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 24/12/2021 20:57 (SGT) Date of Accident 24/12/2021 11:00 (SGT) Exact Location of Accident Lower Delta Rd, Singapore Additional Location Information Country/State of Loss Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number SI R4718A

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) +65-93623966 Alternative Phone No (Office) +65-66550005

VEHICLE PARTICULARS

Manufacturer Mazda 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 No - Reporting only your vehicle? 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 KWEK CHENG HWEE, WINSON (GUO QINGHUI) NRIC No. S7909548F

Date Of Birth 04/04/1979 Occupation Outdoor Date Of Driving Pass 11/02/1999 Driving experience 22 YEARS AND 10 MONTHS Gender Mobile Number (Phone) +65-93623966 Alt. Phone Number Email Address gr.sg.accident@grab.com Address **BLK 265A PUNGGOL WAY #06-328** Address complement Postcode 821265 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? 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? Nο Was notice of intended Prosecution given? No If yes, against whom? CIRCUMSTANCES OF ACCIDENT ON THE 24/12/2021 AT ABOUT 1100 HOURS, I WAS DRIVING VEHICLE A (SLR4718A) ON LANE 1 ALONG LOWER DELTA ROAD WHEN THE LIGHT HAD JUST TURNED GREEN AND EVERY CAR WAS MOVING OFF AND I WAS MOVING OFF AS WELL WHILE CHECKING MY SURROUNDINGS WHEN I DID NOT NOTICE VEHICLE B (SLD2511R) WAS STILL STATIONARY INFRONT OF ME AND I HAVE ALREADY RELEASED MY BRAKE PEDAL AND MOVED FORWARD AND REAR ENDED VEHICLE B. NOBODY IS INJURED. ATTACHMENT(S) Are accident photos available for attachment? Yes Was there any video captured by Car Camera? Nο Was there any audio recorded? No **DETAILS OF OTHER VEHICLE PROPERTY 1** Vehicle Registration Number SI D2511R

Private hire

Accident report SJ0421CO000Q

Vehicle Manufacturer
Vehicle Model
Vehicle Variant
Vehicle Colour
Vehicle Category

Name of Driver

Contact Number	(Phone) +65-98303393
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

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- 5. Any false reporting may be referred to the Police for investigation.
- The report will be forw arded 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) 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 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 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 24/12/21 16/15

Witnessed by Reporting Centre Personnel

Vitage of the Personnel

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(TUAS)

A - SLR4718A

B - SLD7511R

Describe Circumstances of the Accident

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ON THE 24/12/2021 AT ABOUT 1100 HOURS, I WAS DRIVING VEHICLE A (SLR4718A) ON LANE 1 ALONG LOWER DELTA ROAD WHEN THE LIGHT HAD JUST TURNED GREEN AND EVERY CAR WAS MOVING OFF AND I WAS MOVING OFF AS WELL WHILE CHECKING MY SURROUNDINGS WHEN I DID NOT NOTICE VEHICLE B (SLD2511R) WAS STILL STATIONARY INFRONT OF ME AND I HAVE ALREADY RELEASED MY BRAKE PEDAL AND MOVED FORWARD AND REAR ENDED VEHICLE B. NOBODY IS INJURED.

Declaration

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

Policyholder's Signature / Date & Time

Driver's Signature (If diver is not the policyholder) / Date & Time 1615

Witnessed by Reporting Centre Personnel



























