



## 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	15/06/2021 16:28 (SGT)
Date of Accident	14/06/2021 12:00 (SGT)
Exact Location of Accident	Upper Serangoon Rd, Singapore
Additional Location Information	UPPER SERANGOON TO BRADDELL ROAD
Country/State of Loss	Singapore

### DETAILS OF OWN VEHICLE

Vehicle Registration Number	SLU5300Z
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#### INSURED/POLICYHOLDER

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

#### VEHICLE PARTICULARS

Manufacturer	Honda
Model	Vezel
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	YONG YU YEN (YANG YOURAN)
NRIC No	S8029810B
Address	APT BLK 299A COMPASSVALE STREET
Address complement	#08-136
Postcode	SINGAPORE 541299
Does Driver Own Other Vehicles?	No

#### GENERAL INFORMATION OF THE ACCIDENT

Type of Accident ..... Collision - Head to Rear  
Weather Conditions ..... Clear

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 14/06/2021 AT 1200HRS, AT THE SLIP ROAD OF UPP SERANGOON TO BRADDELL ROAD I LOOKED ON MY RIGHT TO ENSURE THE ROAD IS CLEAR BUT I DID NOT NOTICE VEH B ABOUT TO STOP AT THE STOP LINE. MY VEH A FRONT PORTION COLLIDED ONTO VEH B REAR PORTION. NO SERIOUS INJURY AND MY PASSENGER WAS FINE AFTER THE IMPACT.

ATTACHMENT(S)

Are accident photos available for attachment? ..... Yes  
Was there any video captured by Car Camera? ..... Yes  
Reasons for not uploading a video of the accident ..... FILE NOT SUITABLE  
Was there any audio recorded? ..... No

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number ..... SLZ8974H  
Vehicle Manufacturer ..... -  
Vehicle Model ..... -  
Vehicle Variant ..... -  
Vehicle Colour ..... -  
Vehicle Category ..... Private car  
Name of Driver ..... UNG SOOK KIM  
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 Personnel \_\_\_\_\_

**Sketch Plan**

A - GLV  
 5300Z  
 B - GLZ  
 8974H  
 LOC - UPP Serangoon

Braddell Rd  
 UPP Serangoon Rd  
 16/21

Describe Circumstances of the Accident

14062021 1200HRS AT THE SLIP ROAD OF UPP SERANGOON TO BRADDELL RD I LOOKED ON MY RIGHT TO ENSURE THE ROAD IS CLEAR BUT I DID NOT NOTICE VEH B ABOUT TO STOP AT THE STOP LINE.MY VEH A FRONT PORTION COLLIDED ONTO VEH B REAR PORTION.NO SERIOUS INJURY INVOLVE AND MY PASSENGER WAS FINE AFTER THE IMPACT.

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 Personnel

*[Handwritten Signature]*

*[Handwritten Signature]*  
14/6/21



IMAGES





























