

# 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 .....	21/06/2022 14:20 (SGT)
Date of Accident .....	02/06/2022 22:25 (SGT)
Exact Location of Accident .....	Tampines Street 22, Singapore
Additional Location Information .....	Block 272 Open Carpark
Country/State of Loss .....	Singapore

## DETAILS OF OWN VEHICLE

Vehicle Registration Number .....	SLU1225J
-----------------------------------	----------

### 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) +65-90905770
Alternative Phone No .....	(Office) +65-66550005

### VEHICLE PARTICULARS

Manufacturer .....	Honda
Model .....	Vezel
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_01
Cover Note Number .....	-

### DRIVER

Name of Driver .....	SEAR CHOON CHUAN
NRIC No .....	SXXXX069E

Date Of Birth .....	09/02/1964
Occupation .....	Outdoor
Date Of Driving Pass .....	22/10/1987
Driving experience .....	34 YEARS AND 8 MONTHS
Gender .....	Male
Mobile Number .....	(Phone) +65-90036287
Alt. Phone Number .....	-
Email Address .....	gr.sg.accident@grab.com
Address .....	12 BEDOK RISE #03-45
Address complement .....	-
Postcode .....	465407
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 .....	Hit and run / Vandalism / Damaged whilst parked
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) .....	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? .....	Yes
Police Station Name .....	Bedok South Neighbourhood Police Centre
Police Station Phone No .....	(Phone) +65-18002448999
Alt. Police Station Phone No .....	(Fax) +65-62446558
Police Station Address .....	20 Chai Chee Drive Singapore 469045
Was notice of intended Prosecution given? .....	No
If yes, against whom? .....	-

#### CIRCUMSTANCES OF ACCIDENT

REFER TO POLICE REPORT NO: T/20220621/2031

#### 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 .....	SMA6283B
Vehicle Manufacturer .....	BMW
Vehicle Model .....	428i
Vehicle Variant .....	-
Vehicle Colour .....	-
Vehicle Category .....	Private car

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****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' law firms/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' law firms/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 law firms/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

21.06.22 1240HRS

Witnessed by Reporting Centre Personnel

HAKIM

**Sketch Plan**

Describe Circumstances of the Accident

REFER TO POLICE REPORT NO: T/20220621/2031

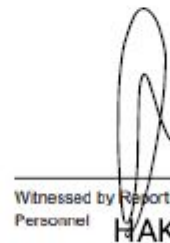
**Declaration**

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 21.06.22 1240HRS

  
\_\_\_\_\_  
Witnessed by Reporting Centre  
Personnel HAKIM























**SINGAPORE  
POLICE FORCE**



T/20220621/2031

1 of 3

Report No. T/20220621/2031

Police Station Of Origin:  
Bedok NPP  
15 Bedok South Road #01-117 SINGAPORE  
460015  
Tel No: 1800-2419999

**REPORT OF A TRAFFIC ACCIDENT**

Date/Time Report Made: 21/06/2022 12:23	Vide Report No.:	Station Diary No.: 7
--	------------------	-------------------------

**Informant's Particulars**

Name of Informant: SEAR CHOON CHUAN			Address: 12 BEDOK RISE #03-45 SINGAPORE 465407	
ID Type / ID No.: NRIC NO / S1671069E			Contact No.: Home/Office:	Mobile: 90036287
Nationality: SINGAPORE CITIZEN			Email:	
Sex: Male	Age: 58	Date of Birth: 09/02/1964	Type of Informant: Driver	
Race: Chinese			Language: English	Institution / School Name:
Occupation: PART TIME GRAB DRIVER			Driving Licence Information: Class: 3      Date of Expiry:	

**General Information of the Accident**

General Information of the Accident				
Type of Accident:	Non-Injury Others	Drink Drive: No	Date/Time of Accident: 02/06/2022 22:25	Type of Location: Car Park
Location:  TAMPINES STREET 22				
Weather: Clear		Road Surface: Dry	Road Speed Limit:	
Traffic Flow: Two Way		Traffic Control: Not Controlled	Traffic Volume:	
Type of Collision: UNKNOWN			Anyone conveyed by ambulance: No	

**Details of Vehicle Involved**

Vehicle No.	Type	Make	Model	Color	Condition	No of Passenger
SLU1225J	Car	HONDA	VEZEL	White	No Damage	0

**Details of Person Involved**

Any Pedestrian Involved: No	
No. of Pedestrians Injured: NIL	Use of Pedestrian Crossing: NA

**POLICE FORCE**

Police Station Of Origin:  
 Bedok NPP  
 15 Bedok South Road #01-117 SINGAPORE  
 460015  
 Tel No: 1800-2419999

**CONTINUATION OF REPORT**

T/20220621/2031

2 of 3

Report No. T/20220621/2031

<b>Driver</b>			
Name	SEAR CHOON CHUAN		ID No. S1671069E
Related Vehicle	NIL		Contact No. 90036287
Hospital/Clinic	NIL		Class of Driving Licence & Expiry Date Class: 3 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 20/06/2022 at about 1700hrs, I received a text from my rental vehicle's rental company's service centre (Esteem Reporting) who informed that my vehicle (SLU1225J, Honda Vezel, White) was involved in a hit-and-run incident.

I then recalled that on the 02/06/2022 at about 2225hrs, my vehicle was stationary at a parking lot at the open carpark of Blk 272 Tampines Street 22.

I was about to drive the vehicle out towards the right when I heard a normal thud sound. I then stopped and thought it was a stray cat, as such I slowly continued moving off from the location. At home, I made a check on my vehicle however there were no visible damages.

I was then informed by my rental company's service centre that I was involved in a hit and run incident at this date. However, I do not know the details of the other involved vehicle nor do I know what is the extent of the damages to the other vehicle.



# SINGAPORE POLICE FORCE



T/20220621/2031

3 of 3

Report No. T/20220621/2031

Police Station Of Origin:  
Dedok NFF  
15 Bedok South Road #01-117 SINGAPORE  
460015  
Tel No: 1800-2419999

## 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:

G /

SGT 3 MUHAMMAD  
NURUL'OMARALI BIN SUPRAT

Signature Of Informant:

Signature Of Interpreter:

Not applicable

Date/Time:

21/06/2022 12:23

Officer In Charge Of Case:

TP / GIA /

SI TAN JEOK LENG

Contact No.: 65476151

Classification Of Case:

NP168

