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 Authorised 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.

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 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 02/02/2021 15:17 (SGT) Date of Accident 02/02/2021 09:44 (SGT) Exact Location of Accident Ubi Ave 2, Singapore Additional Location Information Country/State of Loss Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number SI P9162F

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) +65-90621911 Alternative Phone No (Office) +65-66550005

VEHICLE PARTICULARS

Manufacturer Honda Model Vezel Variant Exact purpose for which vehicle was being used at time of Private hire accident Are you claiming under your own insurance policy for repair to your vehicle? No - Reporting only Vehicle Category Private hire

INSURANCE COMPANY

Name of Insurance Company India International Type of Coverage Comprehensive Fleet Policy Policy Number D21MFL0000447 Cover Note Number

DRIVER

Name of Driver ONG KENG CHUAN NRIC No S2164005J Date Of Birth 06/04/1956 Occupation Outdoor

Date Of Driving Pass 15/10/1976 Driving experience 44 YEARS AND 4 MONTHS Gender Mobile Number (Phone) +65-90621911 Alt. Phone Number Email Address GALLENONG@GMAIL.COM Address BLK 315 TAMPINES STREET 33 #05-46 Address complement Postcode 520315 Is the driver the policyholder? No If No, Relationship of the Driver with the Insured Hirer Does Driver Own Other Vehicles? Nο 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 Motorcyclist Weather Conditions Clear Road Surface Dry OTHER INFORMATION Was any foreign vehicle involved in the accident? Yes Number of vehicles involved in the accident Was anybody injured in the Accident? Yes Was any injured conveyed to hospital by ambulance? Nο Was any other material or property damaged? Yes Number of Passengers (Including Driver) Has the driver been approached by unknown person(s) soliciting/offering accident claims assistance? Nο FOREIGN VEHICLE 1 Vehicle Registration Number JDD72 Vehicle Category Motorcycle PASSENGER 1 Name **UNKNOWN** Gender **Female**

DETAILS OF POLICE ACTION

Was the accident reported to the police?

Was notice of intended Prosecution given?

No
If yes, against whom?

CIRCUMSTANCES OF ACCIDENT

ON 2/2/2021 AT ABOUT 0944HRS, I WAS DRIVING MY VEHICLE SLP9162E ALONG PAYA LEBAR ROAD TOWARDS UBI AVE 2. REACHING TRAFFIC JUNCTION IT WAS GREEN ARROW TURNING RIGHT ON MY FAVOR. WHILE TURNING RIGHT FROM PAYA LEBAR ROAD INTO UBI AVE 2 ROAD, WHILE TURNING FRONT MOTORBIKE JDD72 WAS FROM SECOND LANE SLIGHTLY TURN TO FIRST LANE AND BACK TO SECOND ON UBI AVE 2 ROAD. I COULD NOT STOP MY VEHICLE IN TIME AND HIT ONTO MOTORBIKE JDD72. MOTORIST SUSTAINED ABRASION ON LEFT ANKLE. NO AMBULANCE AND NO TP ON SCENE. MOTORIST MANAGED TO STAND AND CONSCIOUS. THE MOTORIST REFUSED TO EXCHANGE PARTICULARS.

ATTACHMENT(S)

Are accident photos available for attachment?

Was there any video captured by Car Camera?

Was there any audio recorded?

No

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	JDD72
Vehicle Manufacturer	Yamaha
Vehicle Model	-
Vehicle Variant	-
Vehicle Colour	_
Vehicle Category	Motorcycle
Name of Driver	UNKNOWN
Contact Number	-
Address	-
Address complement	_
Postcode	_
Insurance Company Name	_
Nature Of Damage	_
Details of property damaged in accident	_
No. Of Passenger (Including Driver)	1

INJURED PERSONS DETAILS

INJURED 1

Name of injured person	UNKNOWN
Address Complement	-
Post Code	-
Approximate Age Years Old	-
Injuries Sustained	ABRASION ON LEFT ANKLE
Injured person in which vehicle?	JDD72
Were seat belts worn?	No
Was this injured conveyed to hospital by ambulance?	No

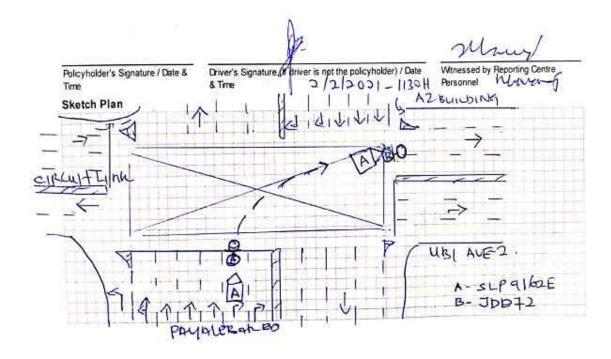
SKETCH PLAN

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- of Singapore (GIA) for archiving and that copies of this report will for a fee be made available upon application by interested parties.
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- 8. Consent under the Personal Data Protection Act (PDPA)

Lunderstand, acknowledge, agree and consent that :

- (a) My insurer , my w orkshop 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' law yers/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' law yers/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 law yers/law firms), which may be sited outside of Singapore, for one or more of the above Purposes.



Our 3/2/2021, at about of 44hb, I was driving my vehicle sup 9162E along PMH L HD faloxicles UPI htt 2. Realing traffic June form I was green awow turning right on my factive. Shile turning right from pmyo LEPONE pro towards who will have 2 pro, while turning front mater bike JDD 72 was form second lane shyuthy turn to addition lane and beach to second on UPI ALE 2 et. I could not stor my vehicle in the and hid purto motoriste JDD 72. Motorist sustained brasion of left and No andreame and No TP is sure. No tonist manyed to stand and conscious. The motorist refuged to exchanged pentialer.
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Declaration

IWe declare the foregoing particulars are true in every respect.

Policyholder's Signature / Date & Time

Briver's Signature (I driver is not the policyholder) / Date 8 Time 2/2/2021 - (1301+ Witnessed by Reporting Centre Personnel

