

# 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 .....	02/11/2022 10:14 (SGT)
Reported by .....	Driver
Date of Accident .....	01/11/2022 00:27 (SGT)
Exact Location of Accident .....	KJE, Singapore
Additional Location Information .....	TOWARDS TUAS
Country/State of Loss .....	Singapore

## DETAILS OF OWN VEHICLE

Vehicle Registration Number .....	SLU6408R
-----------------------------------	----------

### 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 .....	D21MFL0000447_01

### DRIVER

Name of Driver .....	LEW SIN WAH
NRIC No .....	S2714859Z
Date Of Birth .....	28/11/1961
Occupation .....	Outdoor

Date Of Driving Pass .....	02/09/1981
Driving experience .....	41 YEARS AND 2 MONTHS
Gender .....	Male
Mobile Number .....	(Phone) +65-91396833
Alt. Phone Number .....	-
Email Address .....	gr.sg.accident@grab.com
Address .....	BLK 10C BENDEMEER ROAD
Address complement .....	#08-133
Postcode .....	333010
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 01/11/2022 AT OR ABOUT 0027HRS, I WAS TRAVELLING ALONG KJE TOWARDS TUAS IN MY VEHICLE BEARING SLU6408R. AS I WAS TRAVELLING ON LANE 1, SUDDENLY ANOTHER VEHICLE BEARING SJH6332S THAT WAS TRAVELLING ON THE MOST LEFT LANE HAD ABRUPTLY CUT INTO MY LANE. VEHICLE SJH6332S BRAKE FOR UNKNOWN REASON AND COME TO A COMPLETE STOP INFRONT OF MY VEHICLE. I APPLIED THE EMERGENCY BRAKES HOWEVER DUE TO THE CLOSE PROXIMITY I REAR ENDED THE VEHICLE INFRONT OF ME. 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 .....	SJH6332S
Vehicle Manufacturer .....	Toyota
Vehicle Model .....	Estima
Vehicle Variant .....	-
Vehicle Colour .....	-
Vehicle Category .....	Private car
Name of Driver .....	-
Contact Number .....	-
Address .....	-
Address complement .....	-
Postcode .....	-
Insurance Company Name .....	-
Nature Of Damage .....	-
Details of property damaged in accident .....	-
No. Of Passenger (Including Driver) .....	1

**SKETCH PLAN****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 Authorised 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. The 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.
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 firms/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 firms/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 firms/law firms), which may be sited outside of Singapore, for one or more of the above Purposes.

Policyholder's Signature / Date & Time

Sketch Plan

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

01.11.2022, 1800HRS

Witnessed by Reporting Centre Personnel

AFIQ

KJE TOWARDS TUAS

VEH B

VEH A

VEH A: SLU6408R  
VEH B: SJH6332S

## Describe Circumstances of the Accident

ON 01/11/2022 AT OR ABOUT 0027HRS I WAS IN MY VEHICLE BEARING SLU6408R TRAVELING ALONG KJE TOWARDS TUAS ON LANE 1. I NOTICED ANOTHER VEHICLE BEARING SJH6332S TRAVELING ON LANE 4 ADRUPTLY CUT INTO MY LANE AND LATER COME TO A COMPLETE STOP FOR UNKNOWN REASON. I HAD THEN APPLIED MY BRAKES HOWEVER DUE TO THE CLOSE PROXIMITY I HAD REAR ENDED THE VEHICLE SJH6332S. 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

01.11.2022, 1800HRS

\_\_\_\_\_  
Witnessed by Reporting Centre  
Personnel

AFIQ

















































