

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 Actual 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 25/03/2022 17:59 (SGT)
Reported by -
Date of Accident 21/03/2022 09:55 (SGT)
Exact Location of Accident Bukit Merah, Singapore
Additional Location Information SLIP ROAD
Country/State of Loss Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number SLV1973C

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) +65-97328224
Alternative Phone No (Office) +65-66550005

VEHICLE PARTICULARS

Manufacturer Mazda
Model 5
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 1998

INSURANCE COMPANY

Name of Insurance Company India International Insurance Pte Ltd
Policy Number / Cover Note Number D21MFL0000447_01

DRIVER

Name of Driver ZAINI BIN RAHMAT
NRIC No S6939338A
Date Of Birth 09/11/1969
Occupation Outdoor

Date Of Driving Pass	29/09/1992
Driving experience	29 YEARS AND 6 MONTHS
Gender	Male
Mobile Number	(Phone) +65-97328224
Alt. Phone Number	-
Email Address	gr.sg.accident@grab.com
Address	BLK 107 YISHUN RING ROAD #11-269
Address complement	-
Postcode	760107
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	Collision - Head to Rear
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
Translator's name	-
Translator's ID	-
Translator's phone number	-
Translator's email	-
Original language used in the statement	-

PASSENGER 1

Name	UNKNOWN
Gender	Male

PASSENGER 2

Name	UNKNOWN
Gender	Female

DETAILS OF POLICE ACTION

Was the accident reported to the police?	Yes
Police Station Name	Clementi Neighbourhood Police Centre
Police Station Phone No	(Phone) +65-18008729999
Alt. Police Station Phone No	(Fax) +65-68728039
Police Station Address	No. Singapore 129858
Was notice of intended Prosecution given?	No
If yes, against whom?	-

CIRCUMSTANCES OF ACCIDENT

PLEASE REFER TO POLICE REPORT T/20220321/2021

LATE REPORTING DUE TO LIASING WITH GRAB SUPPORT.

ATTACHMENT(S)

Are accident photos available for attachment? Yes
Was there any video captured by Car Camera? No

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number GBF2040R
Vehicle Manufacturer -
Vehicle Model -
Vehicle Variant -
Vehicle Colour -
Vehicle Category Commercial vehicle
Name of Driver -
Contact Number (Phone) +65-87958699
Address -
Address complement -
Postcode -
Insurance Company Name -
Nature Of Damage -
Details of property damaged in accident -
No. Of Passenger (Including Driver) 1

SKETCH PLANIMPORTANT NOTICE

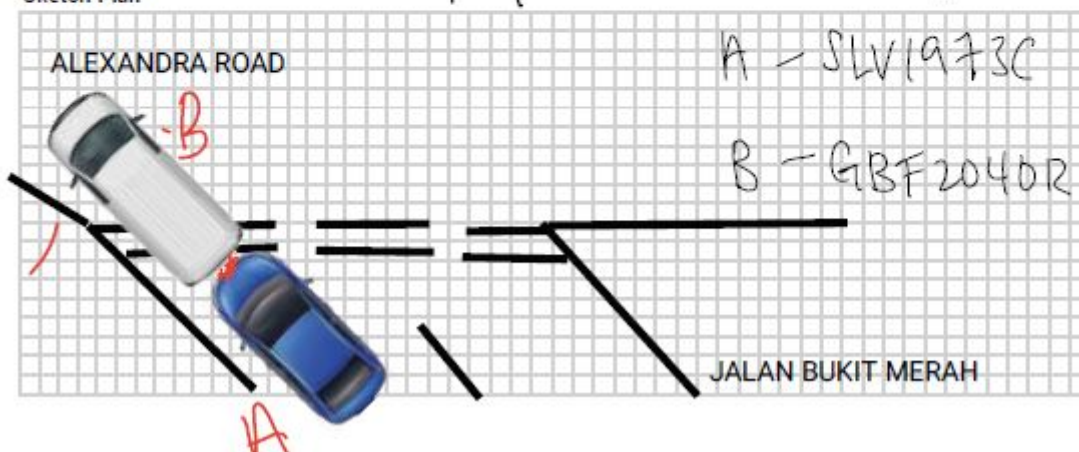
1. Please report correctly the details of the accident to speed up the claims process.
2. This Form must be completed by the Policyholder and/or the Authorised Driver.
3. Information provided must be as truthful and accurate as possible. Any willful misrepresentation or withholding of material facts 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.

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

PLEASE REFER TO POLICE REPORT T/20220321/2021

LATE REPORTING DUE TO LIASING WITH GRAB SUPPORT.

