

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 25/01/2023 11:27 (SGT)
Reported by Driver
Date of Accident 24/01/2023 16:45 (SGT)
Exact Location of Accident Yishun Ave 1, Singapore
Additional Location Information -
Country/State of Loss Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number SMH738J

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) +65-93883928
Alternative Phone No (Office) +65-66550005

VEHICLE PARTICULARS

Manufacturer Hyundai
Model OS KONA EV
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 0

INSURANCE COMPANY

Name of Insurance Company India International Insurance Pte Ltd
Policy Number / Cover Note Number D21MFL0000447_02

DRIVER

Name of Driver LIM SEE MENG
NRIC No S1217287G
Date Of Birth 21/04/1956
Occupation Outdoor

Date Of Driving Pass	08/07/1976
Driving experience	46 YEARS AND 6 MONTHS
Gender	Male
Mobile Number	(Phone) +65-93883928
Alt. Phone Number	-
Email Address	gr.sg.accident@grab.com
Address	BLK 173 WOODLANDS STREET 13 #03-409
Address complement	-
Postcode	730173
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	Raining
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)	4
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	Male

PASSENGER 2

Name	UNKNOWN
Gender	Male

PASSENGER 3

Name	UNKNOWN
Gender	Female

DETAILS OF POLICE ACTION

Was the accident reported to the police?	Yes
Police Station Name	Bukit Panjang North Neighbourhood Police Post
Police Station Address	Blk 27 Marsiling Drive Singapore 730027
Was notice of intended Prosecution given?	No
If yes, against whom?	-

CIRCUMSTANCES OF ACCIDENT

REFER TO POLICE REPORT NO T/20230124/2033

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 SGK4896P
Vehicle Manufacturer Mercedes
Vehicle Model -
Vehicle Variant -
Vehicle Colour -
Vehicle Category Private car
Name of Driver RAN RUITING
Contact Number (Phone) +65-82181377
Address -
Address complement -
Postcode -
Insurance Company Name -
Nature Of Damage -
Details of property damaged in accident -
No. Of Passenger (Including Driver) -

SKETCH PLAN**IMPORTANT NOTICE**

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7. By the lodgment of this report to the insurers, you hereby consent to the archiving of this report at the center 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' 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 involvedisclosure 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

