SJ04217L000V / JP Knights Pte Ltd
ENTRY DATE & TIME: 21/07/2021 17:48 (SGT)
SUBMITTED BY: Suria
VERSION: 1 (21/07/2021 17:48 (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.
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	21/07/2021 17:48 (SGT)
Date of Accident	21/07/2021 12:30 (SGT)
Exact Location of Accident	845 Woodlands Street 82, Block 845, Singapore 730845
Additional Location Information	CARPARK
Country/State of Loss	Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SMA6930S

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) +65-88114186
Alternative Phone No	(Office) +65-66550005

VEHICLE PARTICULARS

Manufacturer	Toyota
Model	Prius
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
Transmission	Auto
CC	1798

INSURANCE COMPANY

Name of Insurance Company	India International Insurance Pte Ltd
Type of Coverage	Comprehensive
Fleet Policy	Yes
Policy Number	D20MFL0006849
Cover Note Number	-

DRIVER

Name of Driver	PRAMKUMAR
NRIC No	S1801347I

Date Of Birth	08/01/1967
Occupation	Outdoor
Date Of Driving Pass	17/03/2006
Driving experience	15 YEARS AND 4 MONTHS
Gender	Male
Mobile Number	(Phone) +65-88114186
Alt. Phone Number	-
Email Address	PRAMKUMAR8167@GMAIL.COM
Address	BLK 517D JURONG WEST STREET 52 #02-579
Address complement	-
Postcode	644517
Is the driver the policyholder?	No
If No, Relationship of the Driver with the Insured	Hirer
Does Driver Own Other Vehicles?	No
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?	No
Number of vehicles involved in the accident	2
Was anybody injured in the Accident?	No
Was any injured conveyed to hospital by ambulance?	-
Was any other vehicle or property damaged?	Yes
Number of Passengers (Including Driver)	1
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?	No
Was notice of intended Prosecution given?	No
If yes, against whom?	-

CIRCUMSTANCES OF ACCIDENT

ON 21/07/2021, AT ABOUT 12:30HRS.I WAS DRIVING VEHICLE (A), SMA6930S. I WAS TRAVELLING ALONG WOODLANDS STREET 82 BLOCK 845 CARPARK. I STOPPED FOR AWHILE AT THE SIDE OF THE ROAD TO CHECK FOR INCOMING MESSAGE. I NOTICED VEHICLE (B), FBK4724L (MOTORIST) WAS SQUEEZING THROUGH ON MY LEFT WHICH WAS ONLY 1 LANE ROAD. SUDDENLY VEHICLE B STOPPED IN FRONT AND RIDE BACK TOWARDS MY VEHICLE AND CLAIMED THAT I KNOCKED ONTO HIS EXHAUST PIPE. I DON'T RECALLED ANY ACCIDENT HAPPEN. I ALIGHTED FROM MY VEHICLE TO CHECK AND THERE WAS A MINOR DAMAGED ON MY VEHICLE. I TOOK PHOTOS OF OUR VEHICLES AND EXCHANGED OUR PARTICULARS. NO ONE WAS INJURED.

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	FBK4724L
Vehicle Manufacturer	-
Vehicle Model	-
Vehicle Variant	-
Vehicle Colour	-

Vehicle Category	Motorcycle
Name of Driver	-
Contact Number	(Phone) +65-92317026
Address	-
Address complement	-
Postcode	-
Insurance Company Name	-
Nature Of Damage	-
Details of property damaged in accident	-
No. Of Passenger (Including Driver)	1

SKETCH PLAN

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8. **Consent under the Personal Data Protection Act (PDPA)**

I understand, 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' lawyers/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.

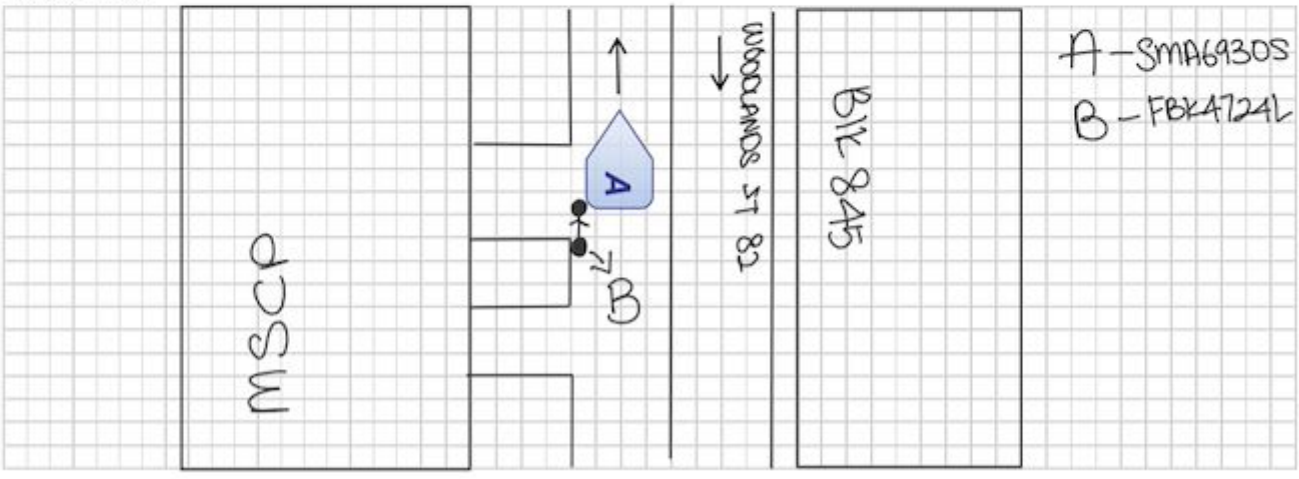
(collectively the "**Purposes**")