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

25/03/2022 1616

LATIFF























**SINGAPORE
POLICE FORCE**



T/20220321/2021

Police Station Of Origin:
Clementi N.P.C
20 Clementi Avenue 5 SINGAPORE 129858
Tel No: 1800-8729999

1 of 3
Report No. T/20220321/2021

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 21/03/2022 11:23	Vide Report No.:	Station Diary No.: 38
--	------------------	--------------------------

Informant's Particulars

Name of Informant: ZAINI BIN RAHMAT			Address: APT BLK 107 YISHUN RING ROAD #11-269 SINGAPORE 760107	
ID Type / ID No.: NRIC NO / S6939338A			Contact No.:	Mobile: 97328224
Nationality: SINGAPORE CITIZEN			Home/Office:	
			Email:	
Sex: Male	Age: 52	Date of Birth: 09/11/1969	Type of Informant: Driver	
Race: Javanese			Language:	Institution / School Name:
Occupation: GRAB DRIVER		Driving Licence Information: Class: Date of Expiry:		

General Information of the Accident

Type of Accident:	Non-Injury Others	Drink Drive: No	Date/Time of Accident: 21/03/2022 09:55	Type of Location: Bend
Location: JALAN BUKIT MERAH				
Weather: Clear		Road Surface: Dry	Road Speed Limit:	
Traffic Flow: One Way		Traffic Control: Not Controlled	Traffic Volume: Moderate	
Type of Collision: Between Moving Vehicles - Head To Rear			Anyone conveyed by ambulance: No	

Details of Vehicle Involved

Vehicle No.	Type	Make	Model	Color	Condition	No of Passenger
GBF2040R	Van	NISSAN	NV200 1.5 MT ABS AIRBAG 2WD 6DR E5 W/RC	Silver	Slightly Damaged	0
SLV1973C	Car	MAZDA	MAZDA5 WAGON 2.0 AT EU6	Red	Slightly Damaged	1



**SINGAPORE
POLICE FORCE**



T/20220321/2021

Police Station Of Origin:
Clementi N.P.C
20 Clementi Avenue 5 SINGAPORE 129858
Tel No: 1800-8729999

2 of 3

Report No. T/20220321/2021

CONTINUATION OF REPORT

Details of Person Involved			
Any Pedestrian Involved: No			
No. of Pedestrians Injured: NIL		Use of Pedestrian Crossing: NA	
Driver			
Name	MAYATH THEVAR CHINNAN	ID No.	F7902320P
Related Vehicle	GBF2040R (Van)	Contact No.	87958699
Hospital/Clinic	NIL	Class of Driving Licence & Expiry Date	Class: NIL Date of Expiry: NIL
Date Treatment	NIL	Date Discharge	NIL
No. of Days granted Medical Leave	NIL	Degree of Injury	NIL
Driver			
Name	ZA'INI BIN RAHMAT	ID No.	S6939338A
Related Vehicle	SLV1973C (Car)	Contact No.	97328224
Hospital/Clinic	NIL	Class of Driving Licence & Expiry Date	Class: NIL Date of Expiry: NIL
Date Treatment	NIL	Date Discharge	NIL
No. of Days granted Medical Leave	NIL	Degree of Injury	NIL

Brief Details.

On the 21/03/2022 at about 0955hrs, I was driving along Jln Bukit Merah towards Alexandra Rd. I am working as a Grab driver and had a passenger with me at the time.

When I was on the left at the filter lane towards Alexandra Rd, a white Nissan Van (GBF2040R) was in front of me. The van had already drove past the give-way line into Alexandra Rd therefore I turned to look for oncoming traffic when my vehicle had hit the rear of the white Nissan Van in front of me which had stopped suddenly. Both the driver of the van and I stepped out and examined the damages. My vehicle suffered a scratches and is dented. The other party's van had suffered a slight dent on the rear bumper.

We then exchanged particulars and the van's driver is one namely, Mayath (FIN: F7902320P, HP: 87958699). Nobody was injured during the process. After exchanging particulars, both of us left the scene. I am lodging this report as instructed by my company Grab for their record purposes.



SINGAPORE POLICE FORCE



T/20220321/2021

3 of 3

Report No. T/20220321/2021

Police Station Of Origin:
Clementi N.P.C
20 Clementi Avenue 5 SINGAPORE 129858
Tel No: 1800-8729999

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:
D / SCSGT(1) SEAN SIVA

Signature Of Informant:

Signature Of Interpreter:
Not applicable

Date/Time:
21/03/2022 11:23

Officer In Charge Of Case:
TP / GIA /
Other MUHAMMAD NOOR BIN ABDUL
RAHMAN
Contact No.: 65476201

Classification Of Case:

NP168

