SJ04214I000M / JP Knights Pte Ltd ENTRY DATE & TIME: 18/04/2021 23:03 (SGT) SUBMITTED BY: Suria VERSION: 1 (18/04/2021 23:03 (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 18/04/2021 23:03 (SGT) Date of Accident 25/01/2021 15:00 (SGT) Exact Location of Accident Eunos Rd 2, Singapore Additional Location Information Country/State of Loss Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number **SLQ8757R**

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) +65-97225843 Alternative Phone No (Office) +65-66550005

VEHICLE PARTICULARS

Manufacturer Honda Model Shuttle 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 No - Reporting only your vehicle? Vehicle Category Private hire Transmission Auto CC 1598

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 TAN MING YUAN, JASPER NRIC No. S8631437A

Date Of Birth 01/11/1986 Occupation Outdoor Date Of Driving Pass 31/03/2009 Driving experience 11 YEARS AND 10 MONTHS Gender Mobile Number (Phone) +65-97225843 Alt. Phone Number Email Address jasper.tan@ucfreshair.com Address BLK 323 SERANGOON AVENUE 3 #05-244 Address complement Postcode 550323 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 - 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? Was any injured conveyed to hospital by ambulance? Was any other vehicle or property damaged? Yes Number of Passengers (Including Driver) Has the driver been approached by unknown person(s) soliciting/offering accident claims assistance? No **DETAILS OF POLICE ACTION** Was the accident reported to the police? Yes Police Station Name Serangoon Neighbourhood Police Centre Police Station Address 50 Serangoon Avenue 2 #01-02 Was notice of intended Prosecution given? Nο If yes, against whom? CIRCUMSTANCES OF ACCIDENT REFER TO POLICE REPORT T/20210323/2050 ATTACHMENT(S) Are accident photos available for attachment? Yes Was there any video captured by Car Camera? No Was there any audio recorded? No **DETAILS OF OTHER VEHICLE PROPERTY 1** Vehicle Registration Number SKU1036A Vehicle Manufacturer Vehicle Model Vehicle Variant Vehicle Colour

Private car

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)		_

SKETCH PLAN

IMPORTANT NOTICE

- Please report <u>correctly</u> the details of the accident to speed up the claims process.
- 2. This Formmust 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 withholding of material facts may allow insurance companies to repudiate policy liability.
- The issue and acceptance of this Form by insurance companies is not an admission of policy liability on the part of the insurance companies.
- Any false reporting may be referred to the Police for investigation.
- 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 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 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
- (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.

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

Sketch Plan

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

Personnel Dat Hoshin (6:50hrs 17/4/4)

A - SLU 8757R

B - SKU 1036A

Lo C - Eugno 9 Policyholder) / Date & Time

Personnel Dat Hoshin (6:50hrs 17/4/4)

A - SLU 8757R

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

Personnel Dat Hoshin (6:50hrs 17/4/4)

A - SLU 8757R

B - SKU 1036A

Describ	be Circumsta	ances of t	he Accident	11.001	-1/2 ==	1 = 2/2	550
	Refer	to	Parice	Report	1/202	10323/20	20
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		24	200				
						-	
							78
183.9							
-							
						7.50	
_							

Declaration

We declare the foregoing particulars are true in every respect.

Policyholder's Signature / Date & Time

Drive Signature (If driver is not the policyholder) / Date & Time

Witnessed by Reporting Centre Personnel Dol Hashim 11, Golma 17/4/11



























Report No. T/20210323/2050

1 of 3

Police Station Of Origin:

Serangoon N.P.C

50 Serangoon Avenue 2 #01-02 SINGAPORE

556129

Tel No: 1800-4880999

REPORT OF A TRAFFIC ACCIDENT Date/Time Report Made: Vide Report No.:

Informant's Particulars			ride Report No.:	Station Diary No.:
		ars		49
Name of Informant: TAN MING YUAN, JASPER ID Type / ID No.: NRIC NO / S8631437A Nationality: SINGAPORE CITIZEN		The state of the s	Address: APT BLK 323 SERANGOON	AVENUE 3 #05-244
			SINGAPORE 550323 Contact No.: Home/Office: Email:	Mobile: 97225843
Sex: Male	Age:	Date of Birth: 01/11/1986	Type of Informant:	
Race: Chinese			Language: English	Institution / School Name:
Occupation: SELF EMPLOYED		1	Driving Licence Information: Class:	Date of Expiry:

Type of Accident:	Non-Injury	Drink Drive: No	Date/Time of Accident:	Type of Location Straight Road
Location:			25/01/2021 15:00	
EUNOS ROAD	2			
Weather: Clear	1	Road Surface: Dry		Road Speed Limit:
Traffic Flow:		Traffic Control: Not Controlled		Traffic Volume: Moderate
Two Way				

	Details of Vehicle Involved					
Vehicle No.	Type	Make	Model	Color +	Condition	No of Passenge
SKU1036A	Car		TOYOTA COROLLA ALTIS 1.6L CVT		Slightly Damaged	0
SLQ8757R	Car		SHUTTLE HYBRID 1.5 AUTO	3	Slightly Damaged	0





Police Station Of Origin: Serangoon N.P.C 50 Serangoon Avenue 2 #01-02 SINGAPORE 556129 C

2 of 3 Report No. T/20210323/2050

CONTINUATION OF REPORT

Brief Details.

I am the owner of SLQ 8757R.

Tel No: 1800-4880999

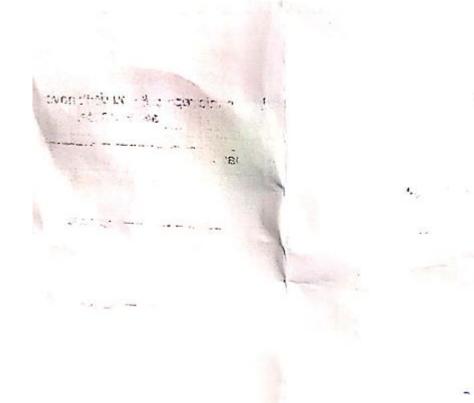
On 25/01/2021 at 1500hrs, I was driving along Eunos Road 2. I then slowed down my vehicle and brought it to a stop along the side of the road as I was trying to find my direction.

Not long after, I was ready to move off and decided to enter the lane back. However, I did not check for oncoming vehicles first. As a result, while I was filtering back into the lane, I accidentally clipped the rear left side of a vehicle (SKU 1036 A).

Upon the impact, both parties stopped by the side of the road. We exchanged phone numbers and made our way. The driver, a Chinese female, was not injured at the point of time. We agreed to settle this privately.

However, on 26/1/2021 she informed me via text that she had reported it to her insurance instead.

Thus, I am lodging this report as requested by the Traffic Police IO.







3 of 3

Police Station Of Origin: Serangoon N.P.C 50 Serangoon Avenue 2 #01-02 SINGAPORE 556129

Report No. T/20210323/2050

Tel No: 1800-4880999

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:
Sgt 2 MUHAMMAD SAIFUDDIN BIN HAMDAN	A Page
Signature Of Interpreter: Not applicable	Date/Time: 23/03/2021/18:23
Officer In Charge Of Case: TP / GIA / Staff Sgt WONG SIEU LUI Contact No.: 65476151	Classification Of Case:
Authertication Stamp	
SIGNATURE	

