

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	02/10/2022 17:41 (SGT)
Reported by	Driver
Date of Accident	01/10/2022 14:50 (SGT)
Exact Location of Accident	CTE, Singapore
Additional Location Information	-
Country/State of Loss	Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SMR267Z
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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	Kia
Model	Niro
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	1580

INSURANCE COMPANY

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

DRIVER

Name of Driver	TAY HONG LIM (ZHENG FENGLIN)
NRIC No	S7520565A
Date Of Birth	17/07/1975
Occupation	Outdoor

Date Of Driving Pass	08/09/2008
Driving experience	14 YEARS AND 1 MONTH
Gender	Male
Mobile Number	(Phone) +65-98386662
Alt. Phone Number	-
Email Address	gr.sg.accident@grab.com
Address	BLK 23 SIN MING ROAD #06-03
Address complement	-
Postcode	570023
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)	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 01/10/2022 AT OR ABOUT 1450HRS, I WAS TRAVELLING IN MY VEHICLE BEARING SMR267Z ALONG CTE NEAR EXIT 7A. THERE WAS A VEHICLE IN FRONT OF ME BEARING SKS8866K. I WAS KEEPING A SAFE DISTANCE BETWEEN US AND TRAVELLING BELOW THE SPEED LIMIT. SUDDENLY THE VEHICLE IN FRONT OF ME BRAKED. I ALSO APPLIED MY BRAKES BUT MY VEHICLE BRAKES DID NOT ENGAGE FULLY AND I LIGHTLY REAR ENDED THE VEHICLE IN FRONT. I WISH TO STATE THAT THE PASSENGER THAT WAS WITH ME HAD NO VISIBLE INJURIES HOWEVER SHE REQUESTED ME TO SEND HER TO MOUNT ELIZABETH HOSPITAL A&E.

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	SKS8866K
Vehicle Manufacturer	Volkswagen
Vehicle Model	Golf
Vehicle Variant	-
Vehicle Colour	-
Vehicle Category	Private car
Name of Driver	WU GUANG HAO
Contact Number	(Phone) +65-84847112
Address	-
Address complement	-
Postcode	-
Insurance Company Name	-
Nature Of Damage	-
Details of property damaged in accident	-
No. Of Passenger (Including Driver)	-

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

Driver's Signature (if driver is not the policyholder) / Date
& Time 01/10.22 1630HRS

Witnessed by Reporting Centre
Personnel HAKIM

















