

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	06/06/2023 14:11 (SGT)
Reported by	Actual Driver
Date of Accident	06/06/2023 09:55 (SGT)
Exact Location of Accident	Delta Rd, Singapore
Additional Location Information	LOWER DELTA ROAD
Country/State of Loss	Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SLQ8117M
-----------------------------------	----------

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) +65-89214179
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 - Reporting only
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	YUS NIZAM BIN AHMAD JAMIL
NRIC No	SXXXX657A
Date Of Birth	12/10/1979
Occupation	Outdoor

Date Of Driving Pass	26/11/2011
Driving experience	11 YEARS AND 7 MONTHS
Gender	Male
Mobile Number	(Phone) +65-89214179
Alt. Phone Number	-
Email Address	gr.sg.accident@grab.com
Address	BLK 9 NORTH BRIDGE ROAD #14-4162
Address complement	-
Postcode	190009
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 - Cross Junction
Weather Conditions	Raining
Road Surface	Wet

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?	No
Was notice of intended Prosecution given?	No
If yes, against whom?	-

CIRCUMSTANCES OF ACCIDENT

ON 06/06/2023 AT AROUND 0955HRS I WAS DRIVING VEHICLE A (SLQ8117M) AT JUNCTION OF LOWER DELTA ROAD AND DELTA ROAD. AS I WAS MOVING IN THE POCKET BOX TO TURN RIGHT, I ENGAGED MY BRAKE WHEN I SUDDENLY SKID DUE TO RAIN AND WET ROAD CAUSING ME TO MOVE FORWARD. THATS WHEN VEHICLE B(SH9489Y) ON THE OPPOSITE SIDE OF THE ROAD COULDN'T BRAKE ON TIME AND HIT MY FRONT LEFT SIDE. I SUFFERED LEFT HAND BLEEDING, RIGHT HAND ABRASIONS AND RIGHT EAR RINGING WHILE VEHICLE B DRIVER SUFFERED NECK PAIN. BOTH OF US DIDN'T CONVEY TO THE HOSPITAL. WE STOPPED AND EXCHANGED PARTICULARS AFTER THE INCIDENT.

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	SH9489Y
Vehicle Manufacturer	-
Vehicle Model	-
Vehicle Variant	-

Vehicle Colour	-
Vehicle Category	Taxi
Name of Driver	YEOW KWOK YEONG
NRIC No	SXXXX983I
Contact Number	(Phone) +65-96239636
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	YUS NIZAM BIN AHMAD JAMIL
Gender	Male
Phone No	(Phone) +65-89214179
Address	BLK 9 NORTH BRIDGE ROAD #14-4162
Address Complement	-
Post Code	190009
Approximate Age Years Old	-
Injuries Sustained	LEFT HAND BLEEDING, RIGHT HAND ABRASIONS AND RIGHT EAR RINGING
Injured person in which vehicle?	SLQ8117M
Were seat belts worn?	Yes
Was this injured conveyed to hospital by ambulance?	No

INJURED 2

Name of injured person	YEOW KWOK YEONG
Gender	Male
Phone No	(Phone) +65-96239636
Address	-
Address Complement	-
Post Code	-
Approximate Age Years Old	-
Injuries Sustained	NECK PAIN
Injured person in which vehicle?	SH9489Y
Were seat belts worn?	Yes
Was this injured conveyed to hospital by ambulance?	No

SKETCH PLAN**IMPORTANT NOTICE**

1. Please correctly report the details of the accident to speed up the claims process.
2. This Form must be **completed by the Policyholder and/or the Authorized Driver.**
3. Information provided must be as **truthful and accurate as possible.** Any willful 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. 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 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 ZIKRUL**



Policyholder's Signature / Date &
Time

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

06/06/23 1230HRS

Witnessed by Reporting Centre Personnel

Sketch Plan

A-SLQ8117M
B-SH9489Y

Describe Circumstances of the Accident

ON 06/06/2023 AT AROUND 0955HRS I WAS DRIVING VEHICLE A (SLQ8117M) AT JUNCTION OF LOWER DELTA ROAD AND DELTA ROAD. AS I WAS MOVING IN THE POCKET BOX TO TURN RIGHT, I ENGAGED MY BRAKE WHEN I SUDDENLY SKID DUE TO RAIN AND WET ROAD CAUSING ME TO MOVE FORWARD. THATS WHEN VEHICLE B(SH9489Y) ON THE OPPOSITE SIDE OF THE ROAD COULDNT BRAKE ON TIME AND HIT MY FRONT LEFT SIDE. I SUFFERED LEFT HAND BLEEDING, RIGHT HAND ABBRASIONS AND RIGHT EAR RINGING WHILE VEHICLE B DRIVER SUFFERED NECK PAIN. BOTH OF US DIDNT CONVEY TO THE HOSPITAL. WE STOPPED AND EXCHANGED PARTICULARS AFTER THE INCIDENT.

Declaration

I/We declare the foregoing particulars are true in every respect.



**FLASH ACCIDENT
REPORTING OFFICER
FRO ZIKRUL**



Policyholder's Signature / Date &
Time

Driver's Signature (If driver is not the policyholder) / Date &
Time
06/06/23 1230HRS

Witnessed by Reporting Centre Personnel











































