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 witholding 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.

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 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 14:00 (SGT) Reported by Driver Date of Accident 15/12/2022 07:45 (SGT) Exact Location of Accident PIE, Singapore Additional Location Information TOWARDS CHANGI NEAR ADAM ROAD FLYOVER Country/State of Loss Singapore

DETAILS OF OWN VEHICLE

Honda

Vehicle Registration Number **SLR2989Y**

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

Model Vezel Variant Exact purpose for which vehicle was being used at time of Private hire accident Are you claiming under your own insurance policy for repair to No - Reporting only your vehicle? 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 OH KOK KENG NRIC No S7042112G Date Of Birth 27/11/1970 Occupation Outdoor

Date Of Driving Pass 07/03/2016 Driving experience 6 YEARS AND 9 MONTHS Gender Mobile Number (Phone) +65-84045184 Alt. Phone Number Email Address gr.sg.accident@grab.com Address **BLK 107D EDGEFIELD PLAINS** Address complement #15-116 Postcode 812107 Is the driver the policyholder? No If No, Relationship of the Driver with the Insured Hirer Does Driver Own Other Vehicles? Nο 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 Chain Collision Weather Conditions Raining Road Surface Wet OTHER INFORMATION Was any foreign vehicle involved in the accident? No Number of vehicles involved in the accident 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) Has the driver been approached by unknown person(s) soliciting/offering accident claims assistance? Nο 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? Nο Was notice of intended Prosecution given? Nο If yes, against whom? CIRCUMSTANCES OF ACCIDENT ON 15.12.2022 AT OR ABOUT 0745HRS, I WAS TRAVELING IN MY VEHICLE BEARING SLR2989Y ALONG PIE TOWARDS CHANGI NEAR ADAM ROAD FLYOVER. I NOTICED THE VEHICLE INFRONT OF ME BEARING SKX6703J SLOWED DOWN AND LATER COME TO A COMPLETE STOPPED. I APPLIED MY BRAKES TO SLOW DOWN HOWEVER, DUE TO THE CLOSE PROXIMITY I REAR ENDED VEHICLE SKX6703J AND VEHICLE SKX6703J REAR ENDED VEHICLE SLU5420K. I WISH TO STATE NOBODY WAS INJURED DURING THE ACCIDENT. 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 SKX6703J

Vehicle Manufacturer	Mazda
Vehicle Model	3
Vehicle Variant	-
Vehicle Colour	-
Vehicle Category	Private car
Name of Driver	STASKE STEFAN MICHAEL
NRIC No	S8462090D
Contact Number	(Phone) +65-97327444
Address	-
Address complement	-
Postcode	-
Insurance Company Name	-
Nature Of Damage	-
Details of property damaged in accident	-
No. Of Passenger (Including Driver)	-

DETAILS OF OTHER VEHICLE PROPERTY 2

Vehicle Registration Number	SLU5420K
Vehicle Manufacturer	-
Vehicle Model	-
Vehicle Variant	-
Vehicle Colour	-
Vehicle Category	Private car
Name of Driver	LIM YU XUAN
NRIC No	S8708490F
Contact Number	(Phone) +65-97586208
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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- 5. Any false reporting may be referred to the Police for investigation.
- 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 w orkshop 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 yers/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 w ith 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) w ho have insured vehicle(s) involved in this accident and the Insurers' law yers/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 yers/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

Witnessed by Reporting Centre

AFIO

Sketch Plan

15.12.2022, 1115HRS

PIE (CHANGI) NEAR ADAM RD FLYOVER

VEH A: SLR2989Y

VEH B: SKX6703J

VEH C: SLU5420K

Describe Circumstances of the Accident

ON 15.12.2022 AT OR ABOUT 0745HRS, I WAS TRAVELING IN MY VEHICLE BEARING SLR2989Y ALONG PIE TOWARDS CHANGI NEAR ADAM ROAD FLYOVER. I NOTICED THE VEHICLE INFRONT OF ME BEARING SKX6703J SLOWED DOWN AND LATER COME TO A COMPLETE STOPPED. I APPLIED MY BRAKES TO SLOW DOWN HOWEVER, DUE TO THE CLOSE PROXIMITY I REAR ENDED VEHICLE SKX6703J AND VEHICLE SKX6703J REAR ENDED VEHICLE SLU5420K. I WISH TO STATE 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 15.12.2022, 1115HRS

Witnessed by Reporting Centre Personnel

AFIQ



















