

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 02/10/2021 15:53 (SGT)
Date of Accident 01/10/2021 20:15 (SGT)
Exact Location of Accident Mandai Rd, Singapore
Additional Location Information -
Country/State of Loss Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number SLR8461M

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) +65-97472125
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 car
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 ABDUL RASHID BIN ABDUL KADIR MARIKAN
NRIC No S9102869G

Date Of Birth	15/01/1991
Occupation	Outdoor
Date Of Driving Pass	06/12/2017
Driving experience	3 YEARS AND 10 MONTHS
Gender	Male
Mobile Number	(Phone) +65-97472125
Alt. Phone Number	-
Email Address	gr.sg.accident@grab.com
Address	BLK 525 BEDOK NORTH STREET 3 #06-412
Address complement	-
Postcode	460525
Is the driver the policyholder?	No
If No, Relationship of the Driver with the Insured	RELIEF DRIVER
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 on collision
Weather Conditions	Raining
Road Surface	Wet

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	PASSENGER
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 01/10/2021 AT AROUND 2015HRS, I WAS DRIVING MY VEHICLE A SLR8461M ALONG MANDAI ROAD MAKING A RIGHT TURN TOWARDS BKE(SLE). THE TRAFFIC LIGHT WAS GREEN IN MY DIRECTION. I STOPPED AT THE GIVEWAY LINE AND CHECKED CLEAR BEFORE PROCEEDING WITH MY RIGHT TURN. SUDDENLY VEHICLE B SHB2700U DROVE STRAIGHT FROM THE EXTREME LEFT LANE OF MANDAI ROAD. THE FRONTAL RIGHT PORTION OF VEHICLE B CAME INTO CONTACT WITH MY VEHICLE FRONTAL PORTION . I WAS INJURED ON MY LEFT THUMB AREA.

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	SHB2700U
Vehicle Manufacturer	-
Vehicle Model	-

Vehicle Variant	-
Vehicle Colour	-
Vehicle Category	Taxi
Name of Driver	-
Contact Number	(Phone) +65-90222343
Address	-
Address complement	-
Postcode	-
Insurance Company Name	-
Nature Of Damage	-
Details of property damaged in accident	-
No. Of Passenger (Including Driver)	1

INJURED PERSONS DETAILS

INJURED 1

Name of injured person	ABDUL RASHID BIN ABDUL KADIR MARIKAN
Gender	Male
Phone No	(Phone) +65-97472125
Address	-
Address Complement	-
Post Code	-
Approximate Age Years Old	-
Injuries Sustained	LEFT THUMB INJURY
Injured person in which vehicle?	SLR8461M
Were seat belts worn?	-
Was this injured conveyed to hospital by ambulance?	No

SKETCH PLAN**IMPORTANT NOTICE**

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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")

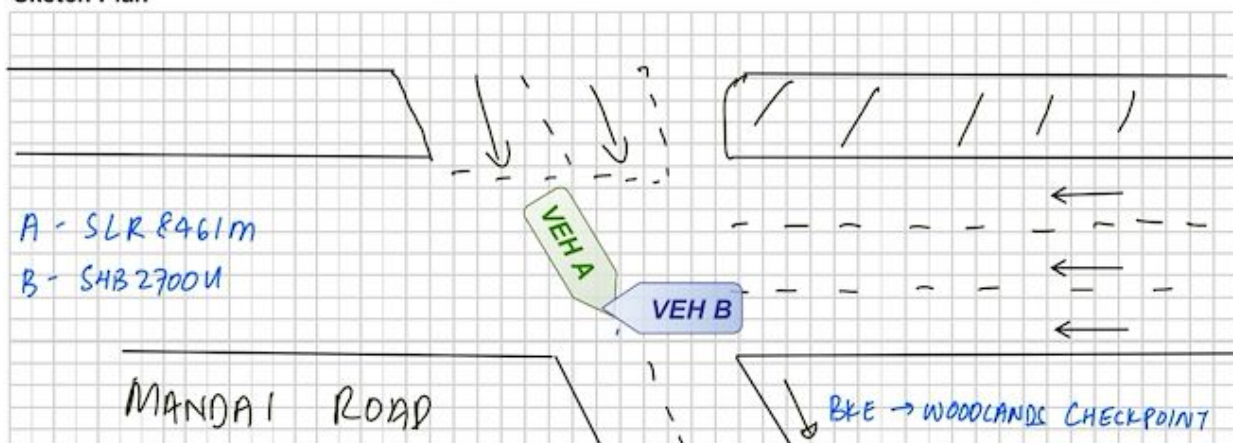
(b) all insurer(s) who have insured vehicle(s) involved in this accident and the Insurers' lawyers/law firms, may/are permitted to collect, use, disclose and/or process my Personal Information for one or more of the above Purposes; and

(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.

Policyholder's Signature / Date & Time

Driver's Signature (If driver is not the policyholder) / Date & Time *1/10/21 2220*

Witnessed by Reporting Centre Personnel *KHAIRU*

Sketch Plan

Describe Circumstances of the Accident

ON 01/10/2021 AT AROUND 2015HRS, I WAS DRIVING MY VEHICLE A SLR8461M ALONG MANDAI ROAD MAKING A RIGHT TURN TOWARDS BKE(SLE). THE TRAFFIC LIGHT WAS GREEN IN MY DIRECTION. I STOPPED AT THE GIVEWAY LINE AND CHECKED CLEAR BEFORE PROCEEDING WITH MY RIGHT TURN. SUDDENLY VEHICLE B SHB2700U DROVE STRAIGHT FROM THE EXTREME LEFT LANE OF MANDAI ROAD. THE FRONTAL RIGHT PORTION OF VEHICLE B CAME INTO CONTACT WITH MY VEHICLE FRONTAL PORTION . I WAS INJURED ON MY LEFT THUMB AREA.

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 1/10/21 2220

Witnessed by Reporting Centre Personnel KHAIRU





