

# 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 ..... 11/06/2022 11:39 (SGT)  
Date of Accident ..... 10/06/2022 23:10 (SGT)  
Exact Location of Accident ..... Bayfront Ave, Singapore  
Additional Location Information ..... -  
Country/State of Loss ..... Singapore

## DETAILS OF OWN VEHICLE

Vehicle Registration Number ..... SLS5202J

### 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) +65-97215582  
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\_01  
Cover Note Number ..... -

### DRIVER

Name of Driver ..... TAN YONG JIE, ANTHONY  
NRIC No ..... S8828373B

Date Of Birth .....	05/08/1988
Occupation .....	Outdoor
Date Of Driving Pass .....	13/08/2009
Driving experience .....	12 YEARS AND 10 MONTHS
Gender .....	Male
Mobile Number .....	(Phone) +65-97215582
Alt. Phone Number .....	-
Email Address .....	gr.sg.accident@grab.com
Address .....	251 KIM KEAT LINK #09-105
Address complement .....	-
Postcode .....	310251
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 .....	Wet

#### 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? .....	No
Was notice of intended Prosecution given? .....	No
If yes, against whom? .....	-

#### CIRCUMSTANCES OF ACCIDENT

ON THE 10/06/2022 AT ABOUT 2310 HOURS, I WAS DRIVING VEHICLE A (SLS5202J) ON LANE 2 ALONG BAYFRONT AVENUE WHEN I WAS IN STATIONARY POSITION INITIALLY BEHIND VEHICLE B (SKL6702A) AND I RELEASED MY FOOT PEDAL AND MOVED FORWARD BUT I DID NOT NOTICE VEHICLE B WAS STILL STATIONARY AND ACCIDENTALLY REAR ENDED VEHICLE B SLIGHTLY. NOBODY IS INJURED.

#### ATTACHMENT(S)

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

#### DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number .....	SKL6702A
Vehicle Manufacturer .....	Toyota
Vehicle Model .....	Wish
Vehicle Variant .....	-
Vehicle Colour .....	-
Vehicle Category .....	Private hire
Name of Driver .....	LO CHOON MENG
NRIC No .....	S7983140I

Contact Number .....	(Phone) +65-96790221
Address .....	-
Address complement .....	-
Postcode .....	-
Insurance Company Name .....	-
Nature Of Damage .....	-
Details of property damaged in accident .....	-
No. Of Passenger (Including Driver) .....	2

**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 :

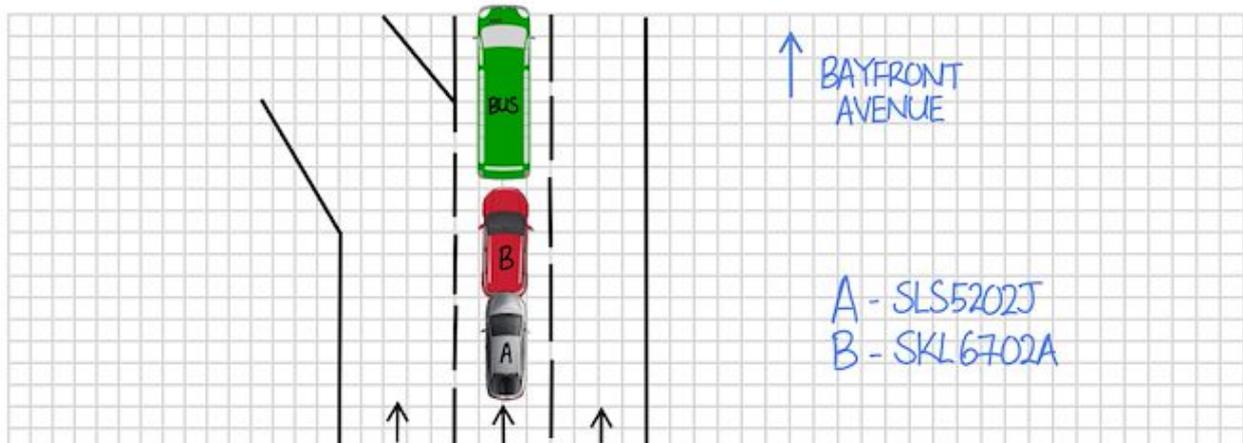
- (a) My insurer, my workshop and the General Insurance Association of Singapore ("GIA") may/are permitted to collect, use, disclose and/or process my personal data/personal information set out in this [form] and any other personal information provided by me or possessed by my insurer (collectively the "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

Witnessed by Reporting Centre Person

Sketch Plan



Describe Circumstances of the Accident

ON THE 10/06/2022 AT ABOUT 2310 HOURS, I WAS DRIVING VEHICLE A (SLS5202J) ON LANE 2 ALONG BAYFRONT AVENUE WHEN I WAS IN STATIONARY POSITION INITIALLY BEHIND VEHICLE B (SKL6702A) AND I RELEASED MY FOOT PEDAL AND MOVED FORWARD BUT I DID NOT NOTICE VEHICLE B WAS STILL STATIONARY AND ACCIDENTALLY REAR ENDED VEHICLE B SLIGHTLY. NOBODY IS INJURED.

