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 06/10/2021 15:37 (SGT) Date of Accident 06/10/2021 10:30 (SGT) Exact Location of Accident 53 Ang Mo Kio Ave 8, Singapore 569933 Additional Location Information Country/State of Loss Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number SMA3476G

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) +65-89392858 Alternative Phone No (Office) +65-66550005

VEHICLE PARTICULARS

Manufacturer Hyundai Model Ioniq 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 1580

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 SEE MING SHUN NRIC No. S8533473E

Date Of Birth 07/10/1985 Occupation Outdoor Date Of Driving Pass 07/10/2014 Driving experience 7 YEARS Gender Male Mobile Number (Phone) +65-89392858 Alt. Phone Number Email Address gr.sg.accident@grab.com Address **BLOCK 261C PUNGGOL WAY** Address complement #17-329 Postcode 823261 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? Nο 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? Nο **DETAILS OF POLICE ACTION** Was the accident reported to the police? Yes Police Station Name Hougang Neighbourhood Police Centre Police Station Phone No (Phone) +65-18004890999 Alt. Police Station Phone No (Fax) +65-63128989 Police Station Address 60 Hougang Ave 9 Singapore 538775 Was notice of intended Prosecution given? Nο If yes, against whom? CIRCUMSTANCES OF ACCIDENT ON 06/10/21 AT ABOUT 1030HRS I WAS DRIVING VEHICLE A SMA3476G ALONG ANG MO KIO STREET 53 AND WANTED TO TURN LEFT INTO ANG MO KIO AVENUE 5 (SLIP ROAD). SUDDENLY VEHICLE B SMT9157M APPLIED BRAKE AND I UNABLE TO STOP ON TIME.MY VEHICLE REAR ENDED VEHICLE B.EXCHANGED PARTICULAR AND NO INJURIES AT POINT OF TIME. 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**

SMT9157M

BMW

Accident report SJ0421A6000C

Vehicle Model

Vehicle Registration Number

Vehicle Manufacturer

Vehicle Variant

Vehicle Colour	Black
Vehicle Category	Private car
Name of Driver	ONG CHEW HOON
NRIC No	S1748324B
Contact Number	(Phone) +65-96172648
Address	-
Address complement	-
Postcode	-
Insurance Company Name	-
Nature Of Damage	-
Details of property damaged in accident	-
No. Of Passenger (Including Driver)	1
PASSENGER 1	
Name Gender	PASSENGER Male

SKETCH PLAN

IMPORTANT NOTICE

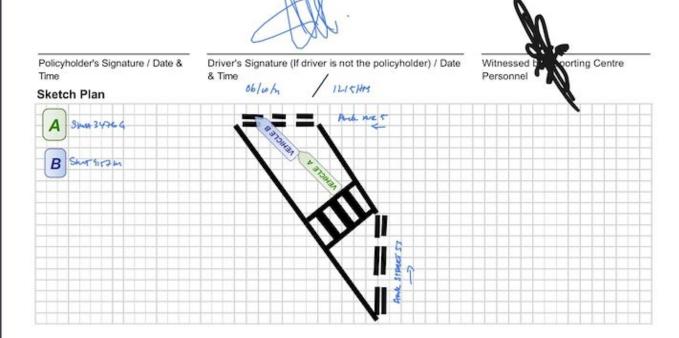
- 1. Please report correctly the details of the accident to speed up the claims process.
- 2. This Form must be completed by the Policyholder and/or the Authorised Driver.
- Information provided must be as truthful and accurate as possible. Any wilful misrepresentation or withholding of material facts 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.
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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' 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.



Describe Circumstances of the Accident

ON 06/10/21 AT ABOUT 1030HRS I WAS DRIVING VEHICLE A SMA3476G ALONG ANG MO KIO STREET 53 AND WANTED TO TURN LEFT INTO ANG MO KIO AVENUE 5 (SLIP ROAD).SUDDENLY VEHICLE B SMT9157M APPLIED BRAKE AND I UNABLE TO STOP ON TIME.MY VEHICLE REAR ENDED VEHICLE B.EXCHANGED PARTICULAR AND NO INJURIES AT POINT OF TIME.

