

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 09:47 (SGT)
Date of Accident	26/09/2021 10:05 (SGT)
Exact Location of Accident	Tampines Ave 10, Singapore
Additional Location Information	TOWARDS TPE
Country/State of Loss	Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SLW8172X
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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) +65-96806748
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 - Claiming third party
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	WONG CHANG KIN
NRIC No	S1741979Z

Date Of Birth	09/12/1966
Occupation	Outdoor
Date Of Driving Pass	08/04/1987
Driving experience	34 YEARS AND 5 MONTHS
Gender	Male
Mobile Number	(Phone) +65-96806748
Alt. Phone Number	-
Email Address	gr.sg.accident@grab.com
Address	BLK 720 TAMPINES STREET 72 #12-25
Address complement	-
Postcode	520720
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	Chain Collision
Weather Conditions	Clear
Road Surface	Dry

OTHER INFORMATION

Was any foreign vehicle involved in the accident?	No
Number of vehicles involved in the accident	3
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	UNKNOWN
Gender	Female

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 26/09/2021 AT ABOUT 1005HRS, I WAS DRIVING VEHICLE (A) SLW8172X ALONG TAMPINES AVE 10 TOWARDS TPE. WHILE TRAVELLING STRAIGHT ON SLIPROAD, FRONT VEHICLE B (C) SMX2022T APPLY BRAKE AS ONE CYCLIST WAS CROSSING. I APPLY BRAKE IN TIME AND STOP. WHILE VEHICLE A WAS STATIONARY FOR FEW SECONDS VEHICLE (B) SLT5681D COLLIDED ONTO VEHICLE A REAR BUMPER. DUE TO THE IMPACT VEHICLE A PUSH FORWARD AND COLLIDED ONTO VEHICLE A C REAR BUMPER. MY PASSANGER SUSTAINED PAIN ON HER FOREHEAD.

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	SMX2022T
Vehicle Manufacturer	-
Vehicle Model	-

Vehicle Variant	-
Vehicle Colour	-
Vehicle Category	Private car
Name of Driver	-
Contact Number	(Phone) +65-91451112
Address	-
Address complement	-
Postcode	-
Insurance Company Name	-
Nature Of Damage	-
Details of property damaged in accident	-
No. Of Passenger (Including Driver)	-

DETAILS OF OTHER VEHICLE PROPERTY 2

Vehicle Registration Number	SLT5681D
Vehicle Manufacturer	-
Vehicle Model	-
Vehicle Variant	-
Vehicle Colour	-
Vehicle Category	Private car
Name of Driver	-
Contact Number	(Phone) +65-91821038
Address	-
Address complement	-
Postcode	-
Insurance Company Name	-
Nature Of Damage	-
Details of property damaged in accident	-
No. Of Passenger (Including Driver)	-

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

Sketch Plan



A - SLW 8172X
B - SLT 5681D
C - JMX 2022T

Describe Circumstances of the Accident

ON 26/09/2021 AT ABOUT 1005HRS, I WAS DRIVING VEHICLE A (SLW8172X) ALONG TAMPINES AVE 10 TOWARDS TPE. WHILE TRAVELLING STRAIGHT ON SLIPROAD, FRONT VEHICLE B C (SMX2022T) APPLY BRAKE AS ONE CYCLIST WAS CROSSING. I APPLY BRAKE IN TIME AND STOP. WHILE VEHICLE A WAS STATIONARY FOR FEW SECONDS (VEHICLE B V (SLT5681D) COLLIDED ONTO VEHICLE A REAR BUMPER. DUE TO THE IMPACT VEHICLE A PUSH FORWARD AND COLLIDED ONTO VEHICLE A C REAR BUMPER. MY PASSANGER SUSTAINED PAIN ON HER FOREHEAD.

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

26/9/21 - 1130H

Khanwaraj























































