SJ0G24960003-01 / JP Knights Pte Ltd ENTRY DATE & TIME: 06/09/2024 09:46 (SGT) SUBMITTED BY: Flash Reporting VERSION: 2 (06/09/2024 13:40 (SGT))

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 witholding 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.

- 4. The issue and acceptance of this is form by instrained 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 First Submission 06/09/2024 09:46 (SGT) Reported by **Actual Driver** Date of Accident 05/09/2024 06:30 (SGT) Exact Location of Accident Changi South Ave 3, Singapore Additional Location Information AFTER PIE TOWARDS CHANGI SOUTH AVE 4 Country/State of Loss Singapore

DETAILS OF OWN VEHICLE

Toyota

Vehicle Registration Number SNM2258B

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) +65-85953494 Alternative Phone No (Office) +65-66550005

VEHICLE PARTICULARS

Manufacturer

Model Sienta Variant HYBRID STANDARD 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 No - Claiming third party your vehicle? Vehicle Category Private hire Transmission Auto CC 1490 Vehicle Fuel Petrol-Electric First Regisration Date Chassis no JTDBBBA390L000648

INSURANCE COMPANY

Name of Insurance Company India International Insurance Pte Ltd Policy Number / Cover Note Number D21MFL0000447_03

DRIVER

Effective Date/Time of Ownership

Driving Pass Date Driving License Pass Class Driving License Validity Driving experience Gender Male Mobile Number (Phone) +65-85953494 Alt. Phone Number Email Address Albert to Postcode Is the driver the policyholder? If No, Relationship of the Driver with the Insured Does Driver Own Other Vehicles? Vehicle Registration Number of Other Vehicle Owned by Driver Insurance Company of Other Vehicle Owned by Driver AGENERAL INFORMATION Was any foreign vehicle involved in the accident? Was any foreign vehicle involved in the accident? Was any foreign vehicle involved in the accident? Was any foreign vehicle or property damaged? Was any other vehicle or property damaged? Translator's name - Translator's ID Translator's phone number - Translator's phone number - Translator's phone number - Translator's email	
Occupation Outdoor Driving Pass Date Driving License Pass Class 3 Driving License Pass Class 3 Driving License Validity Valid 42 YEARS AND 11 MONTHS Male (Phone) +65-85953494 At. Phone Number (Phone) +65-85953494 At. Phone Number - Email Address 436 TAMPINES STREET 43 #03-107 Address complement - Postcode 520436 Is the driver the policyholder? No Does Driver Own Other Vehicles? Vehicle Registration Number of Other Vehicle Owned by Driver Insurance Company of Other Vehicle Owned by Driver Insurance Company of Other Vehicle Owned by Driver GENERAL INFORMATION OF THE ACCIDENT Type of Accident Clear Dry OTHER INFORMATION Was any foreign vehicle involved in the accident? No OTHER INFORMATION Was any injured conveyed to hospital by ambulance? Yes Was any voly injured in the Accident Yes Was any voly injured in the Accident Yes Was any voly injured in the Accident Yes Was any voly reverbee approached by unknown person(s) soliciting/offering accident claims assistance? No Translator's name - Translator's name - Translator's phone number Translator's phone number Translator's phone number Translator's pemal on the statement - Translator's phone number Translator's pemal on the statement - Translator's phone number	
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Original language used in the statement	
DETAILS OF POLICE ACTION	
Was the accident reported to the police? No	
Was notice of intended Prosecution given?	
If yes, against whom?	
ii yes, against whom?	
CIRCUMSTANCES OF ACCIDENT	
ON 05/09/2024 AT ABOUT 0630HRS I WAS INSIDE STATIONARY VEHICLE (A) BEARING REGISTRATION NUMBER SNM AS I JUST WENT OUT OF VEHICLE (A) WHICH I PARKED FOR A MINTUTE IN LANE 2 AT THE SIDE OF THE ROAD ALOI CHANGI SOUTH AVE 3 AFTER PIE TOWARDS CHANGI SOUTH AVE 4, AS THERE WAS A RUBBISH BIN THERE AND I VOUT TO THROW MY TRASH. AFTER GETTING BACK INTO VEHICLE (A), I WAS ABOUT TO PUT ON MY SEATBEAT WHO FA SUDDEN VEHICLE (B) BEARING REGISTRATION NUMBER SHB741P FROM BEHIND HIT ONTO THE WHOLE RIGHT OF MY VEHICLE. I SUSTAINED RIGHT ARM BRUISED. SPINAL INJURY AND LUNG INJURY (INTERAL BRUISE). I WAS	

CONVEYED TO CHANGI GENERAL HOSPITAL BY AMBULANCE. TP WAS ON SCENE.

