| ASSIGNMENT: Veh No: SMH TOUG YEREON: Jelly G Selimated Cost: Type: MGg/I M.Cyclo / Bus I Van I Lerry / Taxil Prime Mover I Truck / Trailer or Make: Lund G) Colour, Gren insured 1 Std / Nil NA Sp. Reading Select / Nil Nil Na Engalis Colour, Gren Acc. Insured 1 Std / Nil NA Tradic: insured 1 Std / Nil NA Engalis Colour, Gren Acc. Insured 1 Std / Nil NA Tradic: insured 1 Std / Nil Na Engalis Colour, Gren Acc. Insured 1 Std / Nil NA Tradic: insured 1 Std / Nil Na Engalis Colour Good I fight / Poor / Burnt Steering: It order / Jammed / Leaked / Burnt or Brake: Inoder / Jamm |
|--|
| Estimated Cost: OD FB WS IT RES I DD RES I EVA I INV I MV To Inspect Vehicle No: at Workshop m/s of this und: at Workshop m/s of th |
| Estimated Cost: OD FORWS LIP RES LOD RES / EVA / INV / MV To Inspect Vehicle No: et Workshop m/s of Insured: Policy No. Claims No. Sum Insured: (Clear's Record) Make of Veh: (Policy Condition) Remark: The veh had commenced its repair at the time of inspection. Bal. or Market Value: IDAC Accident Root: Consistent?: Yes or No Est Repairs: days Res.: Yes or No Est Repairs: Lum Sum: % 3 Val.: Yes or No CA / REV / REP. / 24 HRS Vehicle: IN / OUT Date: Person Contacted: Type: ICaf / M.Cycle / Bus / Van / Lorry / Taxl / Prime Mover / Truck / Trailer or Make: Jun / Og On / Oc Insured Sid Ni NA Truck / Trailer or Make: Jun / Og On / Oc Insured Sid Ni NA Colour. Geo. Cond. Cood. Fayl Poor Burnt Steering: Inorder / Jammed / Leaked / Burnt or Brake: Inorder / Jammed / Leaked / Burnt or Modi: NIII Rith / STD A/Rith or Tyre Size: F: |
| To Inspect Vehicle No: at Workshop m/s of Insured: Colour Sp.Reading Sp.Reading Sp.Reading T/Radio: Insured Std Ni NA Eng/No: Colour Colour Sp.Reading T/Radio: Insured Std Ni NA Eng/No: Colour Colour Sp.Reading T/Radio: Insured Std Ni Ni Eng/No: Colour Colour Sp.Reading T/Redio: Insured Std Ni Ni Eng/No: Colour Colour Sp.Reading To your Burnt Stearing: Inforder Jammed Leaked Burnt or Brake: Inorder Jammed Leaked Burnt or Tyre Size: F: To your On Eng/No Eng/No Eng/No Insured Std Ni Ni Ni Eng/No: Cond: Cond: Cood Inglity Poor Burnt Stearing: Inforder Jammed Leaked Burnt or Tyre Size: F: Tyre Size: F: Tyre Size: F: To your On Eng/No Eng |
| at Workshop m/s of Insured: In |
| of Insured: Insured: Policy No. Claims No. Sum Insured: (Cition to Record) Make of Veh; (Policy Condition) Remark: The veh had commenced its repair at the time of inspection. Bal. or Market Velue: IDAC Accident Roort GA / PR Sean: CA / REV / REP. / 24 HRS Person Contacted: Sp.Reading T/Radio: Insured Std / NI/ NI/ NI/ NI/ NI/ Poor / Burnt Tono: (CNo: CNo: CNo: CNo: CNo: CNo: CNo: CNo: CNo: Sp.Reading T/Radio: Insured Std / NI/ NI/ NI/ NI/ Poor / Burnt Steering: Inforder Jammed Leaked Burnt or Modi: NII / SIR In STD ARIm or Tyre Size: F: |
| Insured: Policy No. Claims No. Consistent? Yes or No Claims Reser: days Res.: Yes or No Claims Reser: days Res.: Yes or No Can Reser: Yes or No Yes |
