SJ04219R0001 / JP Knights Pte Ltd ENTRY DATE & TIME: 27/09/2021 09:12 (SGT) SUBMITTED BY: Suria VERSION: 1 (27/09/2021 09:12 (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.

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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 27/09/2021 09:12 (SGT) Date of Accident 09/09/2021 19:10 (SGT) Exact Location of Accident Tampines Ave 1, Singapore Additional Location Information Country/State of Loss Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number SMH758B

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) +65-83834977 Alternative Phone No (Office) +65-66550005

VEHICLE PARTICULARS

Manufacturer Hyundai Model OS KONA EV 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 1600

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 LAI KOON LIONG NRIC No. S0081154H

Date Of Birth 07/05/1953 Occupation Outdoor Date Of Driving Pass 03/11/1981 Driving experience 39 YEARS AND 10 MONTHS Gender Mobile Number (Phone) +65-83834977 Alt. Phone Number Email Address gr.sg.accident@grab.com Address BLK 886D WOODLANDS DRIVE 50 #3-549 Address complement Postcode 734886 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 - Change/cross lane 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 PASSENGER 1 Name **UNKNOWN** Gender Male PASSENGER 2 Name **UNKNOWN** Gender Male 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 09/09/21 AT ABOUT 1910HRS I WAS DRIVING VEHICLE (A) SMH758B ALONG TAMPINES AVE 1 WITH TWO PASSENGERS.I WAS AT CENTER AND TO FILTER INTO EXTREME LEFT LANE.AS I SIGNALLED AND FILTERING SUDDENLY VEHICLE (B) SJK5330M SIDE SWIPE MY VEHICLE REAR LEFT. UNABLE TO EXCHANGE PARTICULAR AND NO INJURIES AT POINT OF TIME ATTACHMENT(S) Are accident photos available for attachment? Yes

DETAILS OF OTHER VEHICLE PROPERTY 1

No

No

Was there any video captured by Car Camera?

Was there any audio recorded?

Vehicle Registration Number	SJK5330M
Vehicle Manufacturer	-
Vehicle Model	-
Vehicle Variant	-
Vehicle Colour	-
Vehicle Category	Private car
Name of Driver	-
Contact Number	(Phone) +65-90105211
Address	-
Address complement	-
Postcode	-
Insurance Company Name	-
Nature Of Damage	-
Details of property damaged in accident	-
No. Of Passenger (Including Driver)	2

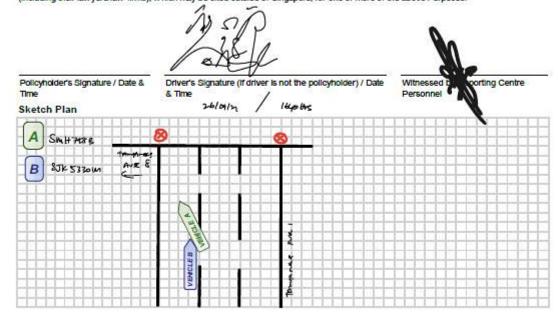
SKETCH PLAN

IMPORTANT NOTICE

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- 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.
- 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)

Funderstand, 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:
- (f) 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;
- (II) carrying out and/or dealing with my instructions or responding to any enquiries by me;
- (iv) administering my daims (including the mailing of correspondence, statements, involces, reports or notices to me, which could involve
 disclosure of certain personal data about me to bring about delivery of the same as wiell 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.



Describe Circumstances of the Accident

ON 09/09/21 AT ABOUT 1910HRS I WAS DRIVING VEHICLE A SMH758B ALONG TAMPINES AVE 1 WITH TWO PASSENGERS.I WAS AT CENTER AND TO FILTER INTO EXTREME LEFT LANE.AS I SIGNALLED AND FILTERING SUDDENLY VEHICLE B SJK5330M SIDE SWIPE MY VEHICLE REAR LEFT. UNABLE TO EXCHANGE PARTICULAR AND NO INJURIES AT POINT OF TIME

Declaration

I/We declare the foregoing particulars are true in every

Policyholder's Signature / Date &

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

26/0gh / 1640 Hps Witnessed by R Personnel