ATTACHMENT(S)

Are accident photos available for attachment? Was there any video captured by Car Camera? Yes No

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number SHB741P Vehicle Manufacturer Toyota Vehicle Model Prius Vehicle Variant Vehicle Colour Red Vehicle Category Taxi Name of Driver Contact Number Address Address complement Postcode Insurance Company Name Nature Of Damage LEFT HAND SIDE Details of property damaged in accident **TRANSCAB** No. Of Passenger (Including Driver)

INJURED PERSONS DETAILS

INJURED 1

Name of injured person	RAJU PACKIRISAMY
Gender	Male
Phone No	(Phone) +65-85953494
Address	436 TAMPINES STREET 43 #03-107
Address Complement	-
Post Code	520436
Approximate Age Years Old	62
Injuries Sustained	RIGHT ARM BRUISED, SPINAL INJURY AND LUNG INJURY (INTERAL BRUISE)
Injured person in which vehicle?	SNM2258B
Were seat belts worn?	Yes
Was this injured conveyed to hospital by ambulance?	Yes

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 <u>truthful and accurate as possible</u>. Any willful misrepresentation or withholding of material facts may allow insurance companies to <u>repudiate policy liability</u>.
- 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.
- 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)

Lunderstand, 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.
- (ii) 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.

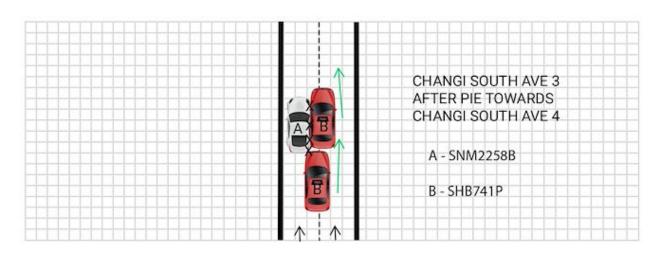
A

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

05/09/2024 1930HRS

Witnessed by Reporting Centre Personnel

Sketch Plan



Describe Circumstances of the Accident

ON 05/09/2024 AT ABOUT 0630HRS I WAS INSIDE STATIONARY VEHICLE REGISTRATION NUMBER SNM2258B, AS I JUST WENT OUT OF VEHICLE (FOR A MINTUTE IN LANE 2 AT THE SIDE OF THE ROAD ALONG CHANGI STOWARDS CHANGI SOUTH AVE 4, AS THERE WAS A RUBBISH BIN THERE THROW MY TRASH. AFTER GETTING BACK INTO VEHICLE (A), I WAS ABOUT SEATBEAT WHEN ALL OF A SUDDEN VEHICLE (B) BEARING REGISTRATION FROM BEHIND HIT ONTO THE WHOLE RIGHT SIDE OF MY VEHICLE. I SUSBRUISED, SPINAL INJURY AND LUNG INJURY (INTERAL BRUISE). I WAS COMMERCED OF MY AMBULANCE. TO WAS ON SCENE.	A) WHICH I PARKED SOUTH AVE 3 AFTER PIE E AND I WENT OUT TO OUT TO PUT ON MY ON NUMBER SHB741P STAINED RIGHT ARM

