

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	15/12/2022 19:27 (SGT)
Reported by	Driver
Date of Accident	15/12/2022 14:55 (SGT)
Exact Location of Accident	317 Jurong East Street 31, Singapore 600317
Additional Location Information	-
Country/State of Loss	Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SMW6419L
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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) +65-82221114
Alternative Phone No	(Office) +65-66550005

VEHICLE PARTICULARS

Manufacturer	Hyundai
Model	Ae ioniq
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	1580

INSURANCE COMPANY

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

DRIVER

Name of Driver	LING LEE MEI
NRIC No	SXXXX841Z
Date Of Birth	26/11/1970
Occupation	Outdoor

Date Of Driving Pass	05/04/2005
Driving experience	17 YEARS AND 8 MONTHS
Gender	Female
Mobile Number	(Phone) +65-82221114
Alt. Phone Number	-
Email Address	gr.sg.accident@grab.com
Address	BLK 113 POTONG PASIR AVENUE 1 #02-830
Address complement	-
Postcode	350113
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 - Major/Minor Rd
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)	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 15/12/2022 AT ABOUT 1455HRS, I WAS DRIVING OUT FROM JURONG EAST STREET 31, NEAR BLOCK 317. SUDDENLY VEHICLE B (SHF309J) EXITING OUT FROM THE PARKING SPOT WHILE I WAS GOING STRAIGHT AND COLLIDED INTO THE RIGHT PORTION OF MY VEHICLE. NO INJURIES.

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	SHF309J
Vehicle Manufacturer	Toyota
Vehicle Model	Prius
Vehicle Variant	-
Vehicle Colour	-
Vehicle Category	Taxi

Name of Driver
NRIC No
Contact Number
Address
Address complement
Postcode
Insurance Company Name
Nature Of Damage
Details of property damaged in accident
No. Of Passenger (Including Driver)

N MOHANASUNDERN
SXXXX458Z
(Phone) +65-91474152

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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' 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, rep disclosure of certain personal data about me to bring about delivery of the same as well as or packages); and/or

(v) complying with applicable law in administering, processing, handling and/or dealing with my (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.

**FLASH ACCIDENT
REPORTING OFFICER**

FRO AMIN



**FLASH ACCIDENT
REPORTING OFFICER**

FRO AMIN



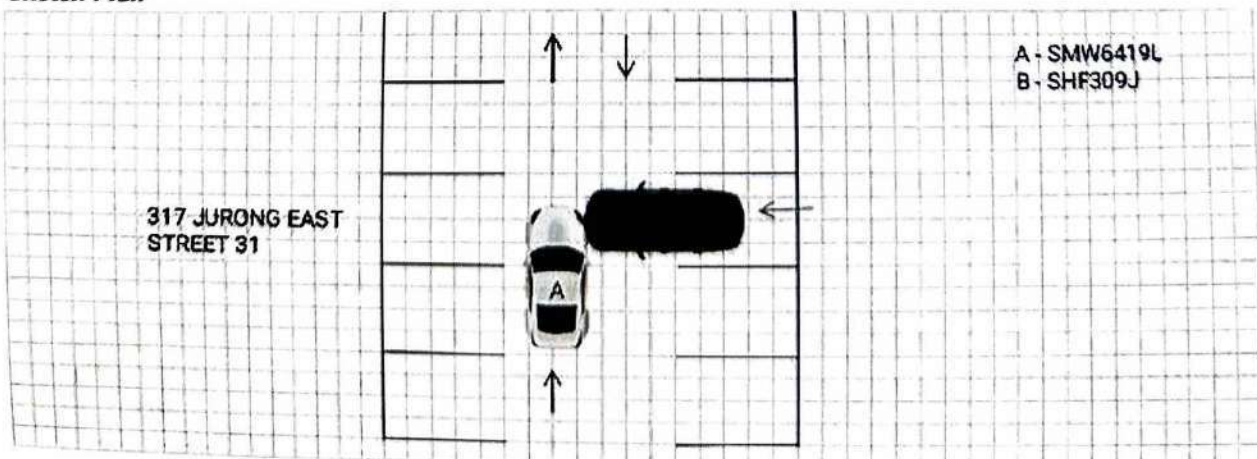
Policyholder's Signature / Date & Time

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

151222 1620

Witnessed by Reporting Centre Personnel

Sketch Plan



Describe Circumstances of the Accident

ON 15/12/2022 AT ABOUT 1455HRS, I WAS DRIVING OUT FROM JURONG EAST STREET 31, NEAR BLOCK 317, SUDDENLY VEHICLE B (SHF309J) EXITING OUT FROM THE PARKING SPOT WHILE I WAS GOING STRAIGHT AND COLLIDED INTO THE RIGHT PORTION OF MY VEHICLE. NO INJURIES.

Declaration

We declare the foregoing particulars are true in every respect.

Policyholder's Signature / Date &
Time

Min 132

Driver's Signature (if driver is not the policyholder) / Date
& Time 151222 1620

Witnessed by Reporting Centre
Personnel

**FLASH ACCIDENT
REPORTING OFFICER**

FRO AMIN