| Policy No. Claims No. Sum Insured: Excess: Steering: Inforder Jammed Leaked Burnt or Steering: Inforder Jammed Leaked Burnt or Modi: Nil SRD Allim or Tyre Size: F: 15 55 Modi: Nil SRD Allim or Tyre Size: F: 15 Substitute Size Allim or Tyre Size: F |
| Claims No. Sum Insured: Excess: Steering: Inforder / Jammed / Leaked / Burnt or Brake: Inorder / Jammed / Leaked / Burnt or Brake: Inorder / Jammed / Leaked / Burnt or Modi: NII / SRI'm / STD ARIM or Tyre Size: F: 15/5/8/7 R: |
| Sum Insured: Excess: (Client's Record) Make of Veh: (Policy Condition) Remark: The veh had commenced its repair at the time of inspection. Bal. or Market Value: IDAC Accident Rport: Consistent?: Yes or No Est Repairs: days Res.: Yes or No Est Repairs: Lum Sum: CA REV REP. 24 HRS Date: Person Contacted: Steering: Inorder Jammed Leaked Burnt or Modi: Nil SIRIN STD AlRim or Tyre Size: F: |
| Brake: Inofder Jammed Leaked Burnt or Modi: NII SIRIN STD ARIM or Tyre Size: F: 15 55 M |
| Modi: Nil / Sirim / STD A/Rim or Tyre Size: F: |
| (Policy Condition) Remark: The veh had commenced its repair at the time of inspection. Bal. or Market Value: IDAC Accident Rport: Consistent?: Yes or No GIA / PR Seen: Consistent?: Yes or No Est. Repairs: days Res.: Yes or No Lum Sum: % 3 Val.: Yes or No CA / REV / REP. / 24 HRS Date: Person Contacted: Tyre Size: F: 2 / S / B / FR R: TOYO / YOKO or Fron! Rear R/Bal. Mm UBal. Mm UBal. D.O.I. Survey held at Pegass The U/C / Chassis frame / Body Structure affected due to collision. |
| R: R: Remark: The veh had commenced its repair at the time of inspection. Bal. or Market Value: IDAC Accident Rport: Consistent?: Yes or No GIA / PR Seen: Consistent?: Yes or No Est. Repairs: days Res.: Yes or No Lum Sum: % 3 Val.: Yes or No CA / REV / REP. / 24 HRS Date: Person Contacted: R: N/S O/S N/S O/S N/S O/S N/S O/S BS DUN / EXNOVA / GY / FS / LIZA / MIC / OHTSU / PIR / SUM! / TOYO / YOKO or Fron! Rear R/Bal. Whal. Whal. Whal. Whal. UBal. UBal. UBal. UBal. UBal. UBal. D.O.I. DOA. DOA. DOA. DOA. DOA. DOA. Doan ages: Frt / Rear / O/S / N/S / U/C / Rooftop or The U/C / Chassis frame / Body Structure affected due to collision. |
| Remark: The veh had commenced its repair at the time of inspection. Bail. or Market Value: IDAC Accident Rport: Consistent?: Yes or No GIA / PR Seen: Consistent?: Yes or No Est Repairs: days Res.: Yes or No Lum Sum: % 3 Val.: Yes or No CA / REV / REP. / 24 HRS Date: Person Contacted: N/S O/S N/S O/S N/S O/S BS DUN / EXNOVA / GY / FS / LIZA / MIC / OHTSU / PIR / SUM! / TOYO / YOKO or Fron! Rear R/Bail. Whal. Whal. D.O.A. D.O.A. D.O.A. Des. of Damages: Frt / Rear / O/S / N/S / U/C / Rooftop or The U/C / Chassis frame / Body Structure affected due to collision. |
| repair at the time of inspection. Bal. or Market Value: IDAC Accident Rport: Consistent?: Yes or No GIA / PR Seen: Consistent?: Yes or No Est Repairs: days Res.: Yes or No Lum Sum: % 3 Val.: Yes or No CA / REV / REP. / 24 HRS Vehicle: IN / OUT Date: Person Contacted: Toyo / YOKO or Fron! Rear R/Bal. mm UBal. D.O.I. D.O.I. Survey held at Des. of Damages: Frt / Rear / O/S / N/S / U/C / Rooftop or The U/C / Chassis frame / Body Structure affected due to collision. |
| Bail. or Market Value: IDAC Accident Rport: Consistent?: Yes or No GIA / PR Seen: Consistent?: Yes or No Est Repairs: days Res.: Yes or No Lum Sum: % 3 Val.: Yes or No CA / REV / REP. / 24 HRS Vehicle: IN / OUT Date: Person Contacted: Pron! Rear R/Bail. mm UBail. Mm UBail. D.O.I. DO.A. DO.A. DO.A. DO.A. DO.A. DO.A. DO.A. Does. of Damages: Frt / Rear / O/S / N/S / U/C / Rooftop or The U/C / Chassis frame / Body Structure affected due to collision. |
| Ball or Market Value: IDAC Accident Rport: Consistent?: Yes or No GIA / PR Seen: Consistent?: Yes or No Est Repairs: days Res.: Yes or No Lum Sum: % 3 Val.: Yes or No CA / REV / REP. / 24 HRS Vehicle: IN / OUT Date: Person Contacted: Person Contacted: Procedure: Consistent?: Yes or No Do.O.A. W G D D Do.O.A. W G D The U/C / Chassis frame / Body Structure affected due to collision. |
| GIA / PR Seen: Consistent?: Yes or No Est Repairs: days Res.: Yes or No Lum Sum: % 3 Val.: Yes or No CA / REV / REP. / 24 HRS Date: Person Contacted: Consistent?: Yes or No D.O.A. // 6 D Person Contacted: The U/C / Chassis frame / Body Structure affected due to collision. |
| Est Repairs: days Res.: Yes or No Lum Sum: % 3 Val.: Yes or No CA / REV / REP. / 24 HRS Date: Person Contacted: D.O.A. |
| CA REV REP. 24 HRS Vehicle: IN / OUT Date: Person Contacted: Survey held at Jevinov Des. of Damages: Frt Rear O/S N/S U/C Rooftop or The U/C Chassis frame Body Structure affected due to collision. |
| CA REV REP. 24 HRS Vehicle: IN / OUT Des. of Damages: Frt Rear O/S N/S U/C Rooftop or The U/C Chassis frame Body Structure affected due to collision. |
| CA / REV / REP. / 24 HRS Vehicle: IN/OUT The U/C / Chassis frame / Body Structure affected due to collision. |
| Date: Person Contacted: The U/C / Chassis frame / Body Structure ancess of the U/C / Chassis frame / Body Structure and U/C / Chassis frame / Body Structure ancess of the U/C / Chassis frame / Body Structure ancess of the U/C / Chassis frame / Body Structure ances of the U/C / Chassis frame / Body Structure and U/C / Chassis frame / Body Structure ances of the U/C / Chassis frame / Body Structure ances of the U/C / Chassis frame / Body Structure ances of the U/C / Chassis frame / Body Structure and U/C / Chassis frame / Body Structure ances of the U/C / Chassis frame / Body Structure and U/C / Chassis frame / Body Structure and U/C / Chassis frame / Body Structure ances of the U/C / Chassis frame / Body Structure ances of the U/C / Chassis frame / B |
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| Date / Time Action / Instruction |
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| Dale Time, File Pass to? : Prell. Report Days Of Repair: |
| Osle/Time, File Pass to? : Prell. Report Resurvey No. of Trip: Transportation: |
| Seps SI |
| Add Fee: Site insp |
| 2) : Interview (\$) Photos (5) Others |
| Repair Formet: |
| Lump Sum / LB. f: (5 |