Declaration

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

A

Policyholder's Signature / Date & Time

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

05/09/2024 1930HRS

2 Win Pona

Witnessed by Reporting Centre Personnel







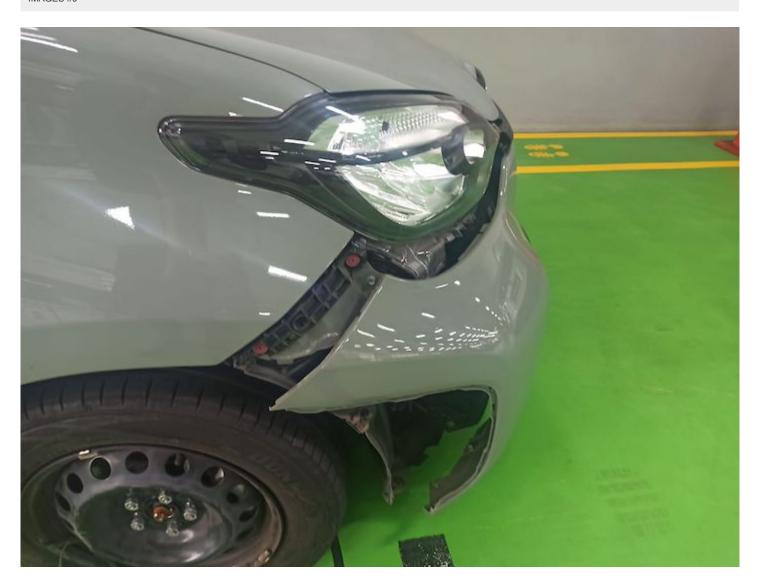










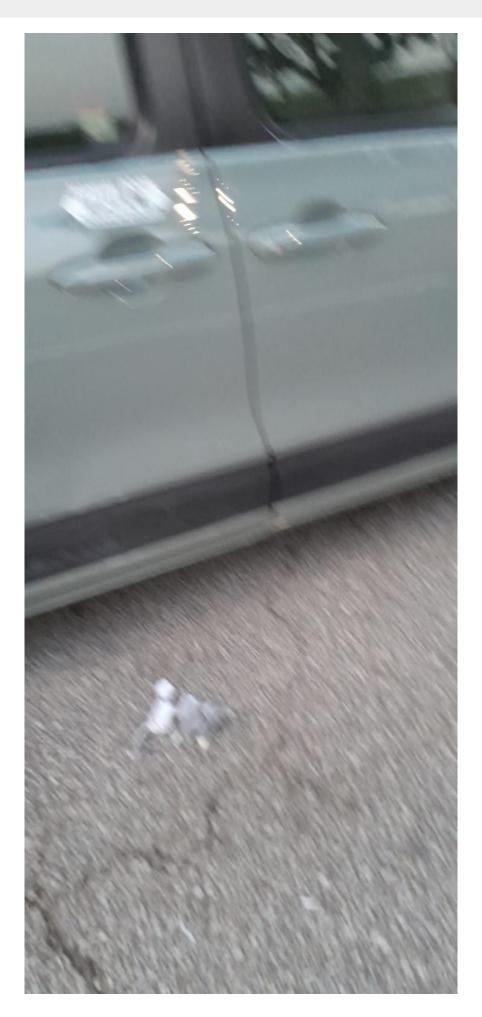


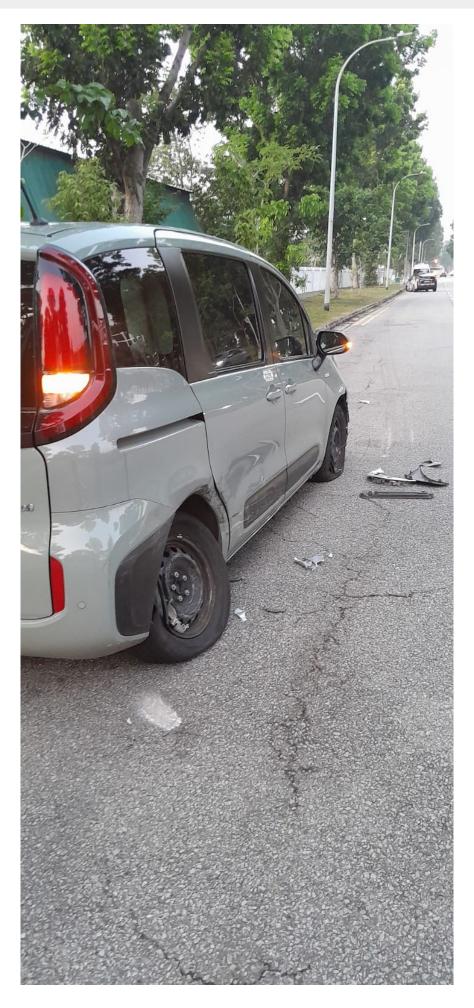




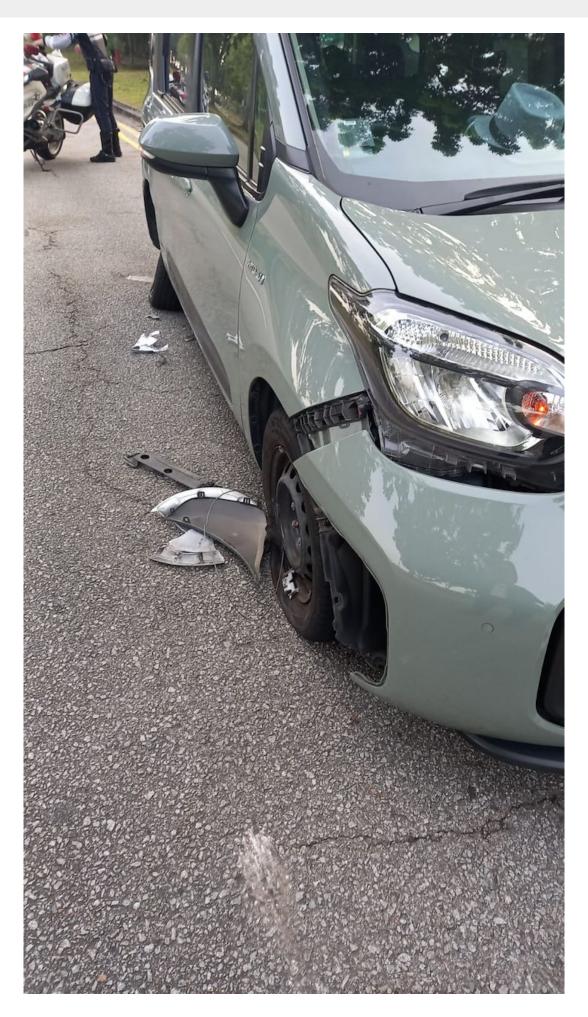


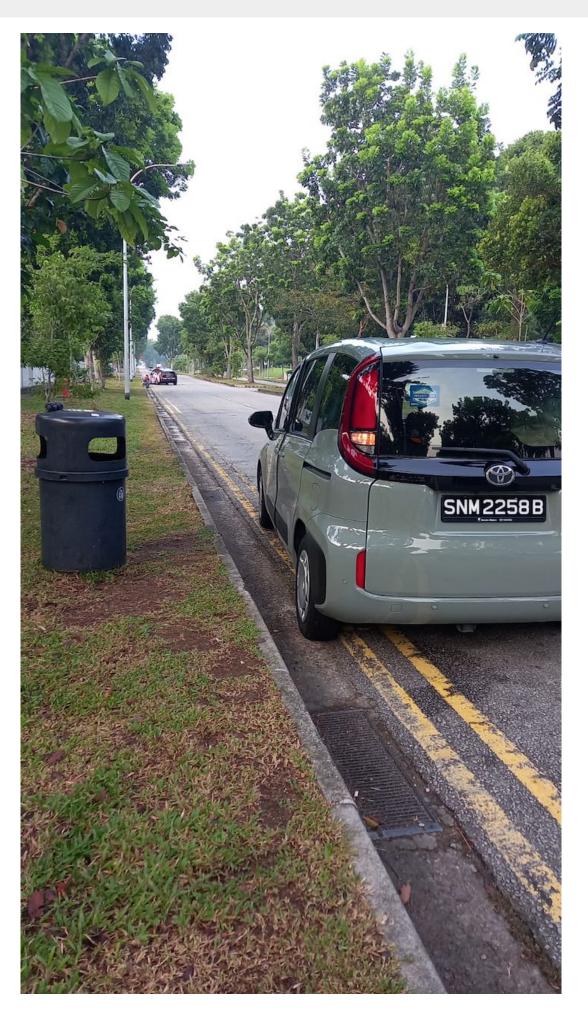




