

# 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 .....              | 10/04/2023 10:46 (SGT)    |
| Reported by .....                     | Actual Driver             |
| Date of Accident .....                | 09/04/2023 18:25 (SGT)    |
| Exact Location of Accident .....      | Tampines Ave 7, Singapore |
| Additional Location Information ..... | TAMPINES AVENUE 2         |
| Country/State of Loss .....           | Singapore                 |

## DETAILS OF OWN VEHICLE

|                                   |          |
|-----------------------------------|----------|
| Vehicle Registration Number ..... | SMM2463L |
|-----------------------------------|----------|

### 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) +65-90182822    |
| 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 - Reporting only |
| Vehicle Category .....                                                             | Private hire        |
| Transmission .....                                                                 | Auto                |
| CC .....                                                                           | 1743                |

### INSURANCE COMPANY

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

### DRIVER

|                      |                           |
|----------------------|---------------------------|
| Name of Driver ..... | LEE YOON FATT (LI YONGFA) |
| NRIC No .....        | S8012835E                 |
| Date Of Birth .....  | 13/05/1980                |
| Occupation .....     | Outdoor                   |

|                                                                    |                            |
|--------------------------------------------------------------------|----------------------------|
| Date Of Driving Pass .....                                         | 13/11/2001                 |
| Driving experience .....                                           | 21 YEARS AND 5 MONTHS      |
| Gender .....                                                       | Male                       |
| Mobile Number .....                                                | (Phone) +65-90182822       |
| Alt. Phone Number .....                                            | -                          |
| Email Address .....                                                | gr.sg.accident@grab.com    |
| Address .....                                                      | 25 MARSILING DRIVE #07-209 |
| Address complement .....                                           | -                          |
| Postcode .....                                                     | 730025                     |
| 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 .....   | Collided into Property |
| Weather Conditions ..... | Clear                  |
| Road Surface .....       | Dry                    |

#### OTHER INFORMATION

|                                                                                                           |     |
|-----------------------------------------------------------------------------------------------------------|-----|
| Was any foreign vehicle involved in the accident? .....                                                   | No  |
| Number of vehicles involved in the accident .....                                                         | 1   |
| 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) .....                                                             | 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? .....  | No |
| Was notice of intended Prosecution given? ..... | No |
| If yes, against whom? .....                     | -  |

#### CIRCUMSTANCES OF ACCIDENT

ON THE 09/04/2023 AT AROUND 1823HRS I VEHICLE A BEARING REGISTRATION NUMBER SMM2463L WAS DRIVING ALONG TAMPINES AVENUE 7 INTENDING TO TURN RIGHT TOWARDS TAMPINES AVENUE 2, AS I LANE CHANGED, I COLLIDED ONTO A KERB WITH MY FRONTAL RIGHT TYRE, AFTERWHICH I PROCEEDED TO MAKE A RIGHT TURN AND COLLIDED ONTO A KERB WITH MY FRONTAL LEFT TYRE. NO INJURIES WERE PRESENTED DURING THE COURSE OF COLLISION.

#### 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 ..... | KERB         |
| Vehicle Manufacturer .....        | -            |
| Vehicle Model .....               | -            |
| Vehicle Variant .....             | -            |
| Vehicle Colour .....              | -            |
| Vehicle Category .....            | NA / Unknown |

|                                               |   |
|-----------------------------------------------|---|
| Name of Driver .....                          | - |
| Contact Number .....                          | - |
| 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 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**

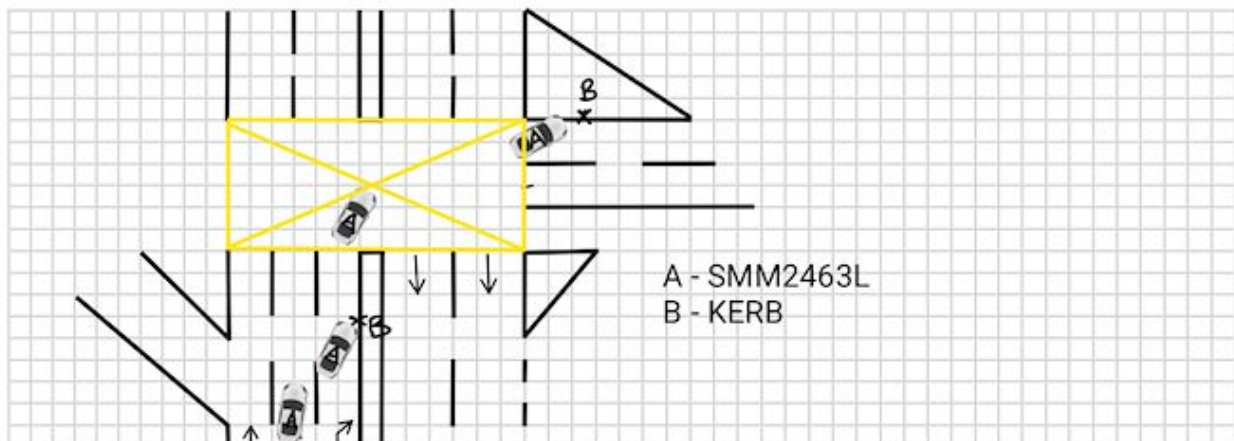
FRO KHAMARAJ

Policyholder's Signature / Date & Time

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

11/04/2023 @ 1640HRS

Witnessed by Reporting Centre Personnel

**Sketch Plan**

## Describe Circumstances of the Accident

ON THE 09/04/2023 AT AROUND 1823HRS I VEHICLE A BEARING REGISTRATION NUMBER SMM2463L WAS DRIVING ALONG TAMPINES AVENUE 7 INTENDING TO TURN RIGHT TOWARDS TAMPINES AVENUE 2, AS I LANE CHANGED, I COLLIDED ONTO A KERB WITH MY FRONTAL RIGHT TYRE, AFTERWHICH I PROCEEDED TO MAKE A RIGHT TURN AND COLLIDED ONTO A KERB WITH MY FRONTAL LEFT TYRE. NO INJURIES WERE PRESENTED DURING THE COURSE OF COLLISION.

