

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	22/03/2023 13:26 (SGT)
Reported by	Actual Driver
Date of Accident	22/03/2023 10:20 (SGT)
Exact Location of Accident	Old Jurong Rd, Singapore
Additional Location Information	-
Country/State of Loss	Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SLT6041U
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) +65-97562856
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	1498

INSURANCE COMPANY

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

DRIVER

Name of Driver	KOH AH BON
NRIC No	SXXXX563J
Date Of Birth	14/12/1954
Occupation	Outdoor

Date Of Driving Pass	27/07/1976
Driving experience	46 YEARS AND 8 MONTHS
Gender	Male
Mobile Number	(Phone) +65-97562856
Alt. Phone Number	-
Email Address	gr.sg.accident@grab.com
Address	353 TAMPINES STREET 33 #06-510
Address complement	-
Postcode	520353
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 - Change/cross lane
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)	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?	Yes
Police Station Name	Traffic Police
Police Station Phone No	(Phone) +65-65470000
Alt. Police Station Phone No	(Fax) +65-65474900
Police Station Address	10 Ubi Avenue 3 Singapore 408865
Was notice of intended Prosecution given?	No
If yes, against whom?	-

CIRCUMSTANCES OF ACCIDENT

ON 22/03/2023 AT AROUND 1020HRS, I WAS DRIVING VEHICLE A (SLT6041U) ALONG OLD JURONG ROAD. WHILE DRIVING STRAIGHT, VEHICLE B (SHB5347L) CHANGED LANE AND CROSSED THE DOUBLE WHITE LINE, RESULTING THEN VEHICLE B COLLIDING ONTO THE FRONT LEFT. PORTION OF VEHICLE A.

NOBODY WAS INJURED AND NO OTHER VEHICLES INVOLVED.

AS PER POLICE REPORT No.T/20230322/7046

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	SHB5347L
Vehicle Manufacturer	Toyota
Vehicle Model	Prius
Vehicle Variant	-
Vehicle Colour	-
Vehicle Category	Taxi
Name of Driver	MANI CHINNADURAI
NRIC No	GXXXX384L
Contact Number	-
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	KOH AH BON
Gender	Male
Phone No	(Phone) +65-97562856
Address	353 TAMPINES STREET 33 #06-510
Address Complement	-
Post Code	520353
Approximate Age Years Old	68
Injuries Sustained	NECK PAIN 7DAYS MC SLT6041U
Injured person in which vehicle?	Yes
Were seat belts worn?	No
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 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.

**FLASH ACCIDENT
REPORTING OFFICER**
FRO SUFIYAN



Policyholder's Signature / Date & Time

Sketch Plan

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

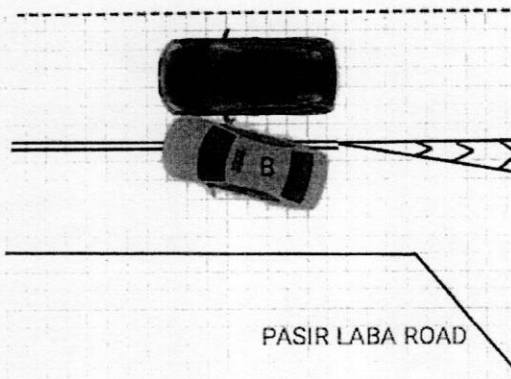
22/03/2023 1230HRS

Witnessed by Reporting Centre Personnel

OLD JURONG ROAD

A - SLT6041U
B - SHB5347L

PASIR LABA ROAD



Describe Circumstances of the Accident

ON 22/03/2023 AT AROUND 1020HRS, I WAS DRIVING VEHICLE A (SLT6041U) ALONG OLD JURONG ROAD. WHILE DRIVING STRAIGHT, VEHICLE B (SHB5347L) CHANGED LANE AND CROSSED THE DOUBLE WHITE LINE, RESULTING THEN VEHICLE B COLLIDING ONTO THE FRONT LEFT. PORTION OF VEHICLE A.

NOBODY WAS INJURED AND NO OTHER VEHICLES INVOLVED.