(b) all insurer(s) who have insured vehicle(s) involved in this accident and the Insurers' 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 lawyers/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 15:20 21.07.21	Witnessed by Reporting Centre Personnel MD NAZRIN

Sketch Plan



Describe Circumstances of the Accident

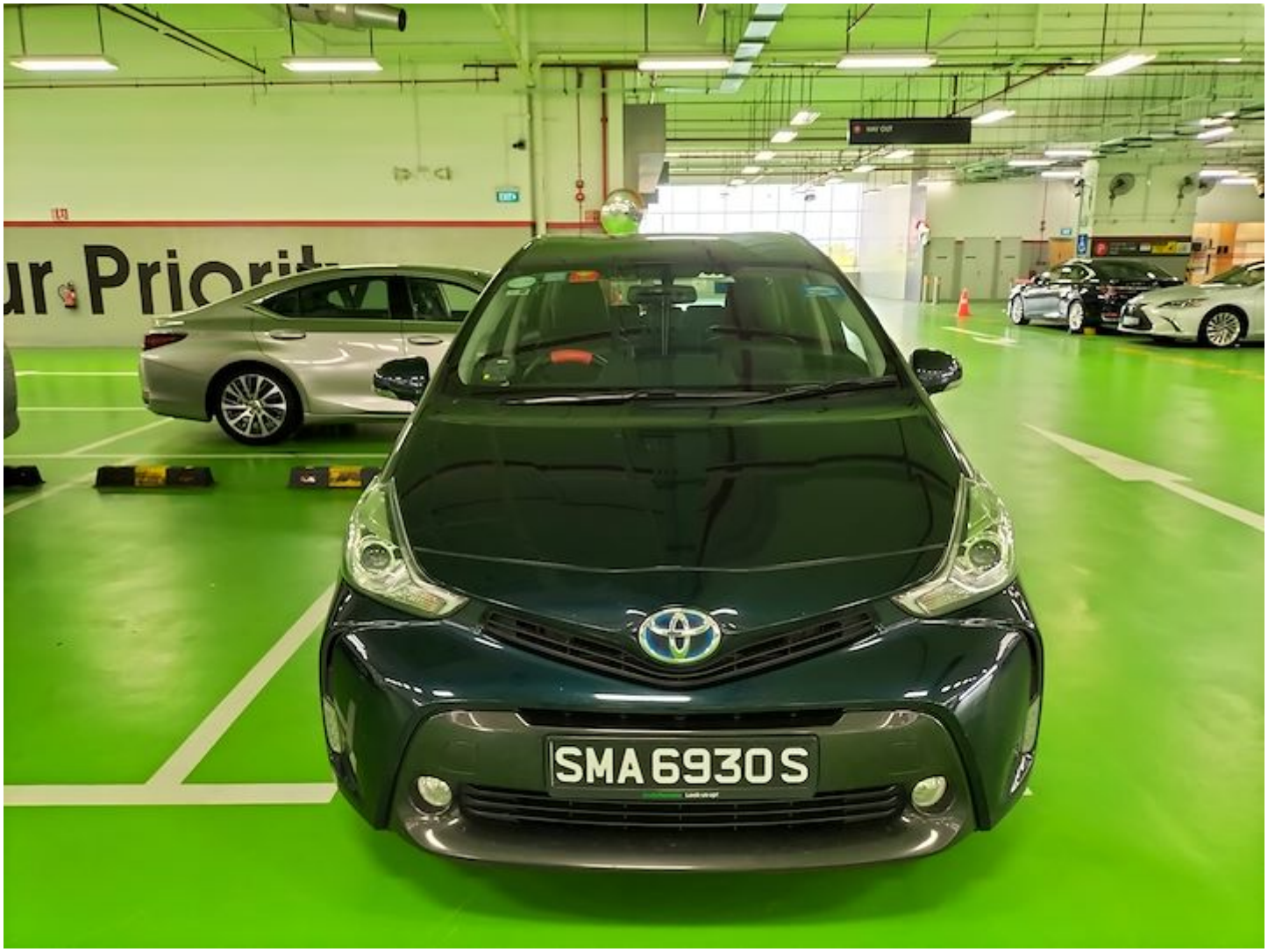
ON 21/07/2021, AT ABOUT 12:30HRS.I WAS DRIVING VEHICLE A, SMA6930S. I WAS TRAVELLING ALONG WOODLANDS STREET 82 BLOCK 845 CARPARK. I STOPPED FOR AWHILE AT THE SIDE OF THE ROAD TO CHECK FOR INCOMING MESSAGE. I NOTICED VEHICLE B, FBK4724L (MOTOTIST) WAS SQUEEZING THROUGH ON MY LEFT WHICH WAS ONLY 1 LANE ROAD. SUDDENLY VEHICLE B STOPPED IN FRONT AND RODE BACK TOWARDS MY VEHICLE AND CLAIMED THAT I KNOCKED ONTO HIS EXHAUST PIPE. I DON'T RECALLED ANY ACCIDENT HAPPEN. I ALIGHTED FROM MY VEHICLE TO CHECK AND THERE WAS A MINOR DAMAGED ON MY VEHICLE. I TOOK PHOTOS OF OUR VEHICLES AND EXCHANGED OUR PARTICULARS. NO ONE WAS INJURED.

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	Witnessed by Reporting Centre Personnel
	15:20 21.07.21	MD NAIR

IMAGES



IMAGES #2

IMAGES #3

IMAGES #4

IMAGES #5

IMAGES #6

IMAGES #7

IMAGES #8

IMAGES #9

PRIVATE HIRE