

Steve

CS/CT122006803/Reg3

ASSIGNMENT

From: _____ Date: _____

Estimated Cost: _____

OD ☒ TP/WS/TP RES/OD RES/EVA/INV/MV

To inspect Vehicle No: _____

at Workshop m/s _____

of _____

Insured: _____

Policy No. _____

Claims No. _____

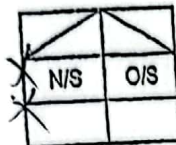
Sum Insured: _____ Excess: _____

(Client's Record)

Make of Veh: _____

(Policy Condition)

Remark: The veh had commenced its repair at the time of inspection.



Bal. or Market Value: _____

IDAC Accident Report: _____ Consistent? : Yes or No

GIA / PR Seen: _____ Consistent? : Yes or No

Est. Repairs: _____ days Res.: Yes or No

Lump Sum: _____ % 3 Val.: Yes or No

CA / REV / REP. / 24 HRS

Vehicle: IN / OUT

Date: _____ Person Contacted: _____

Veh No: SLV 2084 L Yr Regn: 26/12/57Type: ☒ Car / ☐ M.Cycle / ☐ Bus / ☐ Van / ☐ Lorry / ☐ Taxi / ☐ Prime Mover /

Truck / Trailer or _____

Make: Maruti 3 c.o. 1496Colour: Black A/C: ☒ Insured / ☐ Std / ☐ Nil / ☐ NASp. Reading 466086 T/Radio: ☒ Insured / ☐ Std / ☐ Nil / ☐ NA

Eng/No: _____

C/No: JM6BN22A8H 015 79.70Gen. Cond: ☒ Good / ☐ Fair / ☐ Poor / ☐ BurntSteering: ☒ In order / ☐ Jammed / ☐ Leaked / ☐ Burnt orBrake: ☒ In order / ☐ Jammed / ☐ Leaked / ☐ Burnt orModl: ☒ Nil / ☐ STD A/Rim orTyre Size: F: 905/55R15R: 17BS: ☒ DUN / ☐ EXNOVA / ☐ GY / ☐ FS / ☐ LIZA / ☐ MIC / ☐ OHTSU / ☐ PIR / ☐ SUMI /

TOYO / YOKO or _____

Front _____ Rear _____

R/Bal. 5 mm R/Bal. 5 mmL/Bal. 5 mm L/Bal. 5 mmD.O.A. 14/1/12 D.O.I. 21/1/12Survey held at PegususDes. of Damages: ☐ Frt / ☐ Rear / ☐ O/S / ☒ N/S / ☐ U/C / ☐ Rooftop or

The U/C / Chassis frame / Body Structure affected due to collision.

Date / Time Action / Instruction

MIX 70K

Waiting Estimate

Date/Time, File Pass to?

☐ : Prel. Report☐ : Final Report1) _____
Date/Time, File Return to?

2) _____

Report Format: _____

Lump Sum / I.B.F. (\$) _____

Days Of Repair: _____

Resurvey No. of Trip: _____

Add Fee: ☐ : Site Insp (\$ _____)☐ : Interview (\$ _____)☐ : Tech. Invs (\$ _____)☐ : Weekend (\$ _____)

Survey Fee:

Transportation:

S + RS. \$ _____

Photos

Others

TOTAL

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 15/07/2022 10:25 (SGT)
Reported by Driver
Date of Accident 14/07/2022 22:15 (SGT)
Exact Location of Accident Anson Rd, Singapore
Additional Location Information -
Country/State of Loss Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number SLV2084L

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) +65-97732474
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 - Claiming third party
Vehicle Category Private hire
Transmission Auto
CC 1496

INSURANCE COMPANY

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

DRIVER

Name of Driver S G S NATHAN
NRIC No SXXXX937G
Date Of Birth 16/12/1972
Occupation Outdoor

Of Driving Pass	16/08/1996
ing experience	25 YEARS AND 11 MONTHS
nder	Male
obile Number	(Phone) +65-97732474
Alt. Phone Number	*
Email Address	gr.sg.accident@grab.com
Address	BLK 511 ANG MO KIO AVENUE 8 #02-2768
Address complement	*
Postcode	560511
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 - Change/cross lane
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
Translator's name	-
Translator's ID	-
Translator's phone number	-
Translator's email	-
Original language used in the statement	-