**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  
 11/06/22 0120

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











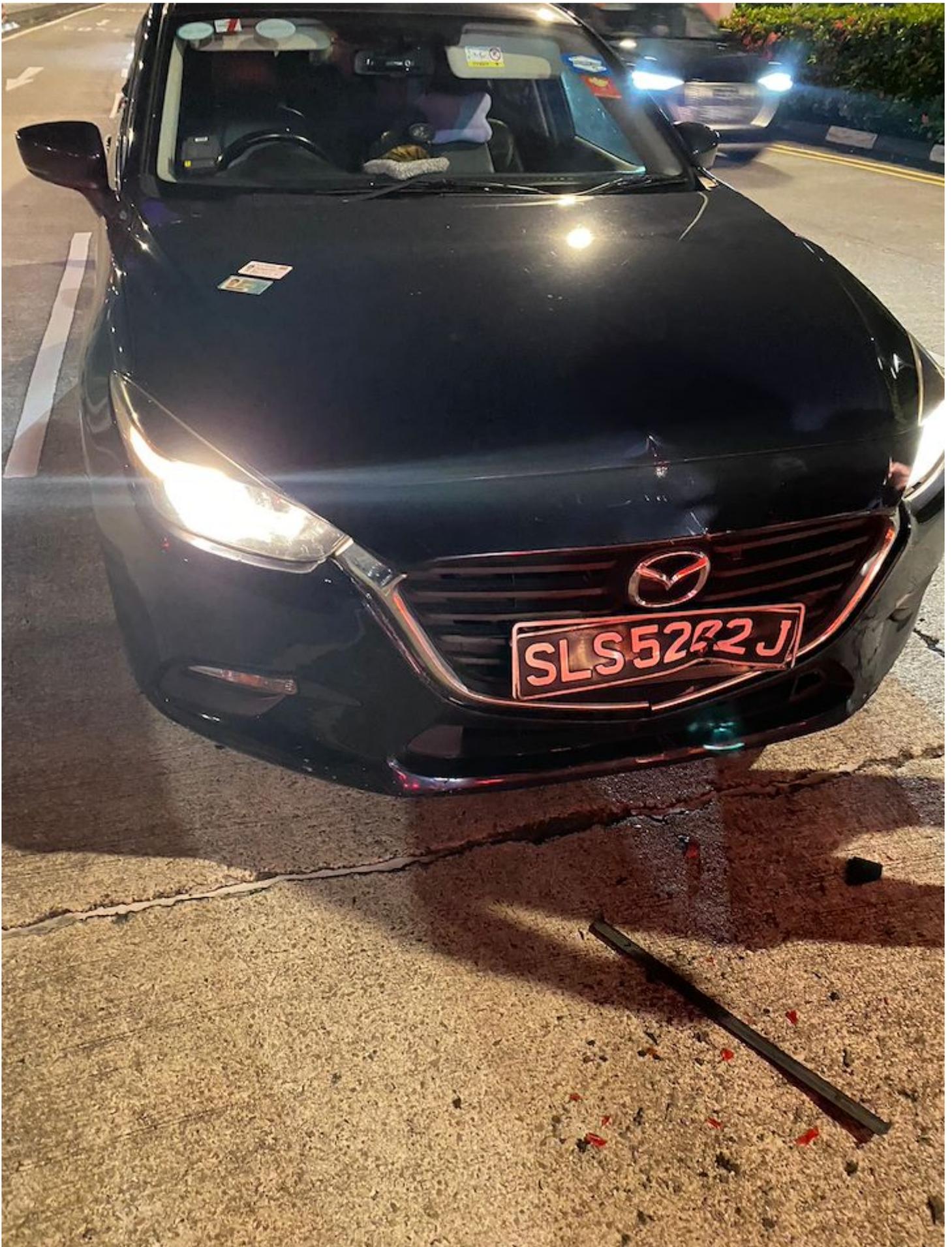














**IMPORTANT NOTE:** Please submit the completed Addendum form to the same Accident Reporting Centre with whom you submitted the Original Report.

**ADDENDUM**

**(A) PARTICULARS OF PERSON MAKING THE AMENDMENTS:**

Original Report No: SJ04228B0007 Vehicle Registration No: SLS5202Y  
 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: 10/06/2022 Time of Accident: 23:10  
 Place of Accident: Bayfront Ave,  
 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:

UPDATE OWN PLATE VEHICLE  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

\_\_\_\_\_  
 Policyholder / Driver's Signature  
 Date:

*siti*  
 \_\_\_\_\_  
 Reporting Centre Personnel's Signature  
 Name: Siti  
 NRIC/FIN No.:  
 Date: 20.06.2022

