SJ04216H000B / JP Knights Pte Ltd ENTRY DATE & TIME: 17/06/2021 15:28 (SGT) SUBMITTED BY: Ashikin VERSION: 1 (17/06/2021 15:28 (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 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.

- 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 Submission 17/06/2021 15:28 (SGT) Date of Accident 13/05/2021 20:50 (SGT) Exact Location of Accident Kim Keat Link, Singapore Additional Location Information Country/State of Loss Singapore

DETAILS OF OWN VEHICLE

Honda

Vehicle Registration Number SLL8955L

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) +65-94357657 Alternative Phone No (Office) +65-66550005

VEHICLE PARTICULARS

Manufacturer

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 car Transmission Auto CC 1496

INSURANCE COMPANY

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

DRIVER

Name of Driver LIM EWE SOON NRIC No. S1808254C

Date Of Birth 27/01/1966 Occupation Outdoor Date Of Driving Pass 22/02/2008 Driving experience 13 YEARS AND 3 MONTHS Gender Mobile Number (Phone) +65-94357657 Alt. Phone Number Email Address limewesoon@gmail.com Address **BLK 175 BOON LAY DRIVE #07-338** Address complement Postcode 640175 Is the driver the policyholder? Nο 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 - Head to Rear 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? 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 **DETAILS OF POLICE ACTION** Was the accident reported to the police? Yes Police Station Name Tampines Neighbourhood Police Centre Police Station Phone No (Phone) +65-18005871999 Alt. Police Station Phone No (Fax) +65-65871699 Police Station Address 6 Tampines Ave 4 Singapore 529682 Was notice of intended Prosecution given? Nο If yes, against whom? CIRCUMSTANCES OF ACCIDENT REFER TO POLICE REPORT T/20210604/2091 ATTACHMENT(S) Are accident photos available for attachment? Nο Was there any video captured by Car Camera? No Was there any audio recorded? **DETAILS OF OTHER VEHICLE PROPERTY 1** Vehicle Registration Number SHC1722H Vehicle Manufacturer Vehicle Model

Taxi

Vehicle Variant
Vehicle Colour
Vehicle Category

Name of Driver	
Contact Number	
Address	
Address complement	
Postcode	-
Insurance Company Name	·····
Nature Of Damage	
Details of property damaged in accident	
No. Of Passenger (Including Driver)	<u>-</u>

SKETCH PLAN

IMPORTANT NOTICE

- 1. Please report correctly the details of the accident to speed up the claims process.
- This Form must be completed by the Policyholder and/or the Authorised Driver.
- Information provided must be as <u>truthful and accurate as possible</u>. Any wilful 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 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)

l understand, acknowledge, agree and consent that :

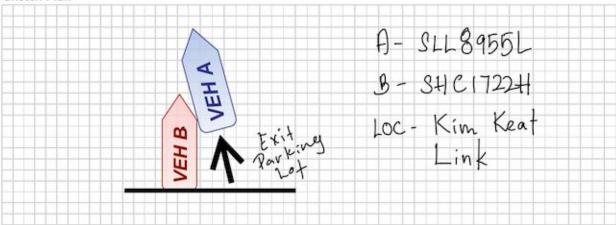
- (a) My insurer, my w orkshop and the General Insurance Association of Singapore ("GIA") may/are permitted to collect, use, disclose and/or process my personal data/personal information set out in this [form] and any other personal information provided by me or possessed by my insurer (collectively the "Personal Information") and disclose and transfer such Personal Information to all insurer(s) w ho have insured vehicle(s) involved in this accident (all insurer(s) w ho 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 w ith 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.

Policyholder's Signature / Date & Time

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

Witnessed by porting

Sketch Plan



REFER TO POLICE	REPORT T/20210604/2091	
Declaration		
/We declare the foregoing particula	ars are true in every respect.	7
		1
	2	-A
		-
Policyholder's Signature / Date & Fime	Driver's Signature (If driver is not the policyholder) / Date & Time	Witnessed Reporting Centre





Police Station Of Origin: Tampines N.P.C 6 Tampines Avenue 4 SINGAPORE 529682 Tel No: 1800-5871999

1 of 3 Report No. T/20210504/2091

Date/Time Report Made: 04/06/2021 19:01		ade:	Vide Report No.:	Station Diary No
Informat	nt's Particu	lars		A CONTRACTOR OF THE PARTY OF TH
Name of LIM EWI	Informant: E SOON		Address: APT BLK 175 BOON LAY D 640175	RIVE #07-338 SINGAPORE
ID Type / ID No.: NRIC NO / S1808254C Nationality: SINGAPORE CITIZEN		54C	Contact No.: Home/Office:	Mobile: 94357657
		EN	Email: 94357657	
Sex: Male	Age: 55	Date of Birth: 27/01/1966	Type of Informant:	
Race: Chinese			Language:	Institution / School Name:
Occupation: GRAB DRIVER			Driving Licence Information: Class: 3	Date of Evolution

Tune of	Non-Injury	ent Diak		
Type of Accident:	. Ton injury	Drink Drive:	Date/Time of Accident:	Type of Location Car Park
Location:		No	13/05/2021 20:50	
KIM KEAT LI	NK			
Weather:		Road Surface:		Road Speed Limit
Traffic Flow: Two Way Type of Collis		Traffic Control: Not Controlled		Traffic Volume:

Details of V Vehicle No.	Туре	Make	Model	Color	Condition	No of Passenger
SHC1722H	Car					0
SLL8955L	Car		_		Slightly	0



Police Station Of Origin: Tampines N.P.C 6 Tampines Avenue 4 SINGAPORE 529682 Tel No: 1800-5871999

2 of 3 Report No. T/20210604/2091

CONTINUATION OF REPORT

Brief Details.

On the above mentioned date, time and said location, I was working as a Grab driver and was driving the rental car SLL8955L, Honda, gold in colour and had send one passenger to the said location at 248 Kim Keat Link and drop the passenger when I was stationary in the carpark. I then remember I did reverse into one lot and then drove out to opposite direction. I wish to state I am not aware of any accident nor collision and did not feel any impact at all. On the next day morning I notice one small scratch on my left rear portion of the vehicle car.

I am lodging this report as I received one letter from Traffic police today and that is when then I know about the accident.





3 of 3 Report No. T/20210604/2091

Police Station Of Origin: Tampines N.P.C 6 Tampines Avenue 4 SINGAPORE 529682 Tel No: 1800-5871999

CONTINUATION OF REPORT

Sketch Plan

Informant is not able to provide sketch plan

IMPORTANT: Please attach a copy of your vehicle's Insurance Certificate to this report. If you don't have the certificate with you now, please fax a copy to 65474885 stating the report number as reference.

Signature Of Officer Recording The Report: Signature Of Informant: G/ Sr Staff Sgt TAN YI KUN Signature Of Interpreter: Date/Time: Not applicable 04/06/2021 19:01 Classification Of Case: Officer In Charge Of Case: TP / GIA / SI TAN JEOK LENG Contact No.: 65476151 Authentication Stamp SINGAPORE POLICE FORCE VP168 SIGNATURE