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 14/07/2022 AT ABOUT 2215 HOURS, I WAS DRIVING VEHICLE A (SLV2084L) ALONG ANSON ROAD HEADING TOWARDS CECIL STREET WHEN VEHICLE B (SLZ1018P) ON MY LEFT TRIED TO EXECUTE A LANE CHANGE DUE TO ROAD WORKS AHEAD AND AS I WAS HEADING FORWARD, VEHICLE B GRAZED THE LEFT PASSENGER DOORS OF MY CAR. HE DID NOT STOP TO EXCHANGE PARTICULARS WITH ME AND I HAD TO CHASE HIM FOR A WHILE TO CAPTURE HIS PLATE NUMBER AND I DID ASK HIM TO STOP BY HONKING AT HIM AND WALK TOWARDS HIS CAR. BUT HE OVERTOOK MY CAR WITHOUT ALIGHTING, AFTER FETCHING A PASSENGER AND LEFT THE SCENE. NOBODY IS INJURED.

ATTACHMENT(S)

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

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	SLZ1018P
Vehicle Manufacturer	Mercedes
Vehicle Model	-
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)	1

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 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

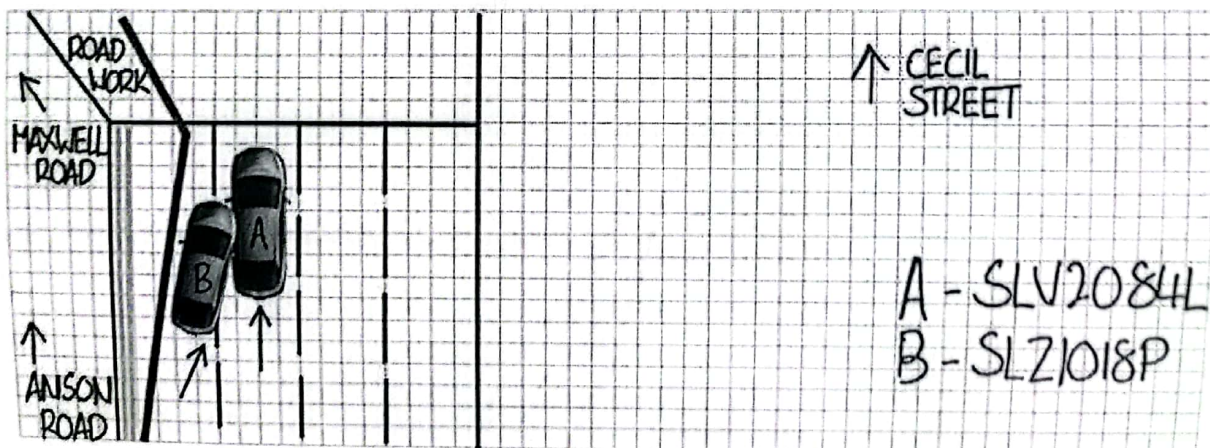
Sketch Plan

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

15/07/22

0130

Witnessed by Reporting Centre Personnel



Describe Circumstances of the Accident

ON THE 14/07/2022 AT ABOUT 2215 HOURS, I WAS DRIVING VEHICLE A (SLV2084L) ALONG ANSON ROAD HEADING TOWARDS CECIL STREET WHEN VEHICLE B (SLZ1018P) ON MY LEFT TRIED TO EXECUTE A LANE CHANGE DUE TO ROAD WORKS AHEAD AND AS I WAS HEADING FORWARD, VEHICLE B GRAZED THE LEFT PASSENGER DOORS OF MY CAR. HE DID NOT STOP TO EXCHANGE PARTICULARS WITH ME AND I HAD TO CHASE HIM FOR A WHILE TO CAPTURE HIS PLATE NUMBER AND I DID ASK HIM TO STOP BY HONKING AT HIM AND WALK TOWARDS HIS CAR. BUT HE OVERTOOK MY CAR WITHOUT ALIGHTING, AFTER FETCHING A PASSENGER AND LEFT THE SCENE. 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

Witnessed by Reporting Centre Personnel

15/07/22

0130