

# 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 ..... 06/09/2021 13:56 (SGT)  
Date of Accident ..... 05/09/2021 14:20 (SGT)  
Exact Location of Accident ..... Jln Rajah, Singapore  
Additional Location Information ..... TOWARDS AH HOOD ROAD  
Country/State of Loss ..... Singapore

## DETAILS OF OWN VEHICLE

Vehicle Registration Number ..... SMA6632C

### 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) +65-96613544  
Alternative Phone No ..... (Office) +65-66550005

### VEHICLE PARTICULARS

Manufacturer ..... Hyundai  
Model ..... Ae ioniq  
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 ..... 1580

### 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 ..... KANG KHENG LONG  
NRIC No ..... S1141698E

Date Of Birth .....	07/08/1955
Occupation .....	Outdoor
Date Of Driving Pass .....	21/03/1973
Driving experience .....	48 YEARS AND 6 MONTHS
Gender .....	Male
Mobile Number .....	(Phone) +65-96613544
Alt. Phone Number .....	-
Email Address .....	gr.sg.accident@grab.com
Address .....	BLK 102A PUNGGOL FIELD #17-436
Address complement .....	-
Postcode .....	821102
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? .....	Yes
Was any injured conveyed to hospital by ambulance? .....	Yes
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 .....	Punggol Neighbourhood Police Centre
Police Station Phone No .....	(Phone) +65-18006049999
Alt. Police Station Phone No .....	(Fax) +65-64468015
Police Station Address .....	Blk 21A Tebing Lane Singapore 828837
Was notice of intended Prosecution given? .....	No
If yes, against whom? .....	-

#### CIRCUMSTANCES OF ACCIDENT

PLEASE REFER TO POLICE REPORT T/20210905/2073

#### 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 .....	FBK3092H
Vehicle Manufacturer .....	-
Vehicle Model .....	-
Vehicle Variant .....	-
Vehicle Colour .....	-
Vehicle Category .....	Motorcycle

Name of Driver .....	-
Contact Number .....	-
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 .....	RIDER
Gender .....	Male
Phone No .....	-
Address .....	-
Address Complement .....	-
Post Code .....	-
Approximate Age Years Old .....	-
Injuries Sustained .....	UNKNOWN
Injured person in which vehicle? .....	FBK3092H
Were seat belts worn? .....	-
Was this injured conveyed to hospital by ambulance? .....	Yes

# 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
05/09/21 1850		
<p><b>Sketch Plan</b></p> <div style="display: flex; align-items: center;">  <div style="margin-left: 20px;"> <p>A - SMAG632C</p> <p>B - FBK3042H</p> </div> </div>		

Describe Circumstances of the Accident

PLEASE REFER TO POLICE REPORT T/20210905/2073

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

05/09/21 1850















































**SINGAPORE  
POLICE FORCE**



T/20210905/2073

Police Station Of Origin:  
Punggol N.P.C  
21A Tebing Lane SINGAPORE 828837  
Tel No: 1800-6049999

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Report No. T/20210905/2073

**REPORT OF A TRAFFIC ACCIDENT**

Date/Time Report Made: 05/09/2021 19:09		Vide Report No.: F/20210905/0129		Station Diary No.: 66	
<b>Informant's Particulars</b>					
Name of Informant: KANG KHENG LONG			Address: APT BLK 102A PUNGGOL FIELD #17-436 SINGAPORE 821102		
ID Type / ID No.: NRIC NO / S1141698E			Contact No.: Home/Office: Mobile: 96613544		
Nationality: SINGAPORE CITIZEN			Email:		
Sex: Male	Age: 66	Date of Birth: 07/08/1955	Type of Informant: Driver		
Race: Chinese			Language: English		Institution / School Name:
Occupation: GRAB DRIVER			Driving Licence Information: Class: 3		Date of Expiry:

**General Information of the Accident**

Type of Accident:	Injury Conveyed By Ambulance	Drink Drive: No	Date/Time of Accident: 05/09/2021 14:20	Type of Location: T-Junction
Location: AH HOOD ROAD				
Lamp Post Number: 19F				
Weather: Clear		Road Surface: Dry		Road Speed Limit:
Traffic Flow:		Traffic Control: Not Controlled		Traffic Volume: Light
Type of Collision: Between Moving Vehicles - Head On				Anyone conveyed by ambulance: No

**Details of Vehicle Involved**

Vehicle No.	Type	Make	Model	Color	Condition	No of Passenger
FBK3092H	Motorcycle					0
SMA6632C	Car				Slightly Damaged	0

**Details of Person Involved**

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





# SINGAPORE POLICE FORCE

Police Station Of Origin:  
Punggol N.P.C  
21A Tebing Lane SINGAPORE 828837  
Tel No: 1800-6049999



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Report No. T/20210905/2073

## CONTINUATION OF REPORT

Driver			
Name	KANG KHENG LONG	ID No.	S1141698E
Related Vehicle	SMA6632C (Car)	Contact No.	96613544
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

**Brief Details.**

On 5/9/2021 around 2.20pm along Jalan Rajah turning towards Ah Hood Road, I was on my vehicle, SMA6632C making a right turn and my vision was slightly blocked by my phone holder on the right. Subsequently, I felt that I hit something so I stopped my vehicle and went down to do a check and I realized that there was a motorcycle, FBK3092H on the floor. My vehicle front grill was crack, number plate drop, also there were multiple scratches and dents beside it.

Furthermore, I wish to add that the motorcyclist was convey by the ambulance. Traffic police attended and my SD card was handed over to him.





**SINGAPORE  
POLICE FORCE**

Police Station Of Origin:  
Punggol N.P.C  
21A Tebing Lane SINGAPORE 828837  
Tel No: 1800-6049999



T/20210905/2073

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Report No. T/20210905/2073

**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

F /

Sgt 2 SIM KAH CHUN

*Sin*

Signature Of Interpreter:

Not applicable

Officer In Charge Of Case:

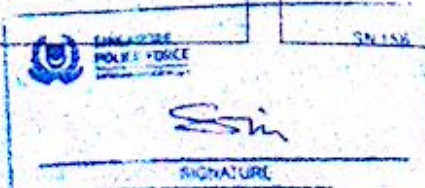
TP / GIT /

SI GOH WEI LI

Contact No.: 65476394

Authentication Stamp

NP108



Signature Of Informant:

*Inf*

Date/Time:

05/09/2021 19:09

Classification Of Case:

