

Type of Accident
Weather Conditions

Chain Collision
Raining

OTHER INFORMATION

Was any foreign vehicle involved in the accident?
Was anybody injured in the Accident?
Was any other vehicle or property damaged?
Number of Passengers (Including Driver)

No
Yes
Yes
1

CIRCUMSTANCES OF ACCIDENT

PLS REFER TO THE ATTACHED STATEMENT.

ATTACHMENT(S)

Are accident photos available for attachment?
Was there any video captured by Car Camera?
Was there any audio recorded?

Yes
No
No

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number
Vehicle Manufacturer
Vehicle Model
Vehicle Variant
Vehicle Colour
Vehicle Category
Name of Driver
Insurance Company Name

SLL3255G
-
-
-
-
Private car
-
-

DETAILS OF OTHER VEHICLE PROPERTY 2

Vehicle Registration Number
Vehicle Manufacturer
Vehicle Model
Vehicle Variant
Vehicle Colour
Vehicle Category
Name of Driver
Insurance Company Name

SKC1297H
-
-
-
-
Private car
-
-

INJURED PERSONS DETAILS

INJURED 1

Name of injured person
Gender
Phone No
Injured person in which vehicle?

NURUL AISHAH NABILAH BINTE MOHAMED LATHIFF
Female
-
SGK4226Z

SKETCH PLAN

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. 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.

[Signature]

Policyholder's Signature / Date & Time

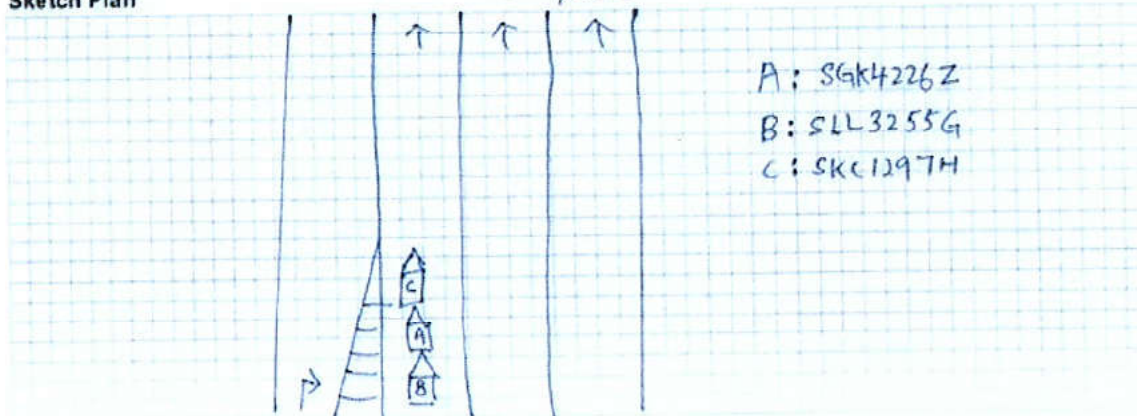
[Signature]

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

[Signature] 06/09/21

Witnessed by Reporting Centre Personnel

Sketch Plan



Describe Circumstances of the Accident

ON THE STATED DATE AND TIME, I VEHICLE A
 WAS TRAVELLING STRAIGHT ON THE STATED VENUE.
 SUDDENLY, VEHICLE C INFONT OF ME JAMMED BREAK.
 I COULDN'T STOP IN TIME AND COLLIDED ONTO THE
 REAR PORTION OF VEHICLE C.
 SHORTLY AFTER, I FELT A HUGE IMPACT ON THE
 REAR PORTION OF MY VEHICLE.
 I THEN CAME DOWN TO CHECK AND REALISED THAT
 IT WAS VEHICLE B WHO HAVE COLLIDED ONTO MY VEHICLE.

