) Involved : SLM9810J &
SMU8370P
NRIC No : S1668617D
Tel No : 94882957
Date : 26/09/2021

Dear Sir / Madam

Accident involving SLM9810J and SMU8370P
along Dunearn Road towards City on 25/09/2021 at 1320 hours

With reference to the above, I have on 26/09/2021 (date) 0333 hours (time) make a
police report at Yishun South NPC (Police Station/NPP/NPC)
In NP 168 - T/20210926/2006

On 26/09/2021 (date), 0342 hours (time) at Yishun South NPC
(Police Station/NPP/NPC), I make the following amendments to the above report;
The location should be Along Dunearn Road towards City before Eng Neo Ave instead of Along
Upper Bukit Timah Road towards City before Eng Neo Ave. That is all.

Yours Faithfully,

(Signature)

FOR OFFICIAL USE

If a police officer recorded these amendments, please complete the following.

Name / Rank No : SSSGT Mohd Hayqal
Date and Time : 26/09/2021 at 0344hrs
Station Dairy No : 23
Signature : SN 130

