

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 12/09/2022 15:29 (SGT)
Reported by Driver
Date of Accident 12/09/2022 07:19 (SGT)
Exact Location of Accident Commonwealth Ave W, Singapore
Additional Location Information TOWARDS BOON LAY WAY BEFORE CLEMENTI AVENUE 3
NEAR L/P 121
Country/State of Loss Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number SLT1377J

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 Toyota
Model Prius
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 1798

INSURANCE COMPANY

Name of Insurance Company MSIG Insurance (Singapore) Pte. Ltd.
Policy Number / Cover Note Number 400001194

DRIVER

Name of Driver TAN KIA TECT
NRIC No SXXXXX930J
Date Of Birth 20/08/1954

Occupation	Outdoor
Date Of Driving Pass	18/10/1979
Driving experience	42 YEARS AND 11 MONTHS
Gender	Male
Mobile Number	(Phone) +65-82143354
Alt. Phone Number	-
Email Address	gr.sg.accident@grab.com
Address	APT BLK 702 WEST COAST ROAD
Address complement	#03-369
Postcode	120702
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)	2
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	-

PASSENGER 1

Name	Unknown
Gender	Female

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 12.09.2022 at or about 0719hrs, I was driving my motorcar bearing registration number SLT1377J along Commonwelath Avenue West towards Boon Lay Way before the junction of Clementi Avenue 3, on the lane 3 of the lane of the four lane road. I checked and switched lanes to the leftmost lane with signal when traffic was clear and after switching lanes completely, I felt an impact on my left rear portion and realised that a green public bus bearing registration number SBS3418K had collided onto my left rear portion. The said bus was exiting from the bus layby on the left of the leftmost lane.

I wish to state that I had one chinese female passenger at the material time. There were no reported injuries and my car had a damages on the kept rear portion. No ambulance or Police attended the accident.

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	SBS3418K
Vehicle Manufacturer	Volvo
Vehicle Model	B9tl
Vehicle Variant	-
Vehicle Colour	Green
Vehicle Category	Bus
Name of Driver	SAM BAN KIT
NRIC No	SXXXX346E
Contact Number	(Phone) +65-91074177
Address	-
Address complement	-
Postcode	-
Insurance Company Name	-
Nature Of Damage	-
Details of property damaged in accident	-
No. Of Passenger (Including Driver)	1

SKETCH PLAN

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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 :

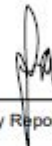
- (i) processing, handling and/or dealing with my claims including the settlement of the claims and any necessary investigations relating to the claims;
 - (ii) investigating the accident and/or my claims;
 - (iii) carrying out and/or dealing with my instructions or responding to any enquiries by me;
 - (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.



TAN KIA TECT



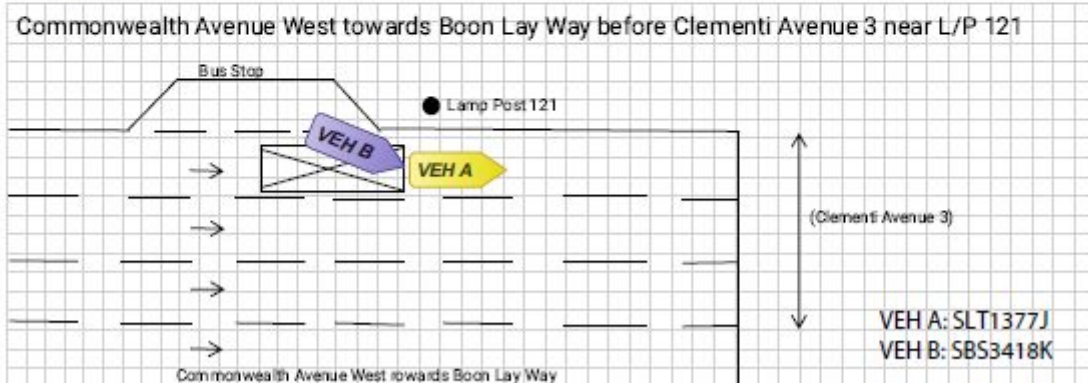
SURIA

Policyholder's Signature / Date & Time

Driver's Signature (If driver is not the policyholder) / Date & Time 12.09.2022 @ 0940hrs

Witnessed by Reporting Centre Personnel

Sketch Plan



Describe Circumstances of the Accident

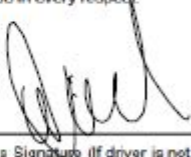
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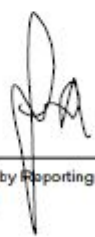
Declaration

I/We declare the foregoing particulars are true in every respect.

Policyholder's Signature / Date & Time

 TAN KIA TECT

Driver's Signature (If driver is not the policyholder) / Date & Time 12.09.2022 @ 0940hrs

 SURIA

Witnessed by Reporting Centre Personnel