Declaration

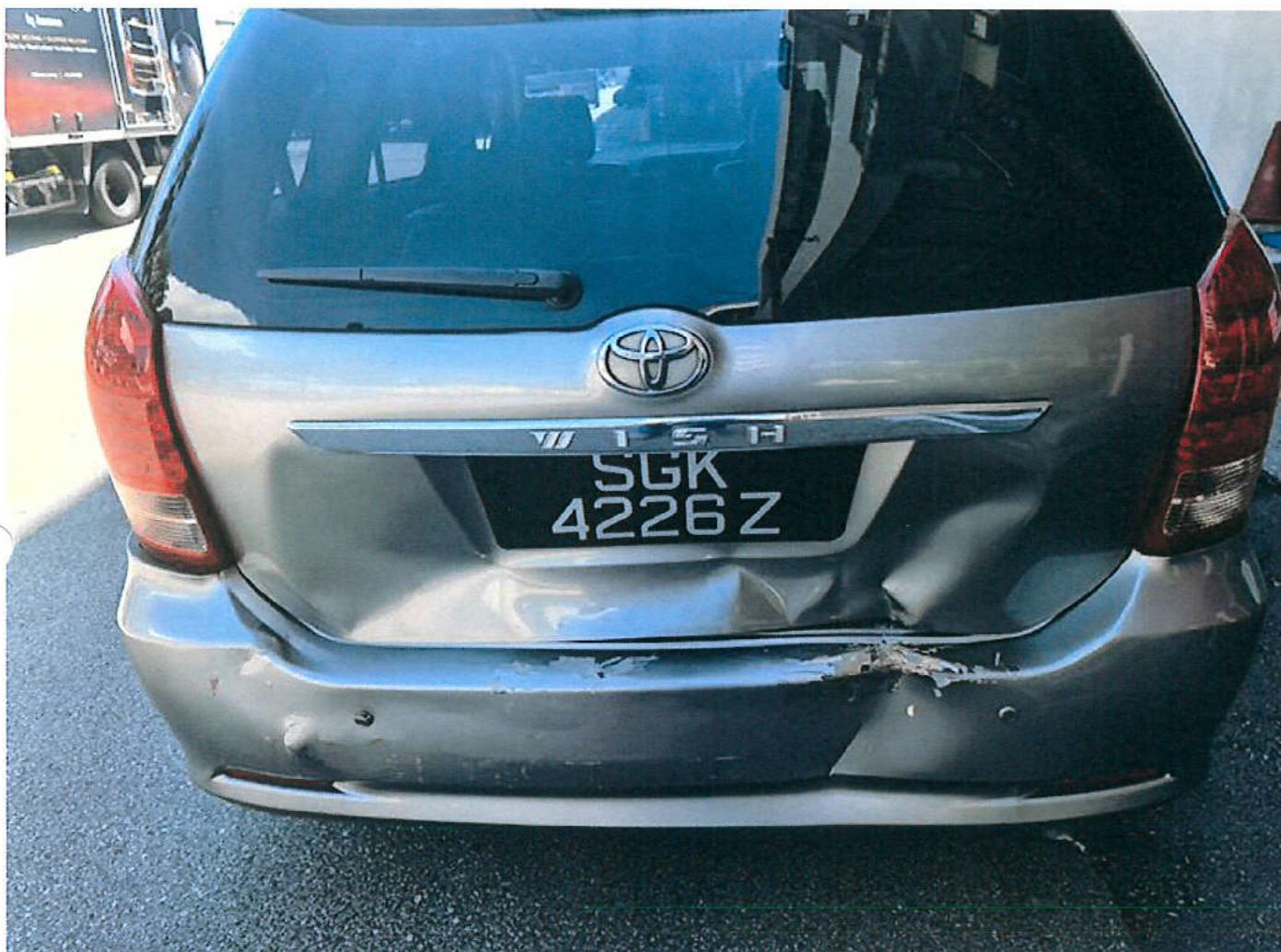
We declare the foregoing particulars are true in every respect.


