

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	09/01/2023 10:12 (SGT)
Reported by	Actual Driver
Date of Accident	31/12/2022 18:30 (SGT)
Exact Location of Accident	Near Chinatown Stn Exit C, Singapore
Additional Location Information	-
Country/State of Loss	Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SLM4222P
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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) +65-90905770
Alternative Phone No	(Office) +65-66550005

VEHICLE PARTICULARS

Manufacturer	Nissan
Model	Qashqai
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	1197

INSURANCE COMPANY

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

DRIVER

Name of Driver	Tay Chong Wee
NRIC No	SXXXX395E
Date Of Birth	30/06/1976
Occupation	Outdoor

Date Of Driving Pass	19/04/1995
Driving experience	27 YEARS AND 8 MONTHS
Gender	Male
Mobile Number	(Phone) +65-93830585
Alt. Phone Number	-
Email Address	gr.sg.accident@grab.com
Address	BLOCK 211B COMPASSVALE LANE
Address complement	#12-212
Postcode	542211
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 31.12.2022 AT OR AR OUT 1830HRS. I WAS TRAVELLING IN MY VEHICLE BEARING SLM4222P ALONG NEW BRIDGE RD OUTSIDE LUCKY CHINATOWN. THE WEATHER WAS CLEAR AND THE ROAD WAS DRY. THERE WAS A FEMALE PASSENGER IN MY VEHICLE. THERE WAS A VEHICLE IN FRONT OF ME BEARING SLX6599G. HE SUDDENLY MADE AN ABRUPT STOP.

I APPLIED MY BRAKES AND MY VEHICLE CAME TO A STOP. I AM UNSURE WHETHER THERE WAS ANY IMPACT AS I DID NOT FEEL ANY IMPACT NOR HEAR ANY SOUND. THE DRIVER OF THE VEHICLE BEARING SLX6599G HOWEVER CLAIMED THAT I COLLIDED ONTO THE REAR OF HIS VEHICLE. I NOTICED THAT THE REAR OF THE VEHICLE SLX6599G HAD A SLIGHT DENT. THERE WERE NO VISIBLE DAMAGES TO MY VEHICLE.

THE DRIVER OF SLX6599G DEMANDED \$200.00 AS COMPENSATION FOR A PRIVATE SETTLEMENT IN WHICH I HAGGLED FOR \$100.00 TO SETTLE. HE THEN ASKED ME TO WAIT AND NOT TO WORRY. HE THEN ASKED FOR MY INSURANCE COMPANY. I WISH TO STATE THAT THERE WERE NO REPORTED INJURIES AT THE TIME OF 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 SLX6599G
Vehicle Manufacturer -
Vehicle Model -
Vehicle Variant -
Vehicle Colour -
Vehicle Category Private car
Name of Driver -
Contact Number (Phone) +65-93372541
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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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")

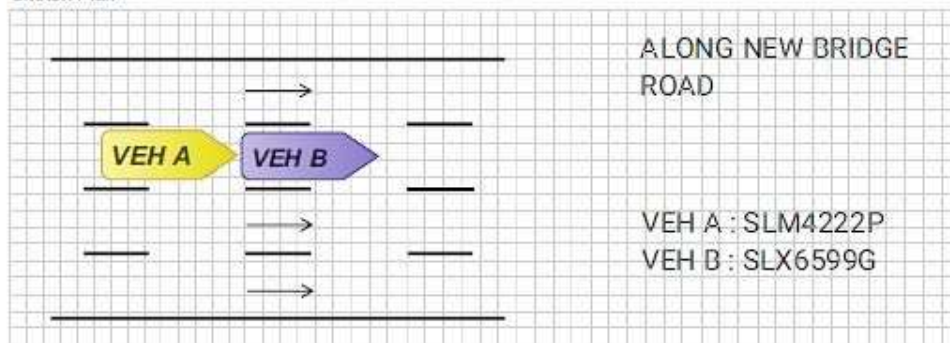
(b) all insurer(s) who have insured vehicle(s) involved in this accident and the Insurers' law firms/law firms, may/are permitted to collect, use, disclose and/or process my Personal Information for one or more of the above Purposes; and

(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

Driver's Signature (If driver is not the policyholder) / Date & Time
07.01.2023 1900HRS

Witnessed by Reporting Centre Personnel
HAKIM

Sketch Plan

Describe Circumstances of the Accident

ON 31.12.2022 AT OR ABOUT 1830HRS. I WAS TRAVELLING IN MY VEHICLE BEARING SLM4222P ALONG NEW BRIDGE RD OUTSIDE LUCKY CHINATOWN. THE WEATHER WAS CLEAR AND THE ROAD WAS DRY. THERE WAS A FEMALE PASSENGER IN MY VEHICLE. THERE WAS A VEHICLE IN FRONT OF ME BEARING SLX6599G. HE SUDDENLY MADE AN ABRUPT STOP.

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I WISH TO STATE THAT THERE WERE NO REPORTED INJURIES AT THE TIME OF 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
07.01.2023 1900HRS

Witnessed by Reporting Centre Personnel
HAKIM



























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: SA1Z23170001 Vehicle Registration No: SLM4222P
 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 (573900)
 Contact (Tel): 66550005 Mobile No.: 90905770
 Email Address: gr.sg.accident@grab.com
 Date of Accident: 30.12.2022 Time of Accident: 18:30
 Place of Accident: NEAR CHINATOWN STN EXIT C
 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 AMEND THE DOA FROM 30.12.2022 TO 31.12.2022

Policyholder / Driver's Signature
Date:

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