



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 24/11/2021 18:54 (SGT)
Date of Accident 22/11/2021 18:40 (SGT)
Exact Location of Accident PIE, Singapore
Additional Location Information PIE BEFORE BALESTIER EXIT TOWARDS TUAS
Country/State of Loss Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number SKK9404X

INSURED/POLICYHOLDER

Is company? Yes
Name Of Registered Owner IDRIVE AUTOMOBILE
Company Reg No 53364146B
Email Address VIANONG@YMAIL.COM
Mobile Phone No (Phone) +65-87425474
Alternative Phone No +65-87425474

VEHICLE PARTICULARS

Manufacturer Toyota
Model Estima
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 2362

INSURANCE COMPANY

Name of Insurance Company Tokio Marine Insurance Singapore Ltd
Type of Coverage Comprehensive
Fleet Policy No
Policy Number 21-ML000472-R01
Cover Note Number -

DRIVER

Name of Driver MOHAMED ELIAS BIN ABDUL RAJAK
NRIC No S7806205C

Date Of Birth	27/02/1978
Occupation	Indoor
Date Of Driving Pass	26/08/2013
Driving experience	8 YEARS AND 3 MONTHS
Gender	Male
Mobile Number	(Phone) +65-87425474
Alt. Phone Number	-
Email Address	VIONONG@YMAIL.COM
Address	APT BLK 312 SEMBAWANG DRIVE
Address complement	#15-488
Postcode	750312
Is the driver the policyholder?	No
If No, Relationship of the Driver with the Insured	Employee
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	GRAB PASSENGER
Gender	Male

PASSENGER 2

Name	GRAB PASSENGER
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

PLEASE REFER TO THE SKETCH PLAN

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	SHC948E
Vehicle Manufacturer	-

Vehicle Model	-
Vehicle Variant	-
Vehicle Colour	-
Vehicle Category	Taxi
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)	-

SKETCH PLAN

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 7. **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.

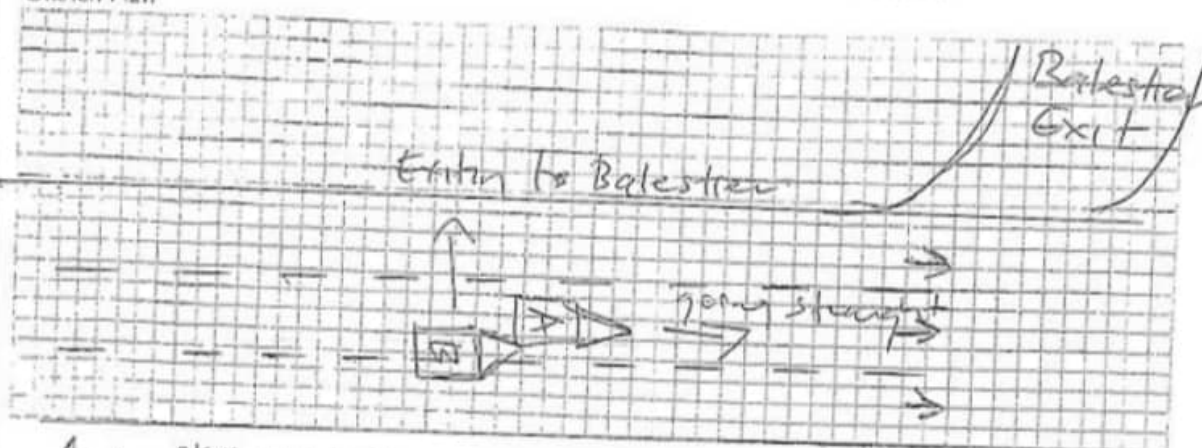


Policyholder's Signature / Date & Time

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

Witnessed by Reporting Centre Personnel

Sketch Plan



A - SKK 9404X
B - SHL 9486

Describe Circumstances of the Accident

Q 1840pm

On 22 November 2021, while I was driving my sand vehicle bearing no SKK 9404 X along PIE before Balestier exit, suddenly there was a taxi (yellow top) hit my sand vehicle on the rear right as the taxi was trying to overtake my vehicle from the rear as the driver was going driving fast and misjudge.

I was driving grab with a couple inside my car as the passenger. There were both very angry. Both of us stop at the bus stop before the Balestier exit. The taxi driver came out to me and apologized as he admitted his mistakes of knocking into my car as he was trying to ~~exit~~ rushed in the exit at Balestier Rd/Thomson Rd. while he was having an oncall passenger waiting for him.

He told me that he will pay for the damages but after discussing with the insurer he decided not to pay me as he was scared and worried that my grab passenger will sue him. So we came to a conclusion that he ask me to claim from his taxi insurance.

Declaration

We declare the foregoing particulars are true in every respect



Policyholder's Signature / Date & Time

[Signature] 22/11/2021

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



Witnessed by Reporting Centre Personnel



IMPORTANT NOTE: Please submit the completed Addendum form to the same Accident Reporting Centre with whom you submitted the Original Report.

ADDENDUM

(A) PARTICULARS OF PERSON MAKING THE AMENDMENTS:

Original Report No: _____ Vehicle Registration No: SKR 9404X

Name (as shown in NRIC): IDrive Automobile NRIC/FIN/Passport No: SXXXXX468

(*Vehicle Driver/Vehicle Owner) (*) Please delete as appropriate

Address: _____ Singapore ()

Contact (Tel): _____ Mobile No.: 87425474

Email Address: Vianong@gmail.com

Date of Accident: 22/11/2021 Time of Accident: 18:41

Place of Accident: PIE


Insurance Company: Tokio Marine

(B) ADDITIONAL INFORMATION / AMENDMENTS:

I have made a report on the above-mentioned accident and would like to include additional information or make the following amendments:

Amend email address

Policyholder / Driver's Signature
Date:


Reporting Centre Personnel's Signature
Name:
NRIC/FIN No.:
Date: