

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 23/10/2022 16:42 (SGT)
Reported by Driver
Date of Accident 21/10/2022 19:25 (SGT)
Exact Location of Accident PIE, Singapore
Additional Location Information TOWARDS CHANGI AIRPORT
Country/State of Loss Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number SND9879K

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 Kia
Model Cerato
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 1591

INSURANCE COMPANY

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

DRIVER

Name of Driver MOHAMMAD MUSFIRAH HADI BIN AHMAD
NRIC No SXXXX888G
Date Of Birth 21/09/1995
Occupation Outdoor

Date Of Driving Pass	20/07/2015
Driving experience	7 YEARS AND 3 MONTHS
Gender	Male
Mobile Number	(Phone) +65-97216035
Alt. Phone Number	-
Email Address	gr.sg.accident@grab.com
Address	BLK 503 TAMPINES CENTRAL 1 #03-279
Address complement	-
Postcode	520503
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	Wet

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 21/10/2022 AT OR ABOUT 1925 HRS, I WAS TRAVELLING IN MY VEHICLE BEARING SND9879K ALONG PIE TOWARDS CHANGI AIRPORT. IT JUST STOPPED RAINING AND THE ROAD WAS WET AND SLIPPERY. I WAS TRAVELLING ON THE FIRST LANE WHEN SUDDENLY THE VEHICLE IN FRONT MADE A SUDDEN STOP. I APPLIED MY BRAKES BUT DUE TO THE WET AND SLIPPERY SURFACE OF THE ROAD MY VEHICLE SKIDDED AND I COLLIDED ONTO THE REAR OF THE VEHICLE IN FRONT. 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	SDV96K
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Vehicle Manufacturer	Porsche
Vehicle Model	Panamera
Vehicle Variant	-
Vehicle Colour	-
Vehicle Category	Private car
Name of Driver	-
Contact Number	(Phone) +65-91847013
Address	-
Address complement	-
Postcode	-
Insurance Company Name	-
Nature Of Damage	-
Details of property damaged in accident	-
No. Of Passenger (Including Driver)	1

Describe Circumstances of the Accident

ON 21/10/2022 AT OR ABOUT 1925 HRS, I WAS TRAVELLING IN MY VEHICLE BEARING SND9879K ALONG PIE TOWARDS CHANGI AIRPORT. IT JUST STOPPED RAINING AND THE ROAD WAS WET AND SLIPPERY. I WAS TRAVELLING ON THE FIRST LANE WHEN SUDDENLY THE VEHICLE IN FRONT MADE A SUDDEN STOP. I APPLIED MY BRAKES BUT DUE TO THE WET AND SLIPPERY SURFACE OF THE ROAD MY VEHICLE SKIDDED AND I COLLIDED ONTO THE REAR OF THE VEHICLE IN FRONT. 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

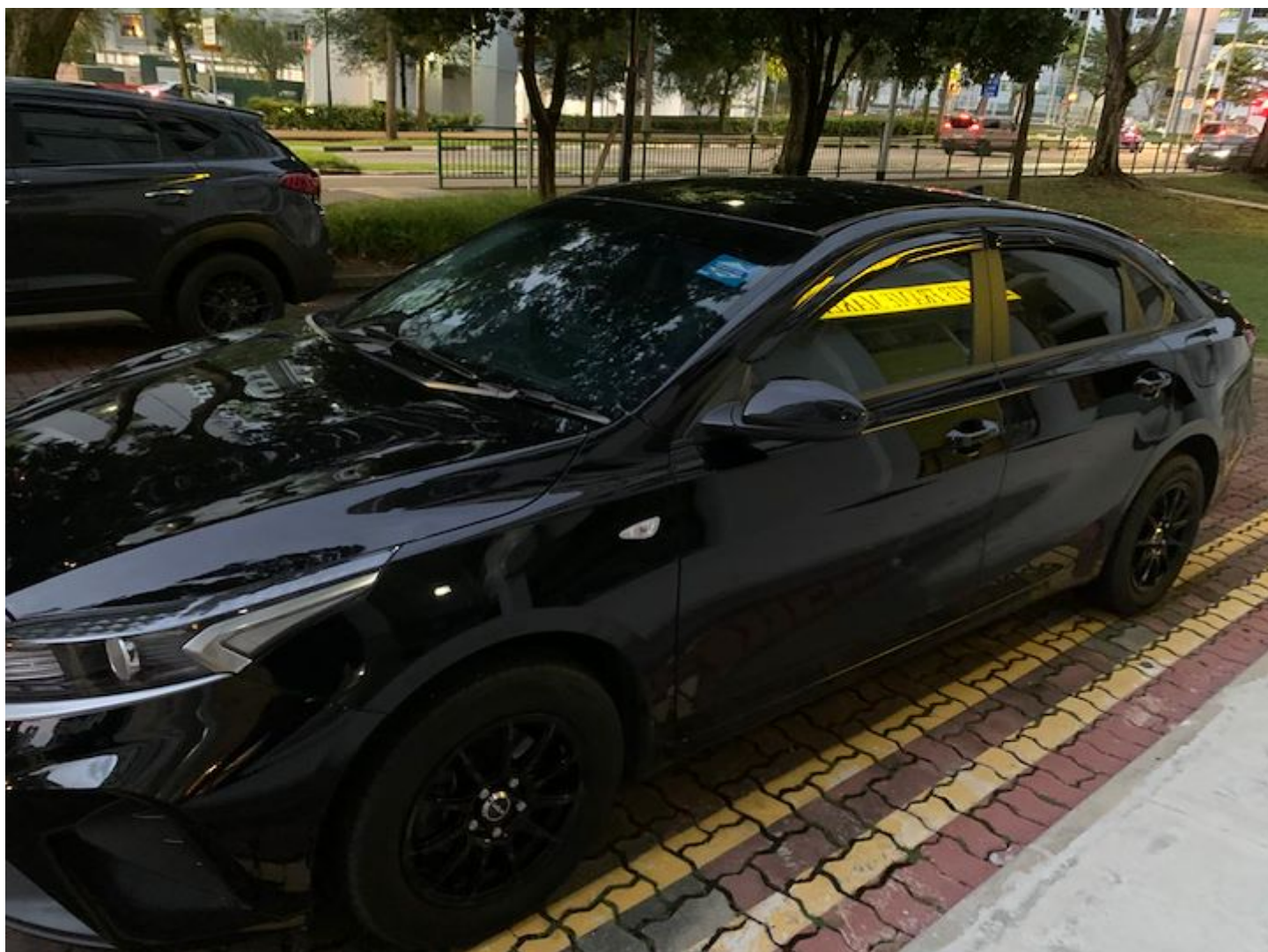
22.10.22 1900HRS

Witnessed by Reporting Centre
Personnel

HAKIM



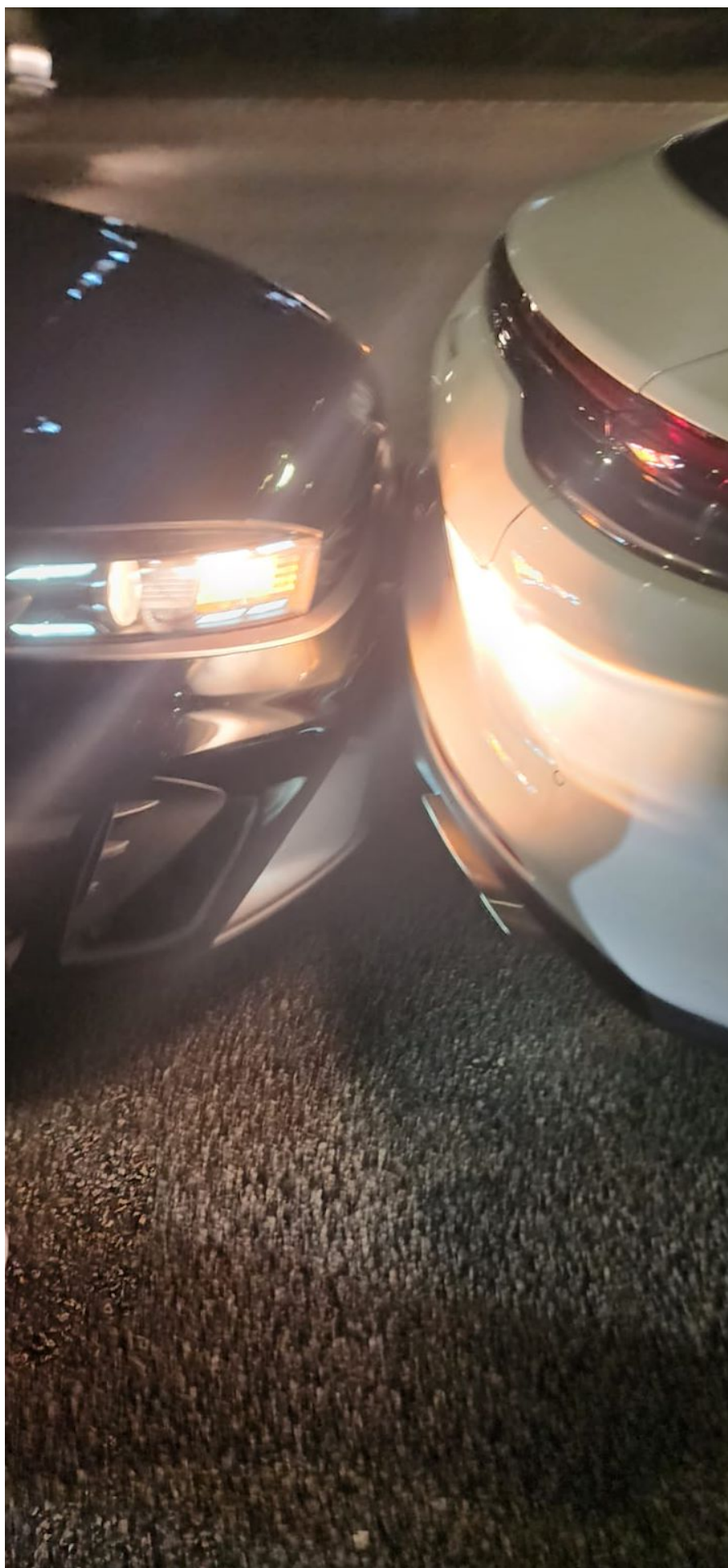


















IMPORTANT NOTE: Please submit the completed Addendum form to the same Accident Reporting Centre with whom you submitted the Original Report.

ADDENDUM

(A) PARTICULARS OF PERSON MAKING THE AMENDMENTS:

Original Report No: SA1Z22AM0002 Vehicle Registration No: SND9879K
 Name (as shown in NRIC): GRAB RENTALS PTE LTD NRIC/FIN/Passport No: 201617200G
 (*Vehicle Driver/Vehicle Owner) (*) Please delete as appropriate
 Address: 18 SIN MING LANE, #01-08, MIDVIEW CITY Singapore (573960)
 Contact (Tel): 66550005 Mobile No.: 90905770
 Email Address: gr.sg.accident@grab.com
 Date of Accident: 21.10.2022 Time of Accident: 19:25
 Place of Accident: PIE, TOWARDS CHANGI AIRPORT
 Insurance Company: INDIA INTERNATIONAL INSURANCE PTE LTD

(B) ADDITIONAL INFORMATION / AMENDMENTS:

I have made a report on the above-mentioned accident and would like to include additional information or make the following amendments:

- To upload the amended Sketch Plan

 Policyholder / Driver's Signature
 Date:

 Reporting Centre Personnel's Signature
 Name:
 NRIC/FIN No.:
 Date: