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 15/07/2021 11:41 (SGT) Date of Accident 14/07/2021 11:15 (SGT) Exact Location of Accident Kang Ching Rd, 339D, Singapore 614339 Additional Location Information Country/State of Loss Singapore

DETAILS OF OWN VEHICLE

Mazda

Vehicle Registration Number SI M3518T

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) +65-90252855 Alternative Phone No (Office) +65-66550005

VEHICLE PARTICULARS

Manufacturer

Model 3 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 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 ONG CHEE HAO NRIC No. S8321461I

Date Of Birth 17/07/1983 Occupation Outdoor Date Of Driving Pass 24/07/2002 Driving experience 19 YEARS Gender Male Mobile Number (Phone) +65-90252855 Alt. Phone Number Email Address BLUBKING0717@GMAIL.COM Address BLK 353 KANG CHING ROAD #09-51 Address complement Postcode 610353 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 Collided into Parked Vehicle 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? Nο 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? Nο **DETAILS OF POLICE ACTION** Was the accident reported to the police? Yes Police Station Name Bukit Batok Neighbourhood Police Centre Police Station Phone No (Phone) +65-18006659999 Alt. Police Station Phone No (Fax) +65-64252661 Police Station Address 21 Bukit Batok East Ave 4 Singapore 659840 Was notice of intended Prosecution given? Nο If yes, against whom? CIRCUMSTANCES OF ACCIDENT ON 14/07/2021 AT ABOUT 1115HRS I WAS DRIVING VEHICLE (A) SLM3518T AT BLK 339D KANG CHING ROAD.I WAS REVERSING TO TURN OUT FROM BIN CENTRE(SERVICE ROAD).AS I WAS REVERSING MY VEHICLE REAR COLLIDED ONTO VEHICLE (B) SJP4601L FRONT RIGHT DOOR WHICH WAS PARKED AT SIDE OF THE LANE.THIRD PARTY DRIVER RIGHT LEG (KNEE) INJURED BECAUSE HIS FRONT RIGHT DOOR HIT ONTO HIS KNEE.EXCHANGED PARTICULAR. 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 NumberSJP4601LVehicle Manufacturer-Vehicle Model-Vehicle Variant-



| Vehicle Colour | - |
|-----------------------------------------|----------------------|
| Vehicle Category | Private car |
| Name of Driver | - |
| Contact Number | (Phone) +65-81981215 |
| 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 Address | LOW CHENG HAN |
|-----------------------------------------------------|-------------------------------------------|
| Address Complement | - |
| Post Code | - |
| Approximate Age Years Old | - |
| Injuries Sustained | HIT ONTO THE RIGHT LEG (KNEE) - 2 DAYS MC |
| Injured person in which vehicle? | SJP4601L |
| Were seat belts worn? | - |
| Was this injured conveyed to hospital by ambulance? | No |

SKETCH PLAN

IMPORTANT NOTICE

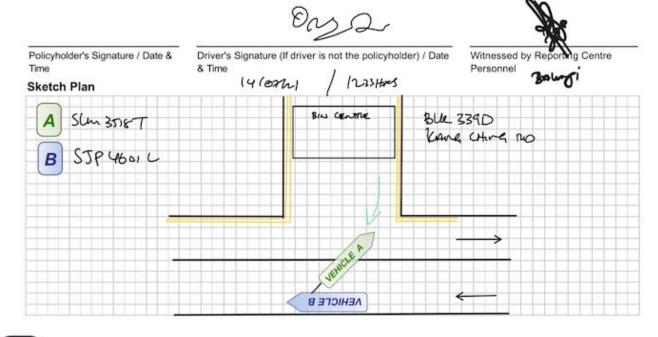
- 1. Please report correctly the details of the accident to speed up the claims process.
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- Information provided must be as <u>truthful and accurate as possible</u>. Any wilful misrepresentation or withholding of material facts may allow insurance companies to <u>repudiate policy liability</u>.
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- 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' 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 law yers/law firms), which may be sited outside of Singapore, for one or more of the above Purposes.



6/9

Describe Circumstances of the Accident

ON 14/07/21 AT ABOUT 1115HRS I WAS DRIVING VEHICLE A SLM3518T AT BLK 339D KANG CHING ROAD.I WAS REVERSING TO TURN OUT FROM BIN CENTRE(SERVICE ROAD).AS I WAS REVERSING MY VEHICLE REAR COLLIDED ONTO VEHICLE SJP4601L FRONT RIGHT DOOR WHICH WAS PARKED AT SIDE OF THE LANE.THIRD PARTY DRIVER RIGHT LEG (KNEE) INJURED BECAUSE HIS FRONT RIGHT DOOR HIT ONTO HIS KNEE.EXCHANGED PARTICULAR.

Declaration

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

Policyholder's Signature / Date & Time

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

1460201 | 12xiting

Witnessed by Reporting Centre Personnel





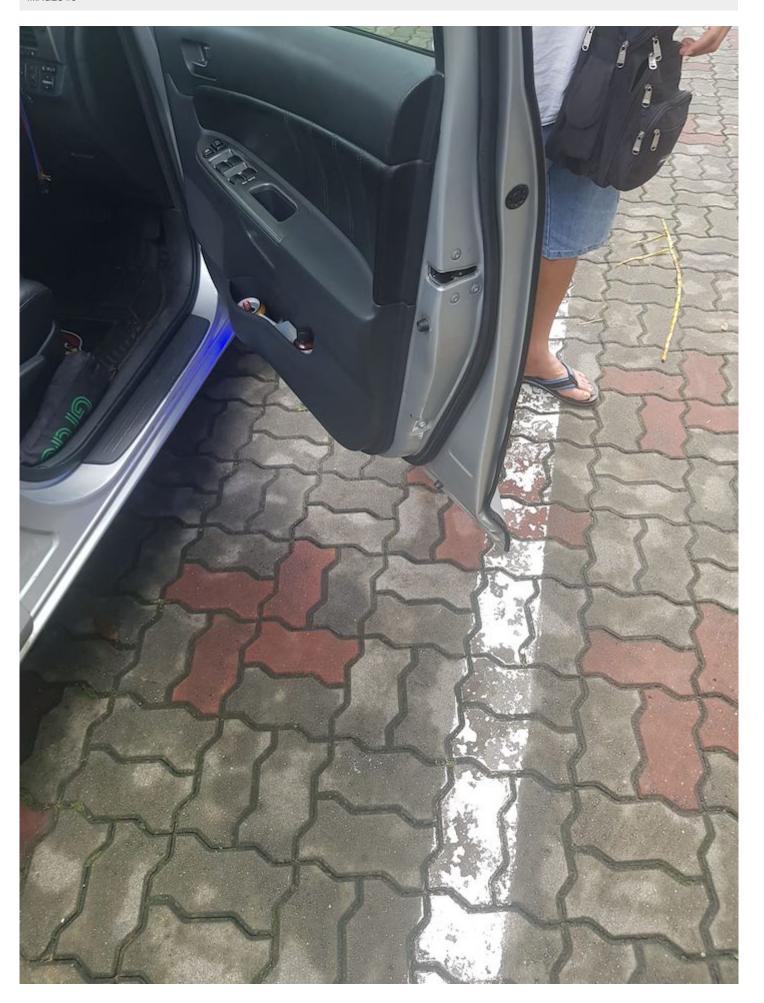
















Annex D

NOTICE OF REPORTING

This is to confirm that Ong Chee Hao, NRIC/FIN: S83214611, has reported to the Police a traffic accident. The traffic accident does not consist of the below following criteria:

- i) Involvement with foreign vehicle
- ii) Involvement with Pedestrian/Cyclist
- iii) Involving parties obtained more than 3 days of Medical Leave
- iv) Government property damage
- v) Hit and Run Accident

Incident happened on 14/07/2021 at 1115hrs, Block 339D Kang Ching Road, at the central rubbish chute, whereby V1 was making a reverse, and collided onto V2 door which was opened. V2 door then closed due to the collision and hit onto the leg of a passenger. Passenger seek medical help and was given 2 days MC.

Involving the following vehicles:

V1) SLM3518T (Mazda 3) driven by Ong Chee Hao, NRIC/FIN: SS8321461I, HP: 90252855

V2) SJP4601L (Toyota wish) driven by Low Cheng Han, S7530012C HP: 81981215

If this accident was reported to the Police within 24 hours of its occurrence, then he/she has complied with Sec 84(2) of the Road Traffic Act, Cap 276.

Rank/Name of Issuing Officer: Muhammad Hanis

Date: 14/07/2021 Time: 1420hrs

S/D Ref: 66

Police Post/Unit: Bukit Batok NPC

BUKIT BATOK NPC 21 BUKIT BAYOK EAST AVENUE 4 SMCAPORE 659840 TE 1800-866 9999

