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 11/02/2021 11:54 (SGT) Date of Accident 11/02/2021 07:23 (SGT) Exact Location of Accident 196C Punggol Field, Singapore 823196 Additional Location Information Country/State of Loss Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number SI N7038F

INSURED/POLICYHOLDER

Is company? Yes Name Of Registered Owner GRAB RENTALS PTE LTD Company Reg No 201617200G **Email Address** gr.sq.accident@grab.com Mobile Phone No (Phone) +65-87220384 Alternative Phone No (Office) +65-66550005

VEHICLE PARTICULARS

Manufacturer Mazda Model 3 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

INSURANCE COMPANY

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

DRIVER

Name of Driver PEH KOK YONG NRIC No S7218089E Date Of Birth 30/05/1972 Occupation Outdoor

Date Of Driving Pass 14/10/1991 Driving experience 29 YEARS AND 4 MONTHS Gender Mobile Number (Phone) +65-87220384 Alt. Phone Number Email Address JIMMYPEHKY@GMAIL.COM Address BLK 659B PUNGGOL EAST #10-765 Address complement Postcode 822659 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 Collision - Major/Minor Rd Weather Conditions Clear Road Surface Dry OTHER INFORMATION Was any foreign vehicle involved in the accident? No Number of vehicles involved in the accident Was anybody injured in the Accident? Yes Was any injured conveyed to hospital by ambulance? 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 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 11/2/2021, AT ABOUT 0720, I WAS DRIVING MY VEHICLE SLN7038E AT 196C PUNGGOL FIELD TO PICK UP MY PASSENGER. AFTER I PICKED UP, I WAS PROCEEDING TO EXIT TO EDGEFIELD PLAINS. BEFORE TURNING I SAW IT WAS RED TRAFFIC LIGHT AND ONE UNKNOWN VEHICLE WAITING BEFORE YELLOW BOX. SO, I CHECKED MY BLIND SPOT AND WAS SLOWLY FILTERING TO THE FIRST LANE. WHILE SLOWLY FILTERING, SUDDENLY ONE VEHICLE GBB7087U WAS ON FIRST LANE STARTED TO MOVED FORWARD DUE TO GREEN LIGHT. MY VEHICLE WERE ALMOST HALF AT FIRST LANE. I KEEP HONKING BUT VEHICLE B TILL MOVE FORWARD AND HIT ONTO MY RIGHT SIDE FRONT OF MY VEHICLE.

ACCORDING TO VEHICLE B DRIVER, HER DAUGHTER SUSTAINED NUMBNESS ON HER LEG.

*VEH B DRIVER WAS SAW MY VEHICLE INSIDE FIRST LANE, SHE STILL DRIVE FORWARD AND HIT ONTO MY VEHICLE.

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 GBB7087U Vehicle Manufacturer Nissan Vehicle Model Vehicle Variant Vehicle Colour Vehicle Category Commercial vehicle Name of Driver **ROSLIANA BINTE JUMAHAT** NRIC No S8030472B Contact Number (Phone) +65-91667690 Address BLK 121A EDGEDALE PLAINS #10-217 Address complement Postcode 821121 Insurance Company Name Nature Of Damage Details of property damaged in accident No. Of Passenger (Including Driver) 3

INJURED PERSONS DETAILS

INJURED 1

Name of injured person

Address

Address Complement

Post Code

Approximate Age Years Old

Injuries Sustained

Injured person in which vehicle?

Were seat belts worn?

Was this injured conveyed to hospital by ambulance?

UNKNOWN PASSENGER

UNKNOWN PASSENGER

NUMBNESS ON LEG

GBB7087U

No

SKETCH PLAN

IMPORTANT NOTICE

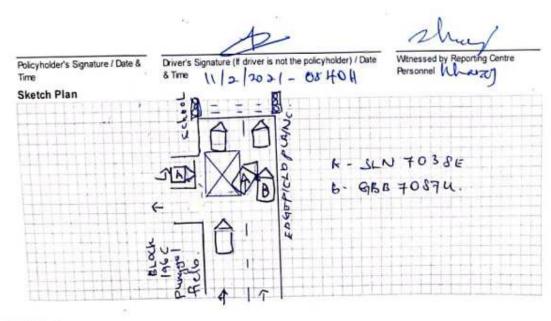
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- 7. By the lodgement of this report to the insurers, you hereby consent to the archiving of this report at the centre and to copies of the report being made available aforesaid.
- 8. Consent under the Personal Data Protection Act (PDPA)

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' 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
- (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 flaw firms), which may be sited outside of Singapore, for one or more of the above Purposes.



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escribe Circumstances of the Accident	
on 11/2/2021, at about 0727, I way	
driving my which sin 703EE at 1960 punggot field	
to pickuy my passurger. After picked up, I proceeding	
to exist to engretfield plains. Before torning I sew	
it was red traffic light and one unknown vehicle	
writing before yellow box. so, I chrotecheck my	_
while upot and slowery filling to first have while	
slowly filling suddenly one while GBB 70870	_
way on first lake stand to make forward due to ted grea	n
Trylot. My vehicle were almost half act find lune.	
I keep howling but while is , I fill more forward and	
is out my right size find port of my which.	
According to Tabick B diver her daughter sustained	
humb on her hy.	_
* VEH B diver sower sow my volvile inside fint lak,	
but she drive forward and hid out my retricte.	

Declaration

We declare the foregoing particulars are true in every respect.

Policyholder's Signature / Date &

Driver's Signature (If driver is not the policyholder) / Date & Time (1(2) 20) @ 8 - 40 | 4

Witnessed by Reporting Centre

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