PEGASUS ENGINEERING & TRADING PTE LTD

GST / ROC COMPANY NO: 201101753C

Quotation

From:

PEGASUS ENGINEERING & TRADING PTE LTD

74 KIAN TECK ROAD SINGAPORE 628800

Officer in Charge: VIVIAN TAN EE WI

Tel: Email: Customer:

GRAB RENTALS PTE LTD

3 MEDIA CLOSE #07-03

SINGAPORE 138498

Attn::

Tel:

Fax No.:

| Quotation No.: QO22/06-1077 | Quotation Date: 14/06/2022 | Terms: 60 DAYS |
|------------------------------|--------------------------------|------------------------------|
| Vehicle No. : SMH704G | Chassis No.: KMHK281GUKU020320 | Policy Number : |
| Model: HYUNDAI KONA | | Date of Accident: 14/06/2022 |
| Third Party Insurer : LONPAC | | TP Vehicle No. : YQ4703T |
| Remarks : | | |

| | ITEM | DESCRIPTION | Qty | UNIT PRICE | AMOUNT (SGD) |
|---|------|--|------|------------|-----------------|
| • | 1 | REAR BUMPER / BR (CONT) | 1 | 495.6500 | 495.65 |
| | 2 | REAR BUMPER CLIPS @ 10PCS / 11C | 10 | 4.5000 | <i>30</i> 45.00 |
| | 3 | REAR BUMPER TOW COVER (RHS) | 1 | 25.2000 | 25.20 |
| | 4 | REAR BUMPER UPPER CENTER MOULDING (FOLLOW CAR ()) COLOUR) | 1 BR | 296.3500 | 296.35 |
| | 5 | REAR BUMPER LOWER UNDER CENTER COVER (Silver Colour) | BK 1 | 126.9500 | 126.95 |
| | 6 | REAR BUMPER SIGNAL LAMP (RHS) / (M) | 1 | 257.1000 | 257.10 |
| | 7 | REAR BUMPER BLIND SPORT SENSOR (RHS) | 1 | 980.5700 | 980.57 |
| | 8 | REAR REINFORCEMENT | 1 | 335.8000 | 335.80 |
| | 9 | REAR REINFORCEMENT ARM (RHS) | 1 | 158.0000 | 158.00 |
| | 10 | REAR REINFORCEMENT BRACKET @ 2PCS | 2 | 38.0000 | 76.00 |
| | 11 | REAR END PANEL | 1 | 785.6000 | 785.60 |
| | 12 | REAR TAILGATE $$ | 1 | 1,928.9500 | 1,928.95 |
| | 13 | REAR TAILGATE ËLECTRIC" BADGE / K | 1 | 45.0000 | 45.00 |
| | | REAR TAILGATE "HYUNDAI" EMBLEM - M | 1 | 55.0000 | 55.00 |
| | 15 | REAR TAILGATE "KONA" BADGE / h(| 1 | 45.0000 | 45.00 |
| | 16 | REAR TAILGATE OUTER MOULDING | 1 | 245.2000 | 245.20 |
| | | REAR TAILGATE REFLECTOR @ 2PCS / BR /CAT | (2) | 403.5000 | 807.00 |
| | | REAR TAILGATE INNER TRIM BOARD CAT TR | 1 | 228.8000 | 228.80 |
| | | REAR TAILGATE INNER TRIM BOARD CLIPS @ 10PCS | 10 | 5.0000 | 27 50.00 |
| | 20 | REAR TAILGATE HINGE @ 2PCS X | 2 | 155.6000 | 311.20 |
| | 21 | REAR TAILGATE ABSORBER @ 2PCS | 2 | 198.5000 | 397.00 |
| | 22 | REAR TAILGATE 3RD BRAKE LIGHT | 1 | 985.3600 | 985.36 |
| | | | | | |

C/F 0.00 Page 1 of 3

PEGASUS ENGINEERING & TRADING PTE LTD

GST / ROC COMPANY NO: 201101753C

Quotation

| From: | |
|--|-----|
| PEGASUS ENGINEERING & TRADING PTE L 74 KIAN TECK ROAD SINGAPORE 628800 | .TD |
| Officer in Charge : VIVIAN TAN EE WI Tel : Email : | |

| Customer: | |
|--|--|
| GRAB RENTALS PTE LTD 3 MEDIA CLOSE #07-03 SINGAPORE 138498 | |
| Attn:: Tel: Fax No.: | |

| Quotation No.: QO22/06-1077 | Quotation Date: 14/06/2022 | Terms: 60 DAYS |
|------------------------------|--------------------------------|------------------------------|
| Vehicle No. : SMH704G | Chassis No.: KMHK281GUKU020320 | Policy Number : |
| Model: HYUNDAI KONA | | Date of Accident: 14/06/2022 |
| Third Party Insurer : LONPAC | | TP Vehicle No. : YQ4703T |
| Remarks: | | |