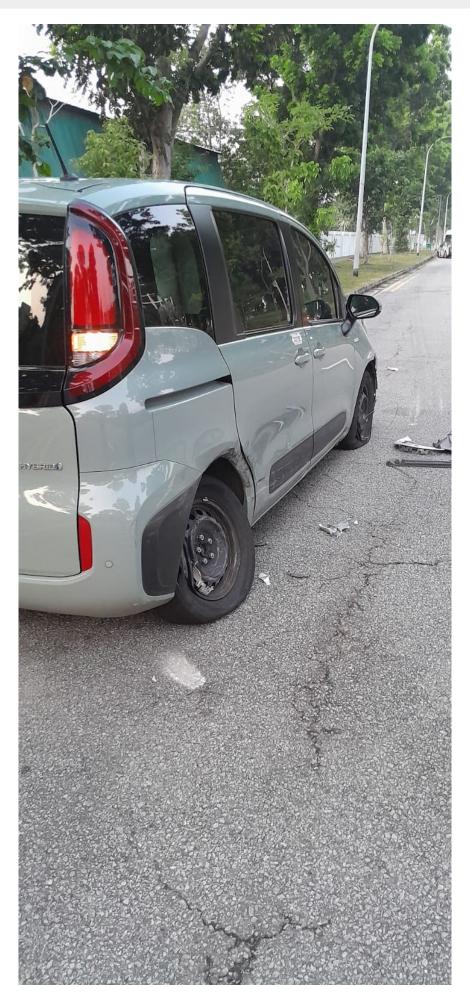


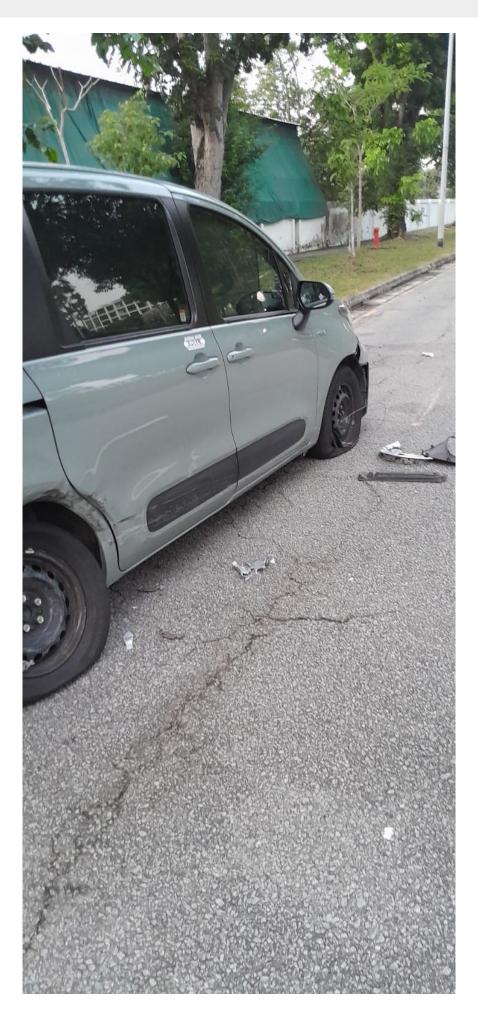
















IMPORTANT NOTE: Please submit the completed Addendum form to the <u>same</u> Accident Reporting Centre with whom you submitted the Original Report.

ADDENDUM (A) PARTICULARS OF PERSON MAKING THE AMENDMENTS: Original Report No: SJ0G24960003 _____ Vehicle Registration No: SNM2258B Name (as shown in NRIC): Grab Rentals Pte Ltd NRIC/FIN/Passport No: 201617200G (*Vehicle Driver/Vehicle Owner) (*) Please delete as appropriate Address: _____ Singapore (_____ Mobile No.: ____ Contact (Tel):__ Email Address: _ Date of Accident: 05/09/2024 _____ Time of Accident: 06:30 Place of Accident: Changi South Ave 3, Singapore 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: UPDATE THIRD-PARTY VEHICLE NUMBER Reporting Centre Personnel's Signature Policyholder / Driv 's Signature Date:

NRIC/FIN No.: Date: 06.09.2024

GIARMC Addendum Form