

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 12/11/2021 18:24 (SGT)
Date of Accident 18/10/2021 14:15 (SGT)
Exact Location of Accident 718 Tampines Street 72, Block 718, Singapore 520718
Additional Location Information -
Country/State of Loss Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number SLL8696J

INSURED/POLICYHOLDER

Is company? Yes
Name Of Registered Owner GRAB RENTALS PTE LTD
Company Reg No 2XXXXX200G
Email Address gr.sg.accident@grab.com
Mobile Phone No (Phone) +65-91828988
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 POH SANG GHEE
NRIC No SXXXX269I

Date Of Birth	19/06/1959
Occupation	Outdoor
Date Of Driving Pass	14/07/1988
Driving experience	33 YEARS AND 3 MONTHS
Gender	Male
Mobile Number	(Phone) +65-91828988
Alt. Phone Number	-
Email Address	gr.sg.accident@grab.com
Address	BLK 723 TAMPINES STREET 72 #11-11
Address complement	-
Postcode	520723
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 Property
Weather Conditions	Clear
Road Surface	Dry

OTHER INFORMATION

Was any foreign vehicle involved in the accident?	No
Number of vehicles involved in the accident	1
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?	No
Was notice of intended Prosecution given?	No
If yes, against whom?	-

CIRCUMSTANCES OF ACCIDENT

ON 18/10/2021 AT ABOUT 14:15HRS. I WAS DRIVING VEHICLE A, SLL8696J. MY VEHICLE WAS PARKED AT BLK 723A MSCP AT LEVEL 3. I DROVE DOWN TO LEVEL 2. I WAS FEELING OKAY. THEN I DROVE DOWN TO LEVEL 1 THE LAST RAMP OF THE MSCP, I STARTED TO FEEL GIDDY. WITHOUT I NOTICING, UPON IMPACT THEN I REALISED MY VEHICLE HAS HIT THE WALL. TP AND AMBULANCE CAME DOWN TO THE SCENE. I WAS CONVEYED TO CHANGI GENERAL HOSPITAL A&E. I WAS HOSPITALISED FOR 24 DAYS. SUBSEQUENTLY I WAS GIVEN HOSPITALISATION LEAVE UNTIL 24TH DECEMBER 2021. TILL KNOW I COULD NOT WALK PROPERLY FOR PRECAUTIONS.

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	WALL
Vehicle Manufacturer	-
Vehicle Model	-
Vehicle Variant	-
Vehicle Colour	-
Vehicle Category	Government

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) -

INJURED PERSONS DETAILS

INJURED 1

Name of injured person	DRIVER
Gender	Male
Phone No	-
Address	-
Address Complement	-
Post Code	-
Approximate Age Years Old	-
Injuries Sustained	GIDDY
Injured person in which vehicle?	SLL8696J
Were seat belts worn?	-
Was this injured conveyed to hospital by ambulance?	Yes

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

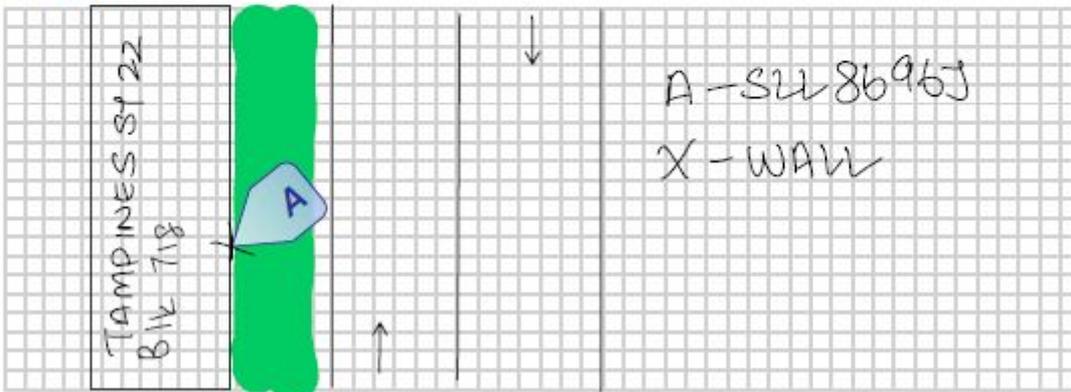
(c) my Personal Information may/can be disclosed by any of the Insurers and/or GIA to their third party service providers or agents (including their lawyers/law firms), which may be sited outside of Singapore, for one or more of the above Purposes.

Policyholder's Signature / Date & Time

Driver's Signature (if driver is not the policyholder) / Date & Time
14:30 11.11.21

Witnessed by Reporting Centre Personnel MD NAZRIN

Sketch Plan



Describe Circumstances of the Accident

ON 18/10/2021 AT ABOUT 14:15HRS. I WAS DRIVING VEHICLE A, SLL8696J. MY VEHICLE WAS PARKED AT BLK 723A MSCP AT LEVEL 3. I DROVE DOWN TO LEVEL 2. I WAS FEELING OKAY. THEN I DROVE DOWN TO LEVEL 1 THE LAST RAMP OF THE MSCP, I STARTED TO FEEL GIDDY. WITHOUT I NOTICING, UPON IMPACT THEN I REALISED MY VEHICLE HAS HIT THE WALL. TP AND AMBULANCE CAME DOWN TO THE SCENE. I WAS CONVEYED TO CHANGI GENERAL HOSPITAL A&E. I WAS HOSPITALISED FOR 24 DAYS. SUBSEQUENTLY I WAS GIVEN HOSPITALISATION LEAVE UNTIL 24TH DECEMBER 2021. TILL KNOW I COULD NOT WALK PROPERLY FOR PRECAUTIONS.

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
 14:30 11-11-21


 Witnessed by Reporting Centre Personnel
 MD N122 IN





































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

ADDENDUM

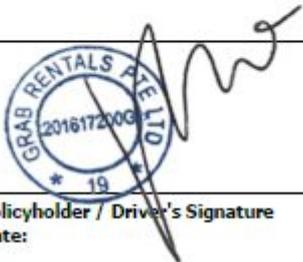
(A) PARTICULARS OF PERSON MAKING THE AMENDMENTS:

Original Report No: SJ0421BB000T Vehicle Registration No: SLL8896J
 Name (as shown in NRIC): Grab Rentals Pte Ltd NRIC/FIN/Passport No: 201617200G
 (* Vehicle Driver/Vehicle Owner) (*) Please delete as appropriate
 Address: _____ Singapore ()
 Contact (Tel): _____ Mobile No.: _____
 Email Address: _____
 Date of Accident: 18/10/2021 Time of Accident: 14:15hrs
 Place of Accident: 718 Tampines Street 72, Block 718, Singapore 520718
 Insurance Company: India International Insurance Pte Ltd

(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:

- ATTACH VEHICLE PHOTOS



 Policyholder / Driver's Signature
 Date:

kavi

 Reporting Centre Personnel's Signature
 Name: KAVI
 NRIC/FIN No.:
 Date: 24.11.2021