Sketch Plan

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

25/01/23 1050HRS

**FLASH ACCIDENT
REPORTING OFFICER**

FRO ZIKRUL

Witnessed by Reporting Centre Personnel



A-SMH738J
B-SGK4896P

Describe Circumstances of the Accident

REFER TO POLICE REPORT NO T/20230124/2033

Declaration

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

25/01/23 1050HRS

FLASH ACCIDENT
REPORTING OFFICER
FRO ZIKRUL



Witnessed by Reporting Centre
Personnel













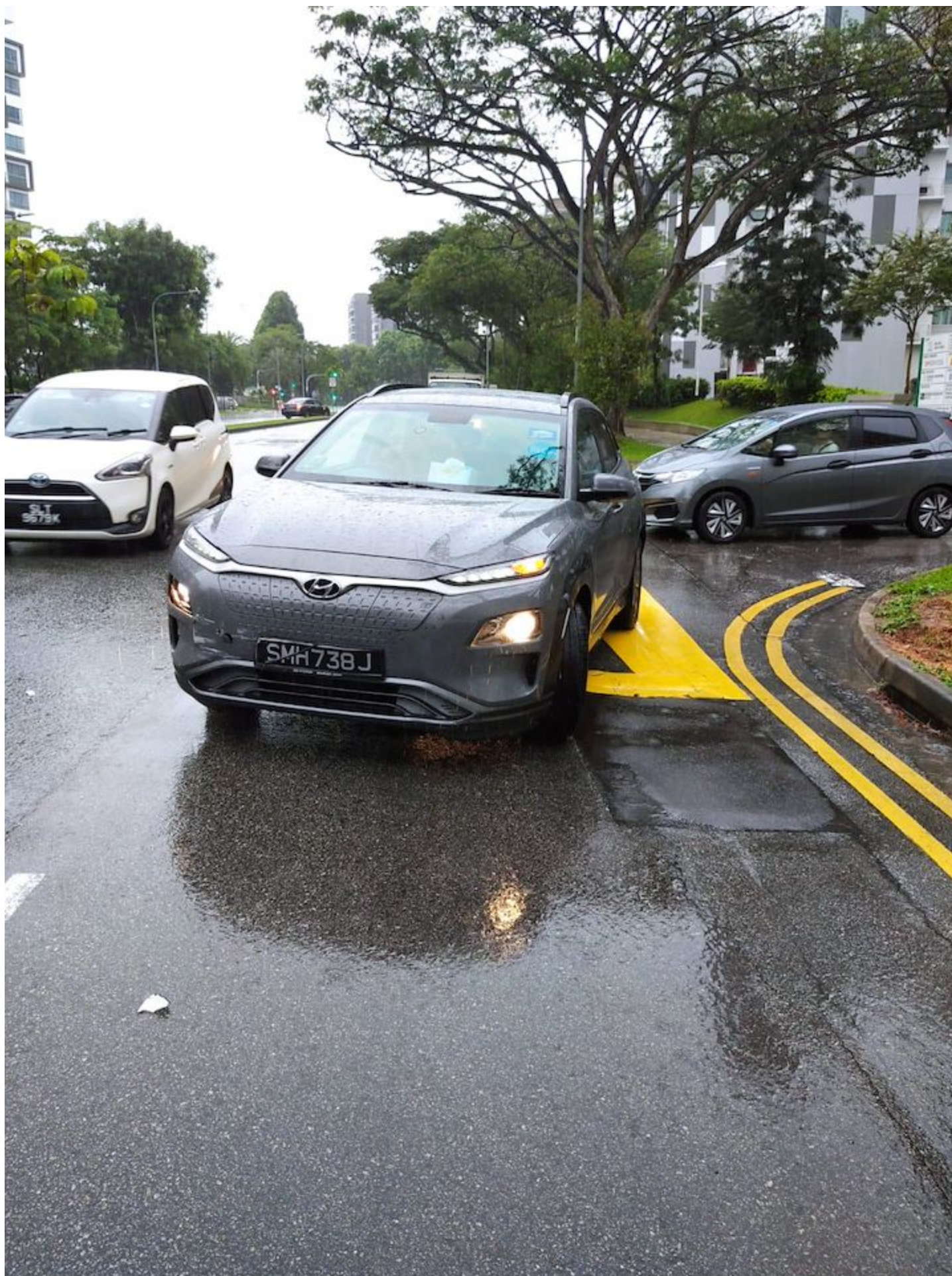














**SINGAPORE
POLICE FORCE**



L/20230124/2033

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POLICE REPORT (NP299)

Report No. L/20230124/2033

Police Station Of Origin
Bukit Panjang North NPP
27 Marsiling Drive #01-237 SINGAPORE
730027
Tel No: 1800-3689999

Date/Time Report Made 24/01/2023 18:56		Vide Report No.		Station Diary No. 7	
Name Of Informant LIM SEE MENG		Address APT BLK 173 WOODLANDS STREET 13 #03-409 SINGAPORE 730173			
ID Type / ID No. NRIC NO / S1217287G		Contact No. Home/Office Mobile 93883928			
Nationality SINGAPORE CITIZEN		Email Address			
Occupation GRAB DRIVER		Sex Male	Age 66	Date of Birth 21/04/1956	Race Chinese
Institution/School Name		Language English			
Date/Time Of Incident 24/01/2023 16:45 - 24/01/2023 16:45		Location Of Incident 431 YISHUN AVENUE 1 VISTA SPRING @ YISHUN SINGAPORE 760431 at the exit of the service road into Yishun Avenue 1			

Brief details.

On 24/1/2023 at around 1645hrs, I was driving my Grab vehicle, SMH738J, Hyundai Kona (Grey) and was about to exit from the service road into Yishun Avenue 1. I had stopped to check for oncoming vehicles however there were none. Hence, I proceeded to driver out when suddenly I felt a strong impact and heard a loud sound coming from the right side of my vehicle. Due to the impact, my vehicle was rotated left and pushed slightly forward along Yishun Avenue 1. I then exited my vehicle to check and

Signature Of Officer Recording The Report: L / SR STAFF SGT ABDUL KHALID BIN ABD. HAMID	Signature Of Informant:
Signature Of Interpreter: Not applicable	Date/Time: 24/01/2023 18:56
Officer In-Charge Of Case: L / Woodlands Police Divisional Investigation Branch / SR STAFF SGT ROGER GOH XIN YAN Contact No.: 64660000	Classification Of Case:



**SINGAPORE
POLICE FORCE**



L/20230124/2033

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POLICE REPORT (NP299)

CONTINUATION OF REPORT

Report No. L/20230124/2033

saw that a white colored vehicle with a registration plate number SGK4896P, Mercedes GLA180's front portion had collided with my vehicle's front right portion.

I had 3 passengers with me at the time of the collision. No one was injured in the accident. I met the driver of the Mercedes car who is namely, Ran Ruiting, FIN number: G0943635P, Handphone: 82181377, who denied that it was her fault and told me to claim for insurance. Due to the accident, my passengers booked a different ride and told me to cancel their trip.

My vehicle sustained a broken front number plate and a damaged front right headlight. The Mercedes sustained a broken front number plate and dented left side of the body.

I am lodging this report for record purposes to forward to Grab. That's all.

Subjects Involved	
Victim	
Person Name	LIM SEE MENG (Informant)

Signature Of Officer Recording The Report:
L / SR STAFF SGT ABDUL KHALID
BIN ABD. HAMID

Signature Of Informant:

Signature Of Interpreter:
Not applicable

Date/Time:
24/01/2023 18:56

Officer In-Charge Of Case:
L / Woodlands Police Divisional Investigation Branch /
SR STAFF SGT ROGER GOH XIN YAN
Contact No.: 64660000

Classification Of Case:

