

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 26/12/2022 17:14 (SGT)
Reported by Driver
Date of Accident 25/12/2022 09:35 (SGT)
Exact Location of Accident 65 Airport Blvd., Singapore 819663
Additional Location Information TERMINAL 3 BASEMENT 1, PICK UP POINT
Country/State of Loss Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number SLW2289H

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 - Claiming third party
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 XU JUN
NRIC No S7881029G
Date Of Birth 01/08/1978
Occupation Outdoor

Date Of Driving Pass	06/05/2013
Driving experience	9 YEARS AND 7 MONTHS
Gender	Male
Mobile Number	(Phone) +65-80390827
Alt. Phone Number	-
Email Address	gr.sg.accident@grab.com
Address	BLK 727 WOODLANDS CIRCLE
Address complement	#06-112
Postcode	730727
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	Side Swipe
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 25.12.2022 AT OR ABOUT 0935HRS, I WAS IN MY VEHICLE BEARING SLW2289H ALONG CHANGI AIRPORT TERMINAL 3, BASEMENT 1 PICK UP POINT. AS I WAS MAKING A RIGHT TURN TO EXIT, SUDDENLY I FELT AN IMPACT COMING FROM THE RIGHT PORTION OF MY VEHICLE. I LATER REALISED ANOTHER VEHICLE BEARING SME8836Y HAD SIDE SWIPED MY VEHICLE. 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	SME8836Y
Vehicle Manufacturer	Kia
Vehicle Model	Cerato
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) -

SKETCH PLAN

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8. Consent under the Personal Data Protection Act (PDPA)

I understand, acknowledge, agree and consent that :

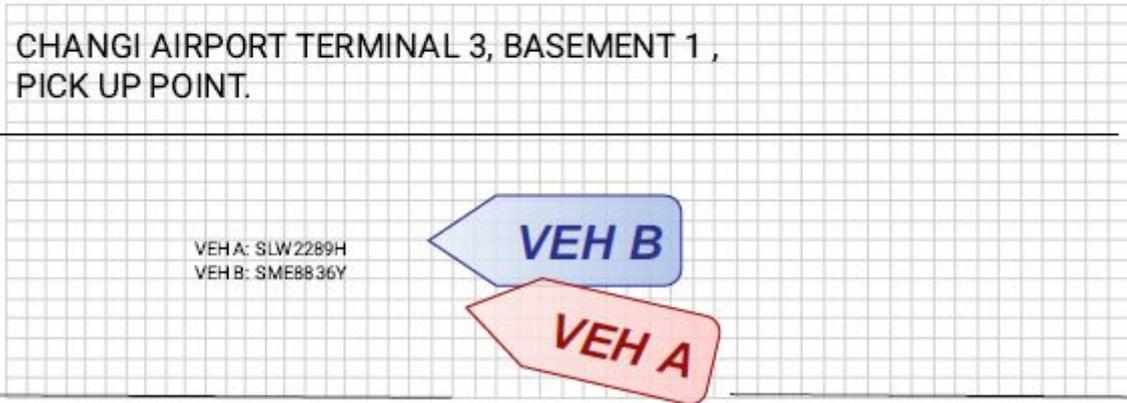
(a) My insurer, my workshop and the General Insurance Association of Singapore ("GIA") may/are permitted to collect, use, disclose and/or process my personal data/personal information set out in this [form] and any other personal information provided by me or possessed by my insurer (collectively the "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, 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' 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.

 _____ Policyholder's Signature / Date & Time	 _____ Driver's Signature (If driver is not the policyholder) / Date & Time 25.12.2022, 1530HRS	 _____ Witnessed by Reporting Centre Personnel AFIQ
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Sketch Plan



Describe Circumstances of the Accident

ON 25.12.2022 AT OR ABOUT 0935HRS, I WAS IN MY VEHICLE BEARING SLW2289H ALONG CHANGI AIRPORT TERMINAL 3, BASEMENT 1 PICK UP POINT. AS I WAS MAKING A RIGHT TURN TO EXIT, SUDDENLY I FELT AN IMPACT COMING FROM THE RIGHT PORTION OF MY VEHICLE. I LATER REALISED ANOTHER VEHICLE BEARING SME8836Y HAD SIDE SWIPED MY VEHICLE. 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

Witnessed by Reporting Centre
Personnel

AFIQ

25.12.2022, 1530HRS























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: SA1Z22CP0002 Vehicle Registration No: SLW2289H

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: 25/12/2022 Time of Accident: 09:35

Place of Accident: 65 Airport Blvd., Singapore 819663, TERMINAL 3 BASEMENT 1, PICK UP POINT

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 attach video

Policyholder / Driver's Signature
Date:

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