

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	18/07/2022 13:04 (SGT)
Reported by	Driver
Date of Accident	17/07/2022 19:00 (SGT)
Exact Location of Accident	PIE, Singapore
Additional Location Information	EXIT PIE UPPER BUKIT TIMAH
Country/State of Loss	Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SLM7580K
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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) +65-90905770
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
Policy Number / Cover Note Number	201617200G

DRIVER

Name of Driver	SIAM CHIN CHIN
NRIC No	S7481621E
Date Of Birth	31/03/1974
Occupation	Outdoor

Date Of Driving Pass	05/04/2002
Driving experience	20 YEARS AND 3 MONTHS
Gender	Male
Mobile Number	(Phone) +65-88514191
Alt. Phone Number	-
Email Address	gr.sg.accident@grab.com
Address	BLK 241 HOUGANG STREET 22 #02-57
Address complement	-
Postcode	530241
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)	0
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 17.07.2022 AT OR ABOUT 1900HRS, I WAS TRAVELLING ALONG THE SLIP ROAD OF PIE EXIT UPPER BUKIT TIMAH RD IN MY VEHICLE BEARING SLM7580K. I NOTICED THE VEHICLE BEARING SKA6250U WAS TRAVELLING INFRONT OF ME WHEN IT SUDDENLY SLOWED DOWN FOR UNKNOWN REASON. I HAD APPLIED THE EMERGENCY BRAKING HOWEVER DUE TO THE CLOSE PROXIMITY I HAD REAR ENDED THE VEHICLE SKA6250U. I WISH TO STATE THAT NOBODY WAS INJURED DURING THE ACCIDENT.

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	SKA6250U
Vehicle Manufacturer	Toyota
Vehicle Model	Yaris
Vehicle Variant	-
Vehicle Colour	-

Vehicle Category	Private car
Name of Driver	ANG AH TIONG
NRIC No	S2505951D
Contact Number	(Phone) +65-93377460
Address	-
Address complement	-
Postcode	-
Insurance Company Name	-
Nature Of Damage	-
Details of property damaged in accident	-
No. Of Passenger (Including Driver)	-

PASSENGER 1

Name	UNKNOWN
Gender	Female

SKETCH PLAN**IMPORTANT NOTICE**

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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 yers/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 yers/law firms, may/are permitted to collect, use, disclose and/or process my Personal Information for one or more of the above Purposes; and



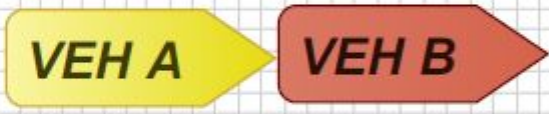
(c) my Personal Information may/can be disclosed by any of the Insurers and/or GIA to their third party service providers or agents (including their law yers/law firms), which may be sited outside of Singapore, for one or more of the above Purposes.

Policyholder's Signature / Date & Time

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

Witnessed by Reporting Centre Personnel

Sketch Plan

 17.07.2022, 1000HRS	 AFIQ
	
SLIP ROAD OF PIE EXIT UPPER BUKIT TIMAH RD	
VEH A: SLM7580K VEH B: SKA6250U	

Describe Circumstances of the Accident

ON 17.07.2022 AT OR ABOUT 1900HRS, I WAS TRAVELLING ALONG THE SLIP ROAD OF PIE EXIT UPPER BUKIT TIMAH RD IN MY VEHICLE BEARING SLM7580K. I NOTICED THE VEHICLE BEARING SKA6250U WAS TRAVELLING INFRONT OF ME WHEN IT SUDDENLY SLOWED DOWN FOR UNKNOWN REASON. I HAD APPLIED THE EMERGENCY BRAKING HOWEVER DUE TO THE CLOSE PROXIMITY I HAD REAR ENDED THE VEHICLE SKA6250U. I WISH TO STATE THAT NOBODY WAS INJURED DURING THE ACCIDENT.

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

17.07.2022, 1000HRS

Witnessed by Reporting Centre
Personnel

AFIQ



