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

eliola /

1218765

Witnessed by Reporting Centre Personnel











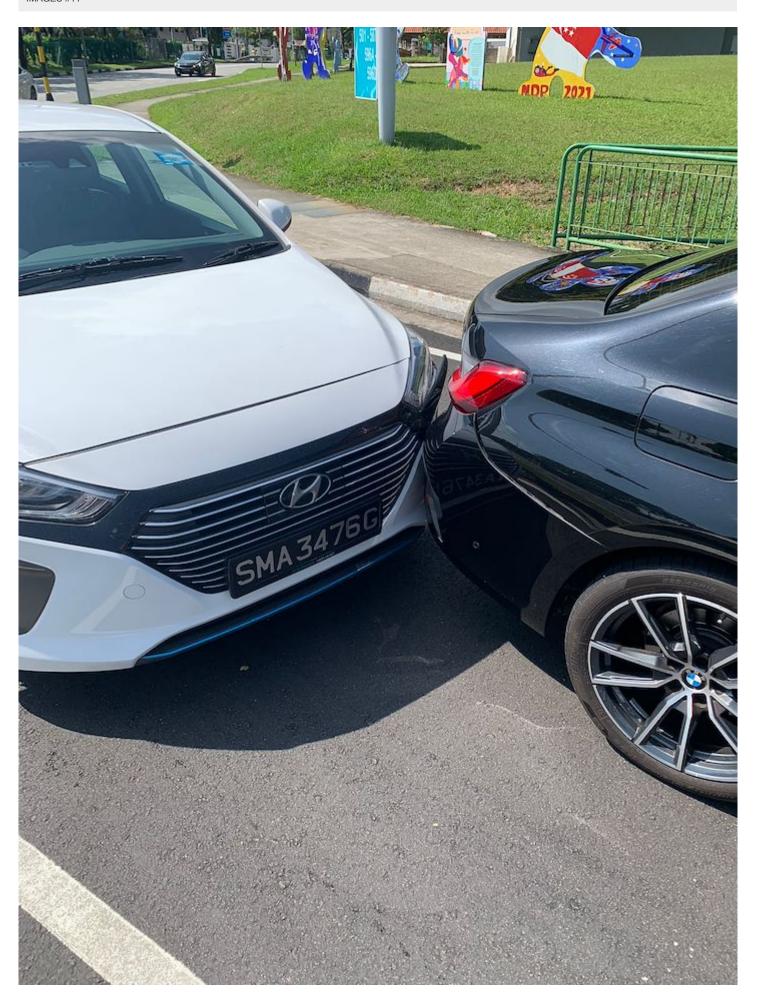


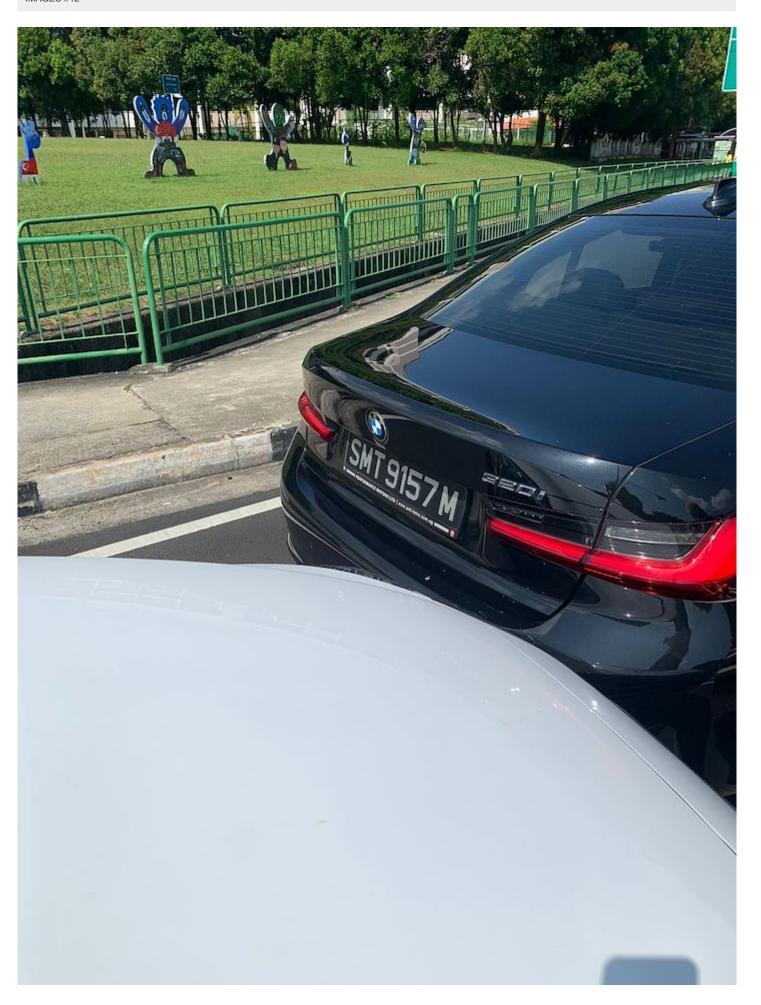




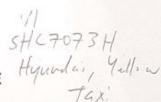












SINGAPORE POLICE FORCE Hyundai, Yallow ACKNOWLEDGEMENT SLIP
Ref: Report No: <u>F/2021/0.05/0.175</u>
1, SET(2) 7190117 Syake Lafff (Recipient's Name, Contact No. / NRIC or Passport No. / Rank and No.)
of 18 Ha
(Address / Police Station / NPC / NPP) hereby acknowledge receipt of the below mentioned items of:
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from SD185678B Neo Heat Fay DDB: 19/05/1950 Occ. Taxi Mire (Name, NRIC or Passport No. / Rank and No.) of Block 126 Hayay Avenu 1 #08-15/6 5 (530/16) HD: 83578674 (Address / Police Station / NPC / NPP)
on05/10/2021 (Address / Police Station / NPC / NPP) at2035
(Date) (Time)
Witnessed by / * Handed over by: Received by: (* Delete if applicable)
2447
(Signature) Signature
(Name, NRIC or Passport No. / Rank and No.) SET(2) T(90)17 Sy sha Lsh // (Name, NRIC or Passport No. / Rank and No.)
Other Remarks: Traffic Police Investigation Office Isa Confact number: 6547 6214
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to do. Lodge trathe accident report immediately





Police Station Of Origin:
Hougang N.P.C
60 Hougang Avenue 9 SINGAPORE 538775
Tel No: 1800-4890999 CONTINUATION OF REPORT

3 of 3 Report No. T/20211005/2095

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 F / Sgt 1 TAY YONG KIAT	Signature Of Informant:
Signature Of Interpreter: Not applicable	Date/Time: 05/10/2021 21:23
Officer In Charge Of Case: TP / GIT / Staff Sgt SYED MUHAMMAD ISA BIN OMAR ALHABSHEE Contact No.: 65476214	Classification Of Case:

