

# 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 ..... 27/01/2023 09:03 (SGT)  
Reported by ..... Driver  
Date of Accident ..... 26/01/2023 17:40 (SGT)  
Exact Location of Accident ..... KPE, Singapore  
Additional Location Information ..... NEAR AIRPORT ROAD EXIT  
Country/State of Loss ..... Singapore

## DETAILS OF OWN VEHICLE

Vehicle Registration Number ..... SLM2908H

### INSURED/POLICYHOLDER

Is company? ..... Yes  
Name Of Registered Owner ..... GRAB RENTALS PTE LTD

### VEHICLE PARTICULARS

Manufacturer ..... Toyota  
Model ..... Vios  
Variant ..... -  
Vehicle Category ..... Private hire  
Transmission ..... Auto  
CC ..... 1496

### INSURANCE COMPANY

Name of Insurance Company ..... India International Insurance Pte Ltd  
Policy Number / Cover Note Number ..... D21MFL0000447\_02

### DRIVER

Name of Driver ..... NEO TECK LEONG  
NRIC No ..... S1232336J  
Address ..... BLK 602A PUNGGOL CENTRAL #02-672  
Address complement ..... -  
Postcode ..... 821602  
Does Driver Own Other Vehicles? ..... No

### GENERAL INFORMATION OF THE ACCIDENT

Type of Accident ..... Side Swipe

Weather Conditions ..... Clear

#### OTHER INFORMATION

Was any foreign vehicle involved in the accident? ..... No  
Was anybody injured in the Accident? ..... No  
Was any other vehicle or property damaged? ..... Yes  
Number of Passengers (Including Driver) ..... 2  
Translator's name ..... -  
Translator's ID ..... -  
Translator's phone number ..... -  
Translator's email ..... -  
Original language used in the statement ..... -

#### CIRCUMSTANCES OF ACCIDENT

ON 26/01/2023 AT ABOUT 1740HRS, I WAS DRIVING VEHICLE A BEARING VEHICLE REGISTRATION PLATE, SLM2908H, ALONG KPE TOWARDS ECP NEAR TO AIRPORT ROAD EXIT. AS I WAS TRAVELLING STRAIGHT, VEHICLE B BEARING VEHICLE REGISTRATION PLATE, GBJ1242M, ENCROACHED INTO MY LANE AND COLLIDED ONTO MY VEHICLE FRONT LEFT BUMPER AND FENDER. NOBODY WAS INJURED 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 ..... GBJ1241M  
Vehicle Manufacturer ..... -  
Vehicle Model ..... -  
Vehicle Variant ..... -  
Vehicle Colour ..... -  
Vehicle Category ..... Commercial vehicle  
Name of Driver ..... JACKSON  
Insurance Company Name ..... -

**SKETCH PLAN****IMPORTANT NOTICE**

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5. **Any false reporting may be referred to the Police for investigation.**
6. The 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 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.

**FLASH ACCIDENT  
REPORTING OFFICER**

FRO LATIFF



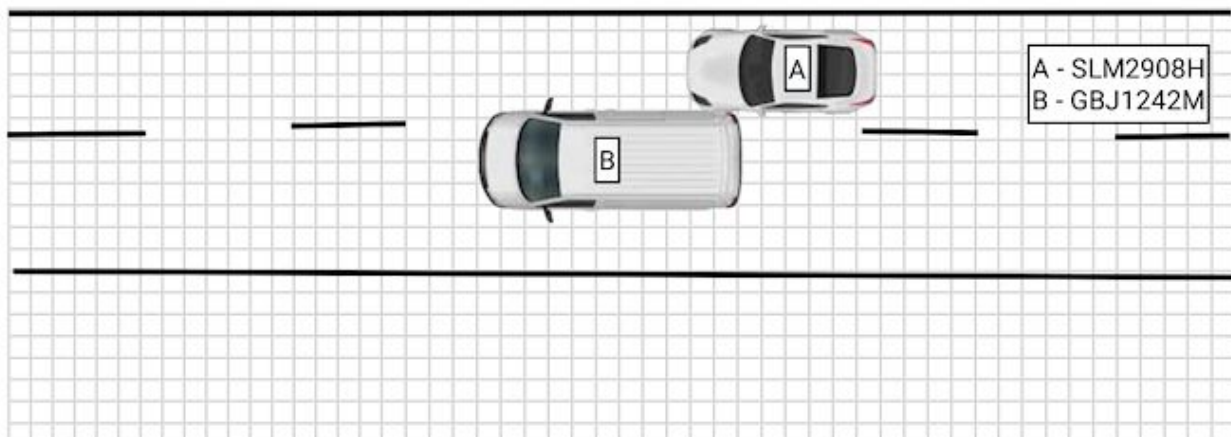
Policyholder's Signature / Date & Time

**Sketch Plan**

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

26/01/2023 2200hrs

Witnessed by Reporting Centre Personnel



## Describe Circumstances of the Accident

ON 26/01/2023 AT ABOUT 1740HRS, I WAS DRIVING VEHICLE A BEARING VEHICLE REGISTRATION PLATE, SLM2908H, ALONG KPE TOWARDS ECP NEAR TO AIRPORT ROAD EXIT. AS I WAS TRAVELLING STRAIGHT, VEHICLE B BEARING VEHICLE REGISTRATION PLATE, GBJ1242M, ENCROACHED INTO MY LANE AND COLLIDED ONTO MY VEHICLE FRONT LEFT BUMPER AND FENDER. NOBODY WAS INJURED AT THE TIME OF ACCIDENT.

## 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  
26/01/2023 2200hrs

FLASH ACCIDENT  
REPORTING OFFICER

FRO LATIFF



Witnessed by Reporting Centre  
Personnel



