 Policyholder's Signature / Date &
 Time


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

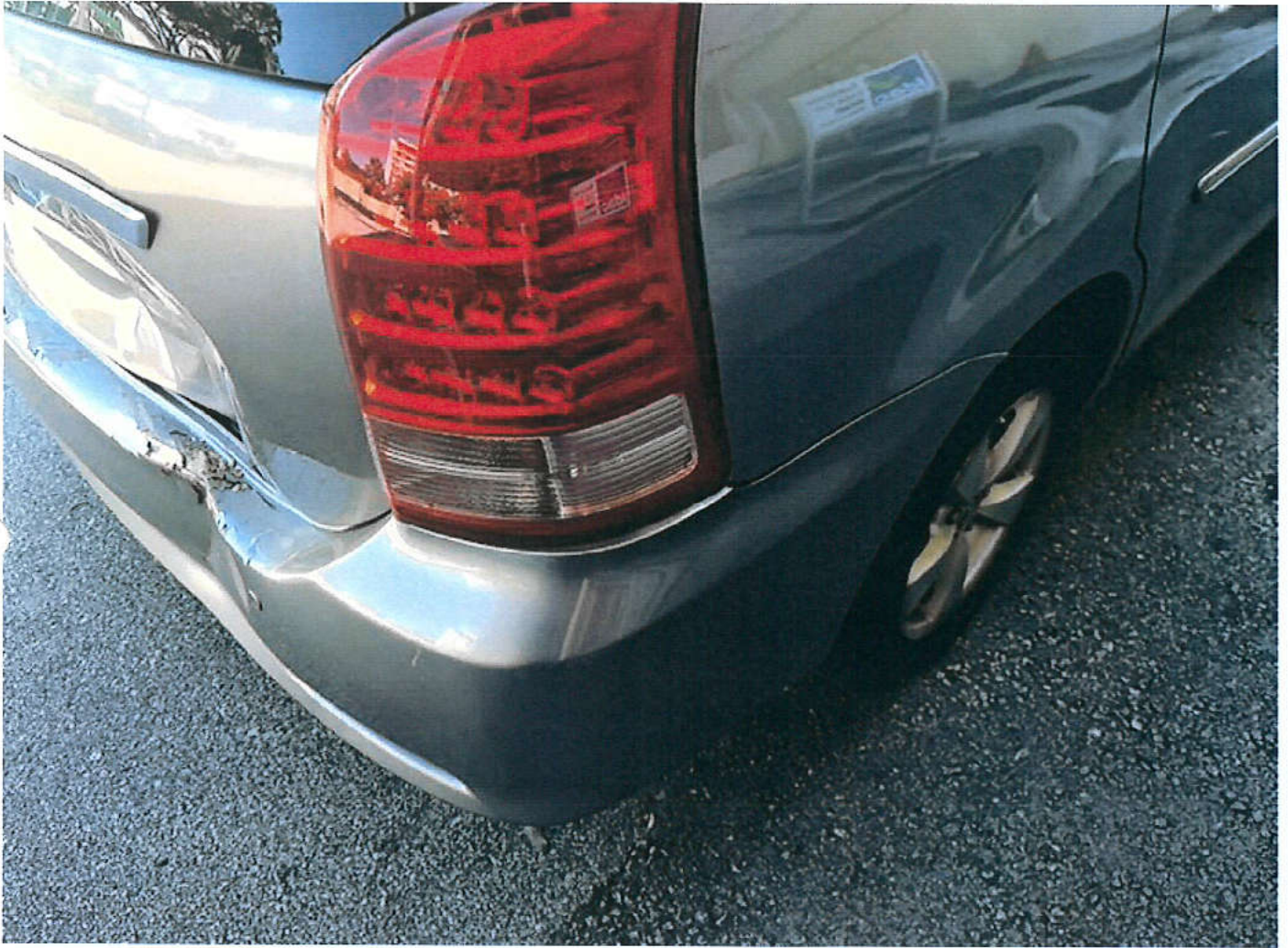
 00/09/21
 Witnessed by Reporting Centre
 Personnel













