

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	02/09/2022 15:04 (SGT)
Reported by	Driver
Date of Accident	02/09/2022 11:00 (SGT)
Exact Location of Accident	PIE, Singapore
Additional Location Information	(CHANGI) AFTER LORONG 2 TOA PAYOH EXIT
Country/State of Loss	Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SLM3518T
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INSURED/POLICYHOLDER

Is company?	Yes
Name Of Registered Owner	GRAB RENTALS PTE LTD
Company Reg No	201617200G
Email Address	sg.accident@grab.com
Mobile Phone No	(Phone) +65-90252855
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	1498

INSURANCE COMPANY

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

DRIVER

Name of Driver	ONG CHEE HAO
NRIC No	S8321461I
Date Of Birth	17/07/1983
Occupation	Outdoor

Date Of Driving Pass	24/07/2022
Driving experience	2 MONTHS
Gender	Male
Mobile Number	(Phone) +65-90252855
Alt. Phone Number	-
Email Address	sg.accident@grab.com
Address	353 KANG CHING ROAD #09-51
Address complement	-
Postcode	610353
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	Chain Collision
Weather Conditions	Raining
Road Surface	Wet

OTHER INFORMATION

Was any foreign vehicle involved in the accident?	No
Number of vehicles involved in the accident	3
Was anybody injured in the Accident?	Yes
Was any injured conveyed to hospital by ambulance?	No
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 02/09/2022 AT AROUND 1100HRS, I WAS DRIVING VEHICLE A (SLM3518T) ALONG PIE TOWARDS CHANGI AIRPORT AFTER LORONG 2 TOA PAYOH EXIT. AS I WAS DEPRESSING THE BRAKE PEDAL LIGHTLY, VEHICLE A SUDDENLY SKIDDED AND REAR ENDED VEHICLE B (SLH4087P). VEHICLE B THEN REAR ENDED VEHICLE C (QX2104T) AND THEN VEHICLE C REAR ENDED VEHICLE D (SMN2887S). PASSENGER OF VEHICLE C WAS INJURED BUT I AM UNSURE OF WHAT INJURY. NO OTHER VEHICLES INVOLVED.

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	SLH4087P
Vehicle Manufacturer	Toyota
Vehicle Model	COROLLA ALTIS
Vehicle Variant	-
Vehicle Colour	-

Vehicle Category	Private car
Name of Driver	S ARJUN KUMAR
NRIC No	S9940849I
Contact Number	(Phone) +65-81124655
Address	-
Address complement	150 MEI LING STREET #13-45
Postcode	141150
Insurance Company Name	-
Nature Of Damage	-
Details of property damaged in accident	-
No. Of Passenger (Including Driver)	1

DETAILS OF OTHER VEHICLE PROPERTY 2

Vehicle Registration Number	QX2104T
Vehicle Manufacturer	Hyundai
Vehicle Model	-
Vehicle Variant	-
Vehicle Colour	-
Vehicle Category	Government
Name of Driver	SARVESHVERAN
Contact Number	(Phone) +65-90266413
Address	-
Address complement	-
Postcode	-
Insurance Company Name	-
Nature Of Damage	-
Details of property damaged in accident	-
No. Of Passenger (Including Driver)	2

DETAILS OF OTHER VEHICLE PROPERTY 3

Vehicle Registration Number	SMM2887S
Vehicle Manufacturer	Volvo
Vehicle Model	Xc60
Vehicle Variant	-
Vehicle Colour	Blue
Vehicle Category	Private car
Name of Driver	PARK SONG HEE
Passport No/FIN	G5036920Q
Contact Number	(Phone) +65-85180457
Address	-
Address complement	-
Postcode	-
Insurance Company Name	-
Nature Of Damage	-
Details of property damaged in accident	-
No. Of Passenger (Including Driver)	1

INJURED PERSONS DETAILS

INJURED 1

Name of injured person	PASSENGER
Gender	Female
Phone No	-
Address	-
Address Complement	-
Post Code	-
Approximate Age Years Old	-
Injuries Sustained	-
Injured person in which vehicle?	QX2104T
Were seat belts worn?	-
Was this injured conveyed to hospital by ambulance?	-

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' 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.

Ong Jr

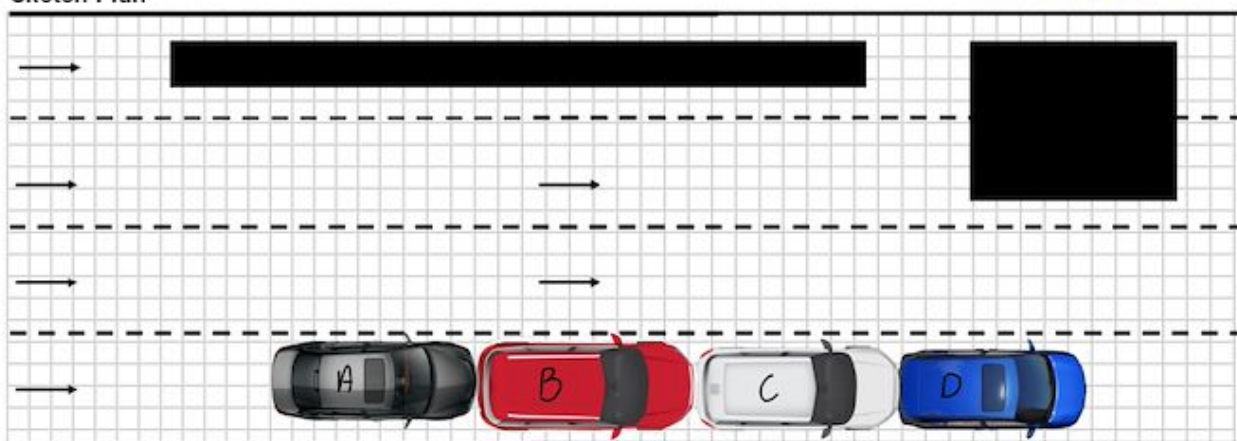
[Signature]

Policyholder's Signature / Date & Time

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

02/09/2022 1445HRS

Witnessed by Reporting Centre Personnel **FRO Sufiyan**

Sketch Plan

Describe Circumstances of the Accident

ON 02/09/2022 AT AROUND 1100HRS, I WAS DRIVING VEHICLE A (SLM3518T) ALONG PIE TOWARDS CHANGI AIRPORT AFTER LORONG 2 TOA PAYOH EXIT. AS I WAS DEPRESSING THE BRAKE PEDAL LIGHTLY, VEHICLE A SUDDENLY SKIDDED AND REAR ENDED VEHICLE B (SLH4087P). VEHICLE B THEN REAR ENDED VEHICLE C (QX2104T) AND THEN VEHICLE C REAR ENDED VEHICLE D (SMN2887S). PASSENGER OF VEHICLE C WAS INJURED BUT I AM UNSURE OF WHAT INJURY. NO OTHER VEHICLES INVOLVED.

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
02/09/2022 1445HRS

Witnessed by Reporting Centre Personnel
FRO Sufiyan







































