

## 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 ..... 25/02/2023 08:56 (SGT)  
Reported by ..... Driver  
Date of Accident ..... 24/02/2023 17:30 (SGT)  
Exact Location of Accident ..... 417 Bukit Batok West Ave 4, Block 417, Singapore 650417  
Additional Location Information ..... -  
Country/State of Loss ..... Singapore

### DETAILS OF OWN VEHICLE

Vehicle Registration Number ..... SNH6946Z

#### INSURED/POLICYHOLDER

Is company? ..... Yes  
Name Of Registered Owner ..... GRAB RENTALS PTE LTD  
Company Reg No ..... 2XXXXX200G  
Email Address .....   
Mobile Phone No .....   
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\_02

#### DRIVER

Name of Driver ..... WILKINS LU  
NRIC No ..... SXXXX415C  
Date Of Birth .....   
Occupation ..... Outdoor

Date Of Driving Pass .....	04/10/1995
Driving experience .....	27 YEARS AND 4 MONTHS
Gender .....	Male
Mobile Number .....	[REDACTED]
Alt. Phone Number .....	-
Email Address .....	[REDACTED]
Address .....	[REDACTED]
Address complement .....	-
Postcode .....	[REDACTED]
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? .....	Yes
Was any injured conveyed to hospital by ambulance? .....	No
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 24/02/2023 AROUND 1730HRS I WAS DRIVING VEHICLE A (SNH6946Z) AT 417 BUKIT BATOK WEST AVENUE 4 , AFTER PICKING UP MY PASSENGER I WAS ON MY WAY OUT TOWARDS THE EXIT, SUDDENLY THERE WAS THIS VEHICLE B (SHB1119E) FAILED TO CHECK FOR UPCOMING VEHICLE AND EXITED THE PARKING SLOT AND HIT MY FRONT RIGHT PORTION. IM SLIGHTLY INJURED DURING THE ACCIDENT I MIGHT SEE A DOCTOR SOON.

#### 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 .....	SHB1119E
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Vehicle Manufacturer .....	MG
Vehicle Model .....	-
Vehicle Variant .....	-
Vehicle Colour .....	-
Vehicle Category .....	Taxi
Name of Driver .....	NG SOON KIAT
NRIC No .....	SXXXX309F
Contact Number .....	[REDACTED]
Address .....	-
Address complement .....	-
Postcode .....	-
Insurance Company Name .....	-
Nature Of Damage .....	-
Details of property damaged in accident .....	-
No. Of Passenger (Including Driver) .....	-

#### INJURED PERSONS DETAILS

##### INJURED 1

Name of injured person .....	WILKINS LU
Gender .....	Male
Phone No .....	[REDACTED]
Address .....	[REDACTED]
Address Complement .....	[REDACTED]
Post Code .....	[REDACTED]
Approximate Age Years Old .....	-
Injuries Sustained .....	HAND PAIN /STRAIN
Injured person in which vehicle? .....	SNH6946Z
Were seat belts worn? .....	Yes
Was this injured conveyed to hospital by ambulance? .....	No

**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

24/02/2023 - 1930

**FLASH ACCIDENT  
REPORTING OFFICER**

FRO VICKY



Witnessed by Reporting Centre Personnel



## Describe Circumstances of the Accident

ON 24/02/2023 AROUND 1730HRS I WAS DRIVING VEHICLE A (SNH6946Z) AT 417 BUKIT BATOK WEST AVENUE 4, AFTER PICKING UP MY PASSENGER I WAS ON MY WAY OUT TOWARDS THE EXIT, SUDDENLY THERE WAS THIS VEHICLE B (SHB1119E) FAILED TO CHECK FOR UPCOMING VEHICLE AND EXITED THE PARKING SLOT AND HIT MY FRONT RIGHT PORTION. IM SLIGHTLY INJURED DURING THE ACCIDENT I MIGHT SEE A DOCTOR SOON.

## 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

24/02/2023 1930

FLASH ACCIDENT  
REPORTING OFFICER

FRO VICKY



Witnessed by Reporting Centre Personnel

