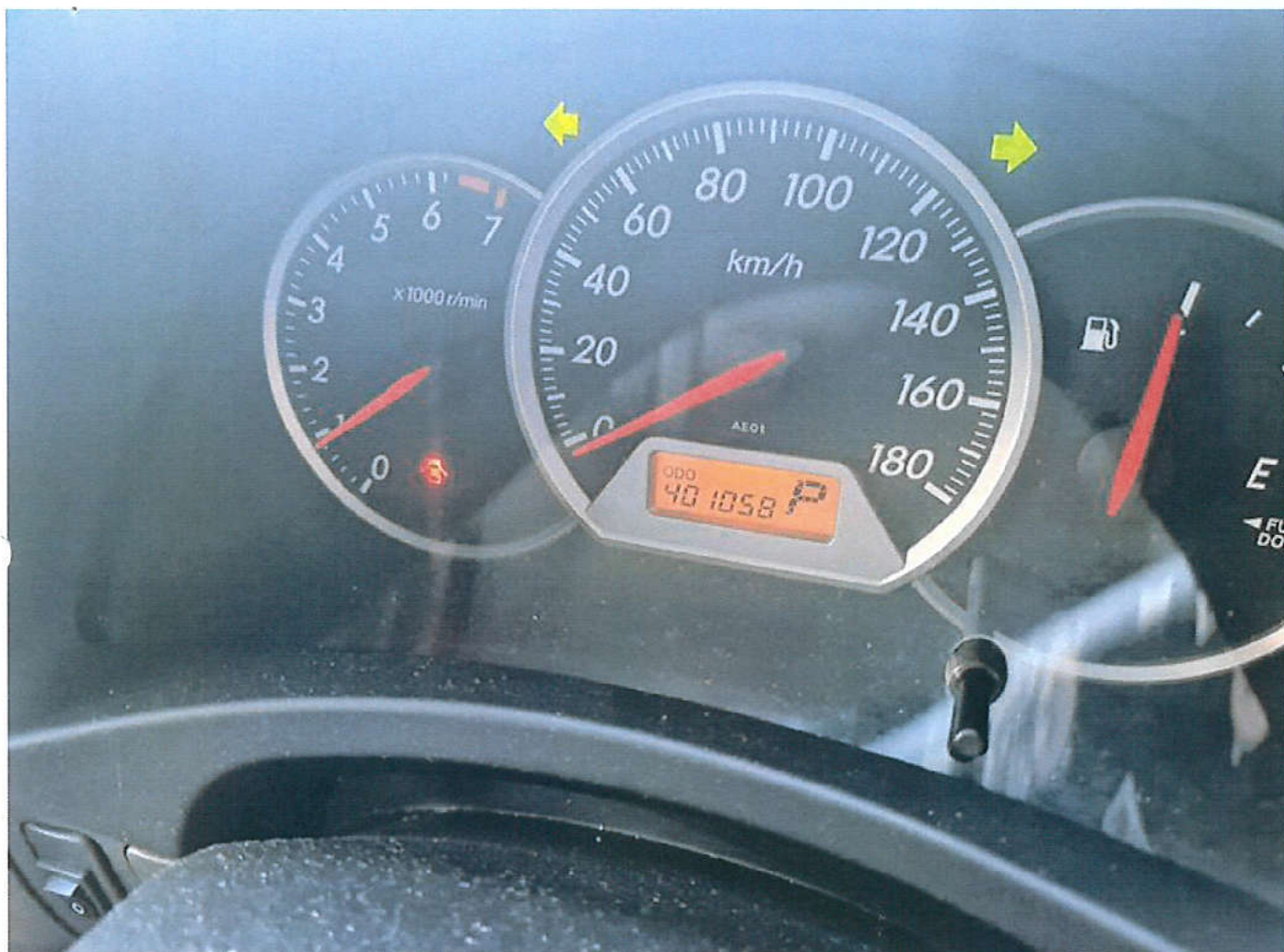












SINGAPORE ACCIDENT STATEMENT

IMPORTANT NOTICE

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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	03/09/2021 11:34 (SGT)
Date of Accident	01/09/2021 22:00 (SGT)
Exact Location of Accident	CTE, Singapore
Additional Location Information	TOWARDS PIE
Country/State of Loss	Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SLL3255G
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INSURED/POLICYHOLDER

Is company?	Yes
Name Of Registered Owner	GRAB RENTALS PTE LTD

VEHICLE PARTICULARS

Manufacturer	Mazda
Model	3
Variant	-
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	TAY LUAN CHON
NRIC No	S2556042F
Address	13 FERNVALE LANE #20-07
Address complement	-
Postcode	797496
Does Driver Own Other Vehicles?	No

GENERAL INFORMATION OF THE ACCIDENT

Type of Accident
Weather Conditions

Chain Collision
Raining

OTHER INFORMATION

Was any foreign vehicle involved in the accident? No
Was anybody injured in the Accident? No
Was any other vehicle or property damaged? Yes
Number of Passengers (Including Driver) 2

CIRCUMSTANCES OF ACCIDENT

ON THE 01/09/21 AT ABOUT 2200HRS,I WAS DRIVING MY VEHICLE (A) SLL3255G ALONG CTE TOWARDS PIE NEAR BRADDELL EXIT.I WAS DRIVING ON THE LEFT LANE AND IT WAS RAINING SO I DROVE SLOWLY. SUDDENLY VEHICLE (B) SGK4226Z WHICH WAS IN FRONT OF ME PERFORMED AN EMERGENCY BRAKE. I IMMEDIATELY BRAKE BUT COULD NOT STOP IN TIME AND REAR ENDED VEHICLE B. I WENT OUT TO CHECK, THERE WAS VEHICLE (C) SKC1297H IN FRONT OF VEHICLE B. I GOT TO KNOW THAT VEHICLE B REAR ENDED VEHICLE C FIRST. THERE IS DAMAGE ON THE FRONT OF VEHICLE A. THERE IS NO INJURIES.

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 SGK4226Z
Vehicle Manufacturer -
Vehicle Model -
Vehicle Variant -
Vehicle Colour -
Vehicle Category Private car
Name of Driver -
Insurance Company Name -

DETAILS OF OTHER VEHICLE PROPERTY 2

Vehicle Registration Number SKC1297H
Vehicle Manufacturer -
Vehicle Model -
Vehicle Variant -
Vehicle Colour -
Vehicle Category Private car
Name of Driver -
Insurance Company Name -

SKETCH PLAN

IMPORTANT NOTICE

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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. 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

Sketch Plan



Describe Circumstances of the Accident

ON THE 1/09/21 AT AROUND 2200HRS, I WAS DRIVING MY VEHICLE A SLL3255G ALONG CTE TOWARDS PIE NEAR BRADDELL EXIT. I WAS DRIVING ON THE LEFT LANE AND IT WAS RAINING SO I DROVE SLOWLY. SUDDENLY VEHICLE B SGK4226Z WHICH WAS IN FRONT OF ME PERFORMED AN EMERGENCY BRAKE. I IMMEDIATELY BRAKE BUT COULD NOT STOP IN TIME AND REAR ENDED VEHICLE B. I WENT OUT TO CHECK, THERE WAS VEHICLE C SKC1297H IN FRONT OF VEHICLE B. I GOT TO KNOW THAT VEHICLE B REAR ENDED VEHICLE C FIRST. THERE IS DAMAGE ON THE FRONT OF VEHICLE A. THERE IS NO INJURIES.

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 3/9/21 12.45

Witnessed by Reporting Centre Personnel Sayyaf