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

22/03/2023 1230HRS

FLASH ACCIDENT
REPORTING OFFICER
FRO SUFIYAN



Witnessed by Reporting Centre
Personnel

POLICE REPORT

Police Station Of Origin:
Traffic Police
10 Ubi Avenue 3 SINGAPORE 408865
Tel No: 65470000

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Report No. T/20230322/7046

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 22/03/2023 15:41			Vide Report No.:		Station Diary No.:
Informant's Particulars					
Name of Informant: KOH AH BON			Address: 353 TAMPINES STREET 33 #06-510 SINGAPORE 520353		
ID Type / ID No.: NRIC NO / S0099563J			Contact No.: Home/Office: Mobile: 97562856		
Nationality: SINGAPORE CITIZEN			Email: bonkoh121454@gmail.com		
Sex: Male	Age: 68	Date of Birth: 14/12/1954	Type of Informant: Driver		
Race: Chinese			Language: English	Institution / School Name:	
Occupation: GRABDRIVER			Driving Licence Information: Class: 3 Date of Expiry:		

General Information of the Accident				
Type of Accident:	Injury Others	Drink Drive: No	Date/Time of Accident: 22/03/2023 10:20	Type of Location: Straight Road
Location: OLD JURONG ROAD				
Weather: Clear		Road Surface: Dry	Road Speed Limit: 60 Km/h	
Traffic Flow: One Way		Traffic Control: Traffic Light - Working	Traffic Volume: Light	
Type of Collision: Between Moving Vehicles - Head To Side			Anyone conveyed by ambulance: No	

Details of Vehicle Involved						
Vehicle No.	Type	Make	Model	Color	Conditio	No of
SHB5347L	Car	TOYOTA	Prius	Brown	Slightly Damaged	1
SLT6041U	Car					0

Police Station Of Origin:
Traffic Police
10 Ubi Avenue 3 SINGAPORE 408865
Tel No: 65470000

CONTINUATION OF REPORT

Details of Person Involved			
Any Pedestrian Involved: No			
No. of Pedestrians Injured: NIL		Use of Pedestrian Crossing: NA	
Driver			
Name	CHAN AH WAT	ID No.	S1309029G
Related Vehicle	SHB5347L (Car)	Contact No.	NIL
Hospital/Clinic	NIL	Class of Driving Licence & Expiry	Class: 3,4,5 Date of Expiry: NIL
Date	NIL	Date	NIL
No. of Days granted Medical Leave	NIL	Degree of	NIL
Driver			
Name	KOH AH BON	ID No.	S0099563J
Related Vehicle	SLT6041U (Car)	Contact No.	97562856
Hospital/Clinic	NIL	Class of Driving Licence & Expiry	Class: 3 Date of Expiry: NIL
Date	22/03/2023	Date	22/03/2023
No. of Days granted Medical Leave	07	Degree of	Slight

Brief Details.

Today at 1020hrs, I was driving along Old Jurong Road when suddenly a car bearing registration SHB5347L exited the filter lane and went to my lane resulting in his taxi hitting my car at the left side. He is not supposed to cut into my lane as there is 2 solid white line.

He continued driving and I chased him for almost 2km. The driver stopped along the restaurant at SAFTI MI. He came out and scolded me, I called for 999 and the officer said they will come. Afterwards, the officer called back and told me to settle within ourselves. I felt pain on my neck area hence I went to see doctor at Sunshine Clinic and got 7 days MC from 22/3/23 to 28/3/23.

My car have a dent above the left front wheel area.

We exchanged particulars and I got his ID and driving license. We will be going for insurance claim.



**SINGAPORE
POLICE FORCE**



T/20230322/7046

Police Station Of Origin:
Traffic Police
10 Ubi Avenue 3 SINGAPORE 408865
Tel No: 65470000

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Report No. T/20230322/7046

CONTINUATION OF REPORT

Sketch Plan

Informant is not able to provide sketch

Signature Of Officer Recording The Report:
Not applicable

Signature Of Interpreter:
Not applicable

Officer In Charge Of Case:
TP / TPB /
TAY CHUN KEEN
Contact No.: 65476436

Signature Of Informant:

The identity of the person making this report has
been authenticated by Singpass. No signature is
required.

Date/Time:
22/03/2023 15:41

Classification Of Case:

NP168