## 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  
11/04/2023 @ 1640HRS

FLASH ACCIDENT  
REPORTING OFFICER

FRO KHAMARAJ

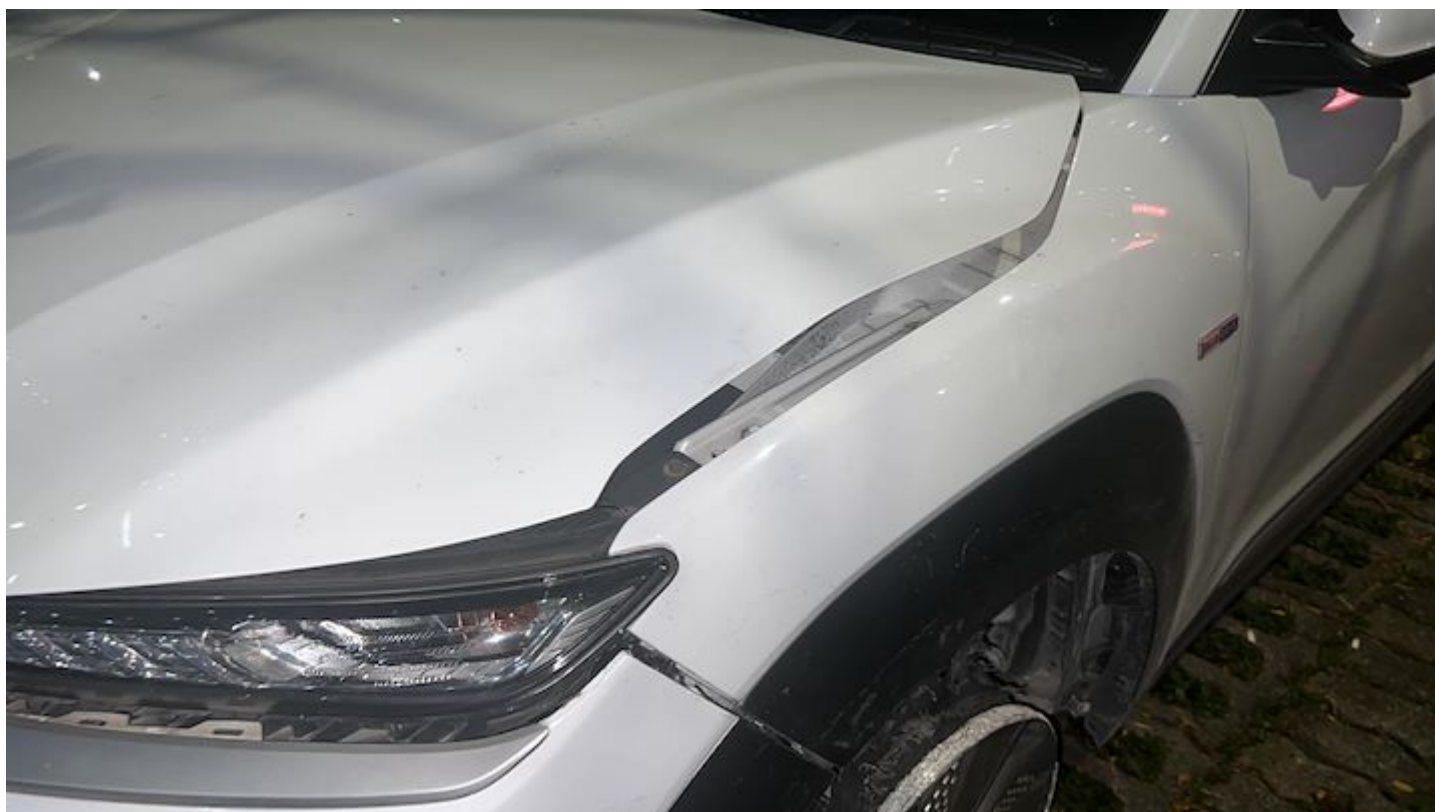
Witnessed by Reporting Centre Personnel









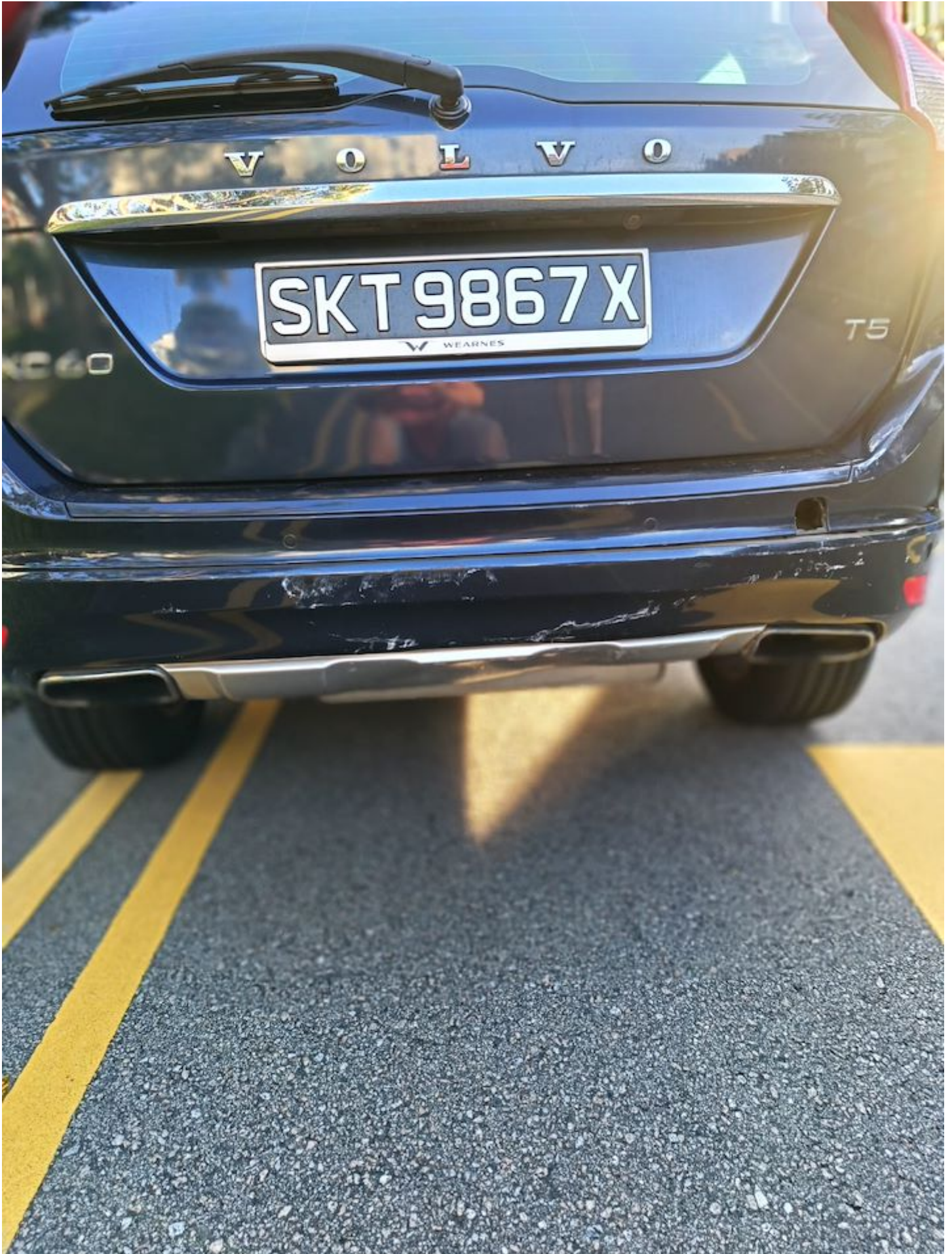




















**IMPORTANT NOTE:** Please submit the completed Addendum form to the same Accident Reporting Centre with whom you submitted the Original Report.

### ADDENDUM

**(A) PARTICULARS OF PERSON MAKING THE AMENDMENTS:**

Original Report No: SJ0G234A000Q Vehicle Registration No: SMM2463L  
 Name (as shown in NRIC): Grab Rentals Pte Ltd NRIC/FIN/Passport No: 201617200G  
 (\*Vehicle Driver/Vehicle Owner) (\*) Please delete as appropriate  
 Address: \_\_\_\_\_ Singapore ( )  
 Contact (Tel): \_\_\_\_\_ Mobile No.: \_\_\_\_\_  
 Email Address: \_\_\_\_\_  
 Date of Accident: 09/04/2023 Time of Accident: 18:20  
 Place of Accident: Tampines Ave 2,  
 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:

RE ATTACHED SKETCH PLAN/STATEMENT

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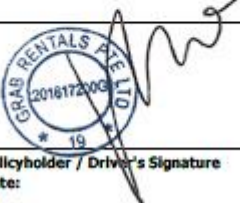
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 Policyholder / Driver's Signature  
 Date:

*Siti*  
 Reporting Centre Personnel's Signature  
 Name:  
 NRIC/FIN No.:  
 Date: 12.04.2023

GIARMC Addendum Form

