

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	15/04/2023 12:16 (SGT)
Reported by	Actual Driver
Date of Accident	14/04/2023 21:15 (SGT)
Exact Location of Accident	MCE, Singapore
Additional Location Information	-
Country/State of Loss	Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SLK854C
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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) +65-96176683
Alternative Phone No	(Office) +65-66550005

VEHICLE PARTICULARS

Manufacturer	Toyota
Model	Prius
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	1798

INSURANCE COMPANY

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

DRIVER

Name of Driver	TAN KOK LEONG, MALCOM(CHEN GUOLONG, MALCOM)
NRIC No	SXXXX330H
Date Of Birth	15/08/1978
Occupation	Outdoor

Date Of Driving Pass	14/10/1999
Driving experience	23 YEARS AND 6 MONTHS
Gender	Male
Mobile Number	(Phone) +65-96176683
Alt. Phone Number	-
Email Address	gr.sg.accident@grab.com
Address	673 CHOA CHU KANG CRESCENT 10-395
Address complement	-
Postcode	680673
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)	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	Male

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 14/04/2023 AROUND 2115HRS I VEHICLE A BEARING REGISTRATION NUMBER (SLK854C) WAS DRIVING ALONG MCE TOWARDS KEPPEL ON LANE 4.
 SUDDENLY THERE COMES THIS VEHICLE B BEARING REGISTRATION NUMBER YQ7667U LOST CONTROL AND CHANGE LANE AND COLLIDED ONTO VEHICLE (A) RIGHT SIDE PORTION FROM REAR TILL FRONT IS DAMAGED. IM INJURED DURING THE ACCIDENT AND I MIGHT GO 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	YQ7667U
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Vehicle Manufacturer	Hino
Vehicle Model	-
Vehicle Variant	-
Vehicle Colour	-
Vehicle Category	Commercial vehicle
Name of Driver	RAJENDRAN SELVAKUMAR
Passport No/FIN	GXXXX766R
Contact Number	(Phone) +65-96655873
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	TAN KOK LEONG MALCOM
Gender	Male
Phone No	(Phone) +65-96176683
Address	673 CHOA CHU KANG CRESCENT 10-395
Address Complement	-
Post Code	680673
Approximate Age Years Old	-
Injuries Sustained	BACK PAIN AND GIDDY
Injured person in which vehicle?	SLK854C
Were seat belts worn?	Yes
Was this injured conveyed to hospital by ambulance?	No

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' 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.

**FLASH ACCIDENT
REPORTING OFFICER**
FRO VICKY



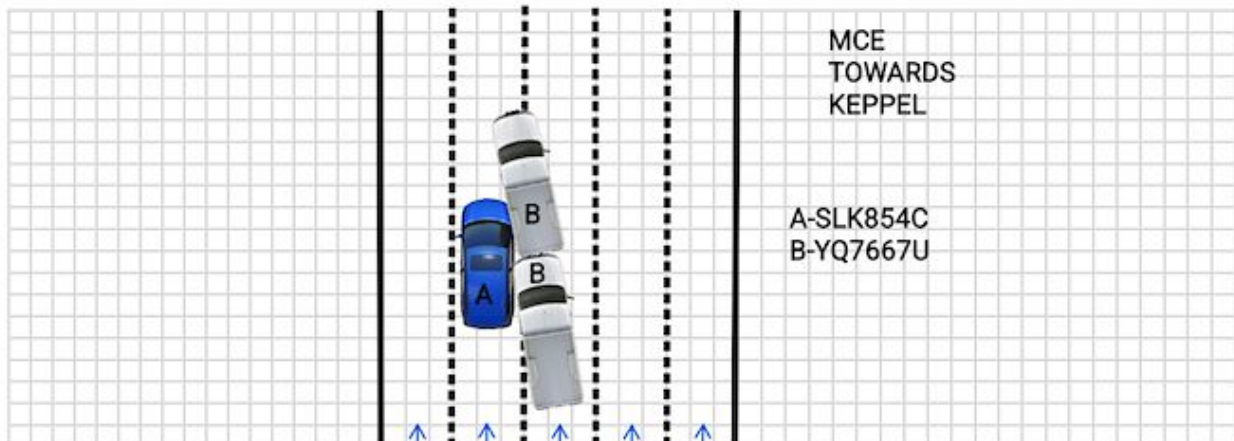
Policyholder's Signature / Date & Time

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

Witnessed by Reporting Centre Personnel

Sketch Plan

14042023 -2355HRS



Describe Circumstances of the Accident

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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
14042023 --2355hrs



Witnessed by Reporting Centre Personnel