| ITEM | DESCRIPTION | Qty | UNIT PRICE | AMOUN | NT (SGD) |
|------|---|-----|-------------|-------|-----------|
| | | | E | 3/F | 0.00 |
| 23 | REAR TAILGATE WIPER ARM | 1 | 218.0000 | | 218.00 |
| 24 | REAR TAILGATE WIPER BLADE | 1 | 115.0000 | | 115.00 |
| 25 | REAR WINDSCREEN GLASS - JR | 1 | 1,380.0000 | | 1,380.00 |
| 26 | REAR WINDSCREEN GLASS MOULDING / Mc | 1 | 198.0000 | | 198.00 |
| 27 | REAR TAILLAMP @ 2PCS X | 2 | 557.1000 | | 1,114.20 |
| 28 | REAR FENDER (RHS) X R | 1 | 1,598.0000 | | 1,598.00 |
| 29 | REAR FENDER (LHS) - REPAIR Y | 1 | | | |
| 30 | REAR SPEAKER TOP BOARD X | 1 | 1,678.0000 | | 1,678.00 |
| 31 | REAR REVERSE SENSOR @ 2PCS | 2 | 268.0000 | | 536.00 |
| 32 | LESS 20% | 1 | -3,103.5900 | | -3,103.59 |
| 33 | REAR WINDSCREEN SELANT / MC | . 1 | 80.0000 | 40 | 80.00 |
| 34 | REAR NO PLATE & CASING X | 1 | 60.0000 | | 60.00 |
| 35 | PHV DECAL STICKER / MR | 1 | 20.0000 | | 20.00 |
| 36 | TO REMOVE & REPLACED REAR WINDSCREEN GLASS. | 1 | 150.0000 | 120 | 150.00 |
| 37 | TO DISCONNECT & CONNECT BACK ELECTRICAL POWER FOR FACILITATE REPAIR. | 1 | 250.0000 | 80 | 250.00 |
| 38 | TO REMOVE & TRANSFER REAR TAILGATE MECHANISM TO THE NEW TAILGATE. | 1 | 150.0000 | ,, | 150.00 |
| 39 | TO REMOVE & REPLACED REAR REVERSE SENSOR. | 1 | 120.0000 | 31 | 120.00 |
| 40 | TO REMOVE & RESTORE BACK INNER TRIMMINGS, GARNISHES, FLOOR BOARD AND SEATS FOR FACILITATE REPAIR. | 1 | 120.0000 | 30 | 120.00 |
| 41 | TO APPLY RUSTPROOFING/ TUFFCOATING FOR REPLACED PARTS. | 1 | 120.0000 | 31 | 120.00 |

0.00 C/F Page 2 of 3

GST / ROC COMPANY NO: 201101753C

Quotation

From:

PEGASUS ENGINEERING & TRADING PTE LTD

74 KIAN TECK ROAD SINGAPORE 628800

Officer in Charge: VIVIAN TAN EE WI

Tel: Email: Customer:

GRAB RENTALS PTE LTD

3 MEDIA CLOSE #07-03 SINGAPORE 138498

Attn::

Tel:

Fax No.:

| Quotation No. : QO22/06-1077 | Quotation Date: 14/06/2022 | Terms : 60 DAYS Policy Number : | |
|------------------------------|--------------------------------|---------------------------------|--|
| | Chassis No.: KMHK281GUKU020320 | | |
| Venicie Ito: 1 OMA 1 KOMA | | Date of Accident: 14/06/2022 | |
| Model: HYUNDAI KONA | | TP Vehicle No. : YQ4703T | |
| Third Party Insurer: LONPAC | | A Samuel Control | |

| Remark | s: | A STATE OF THE STA | | | |
|--------|--|--|--|------|----------|
| | | Qty | UNIT PRICE | AMOL | NT (SGD) |
| ITEM | DESCRIPTION | | The second secon | B/F | 0.00 |
| | The state of the s | 1 | 100.0000 | 30 | 100.00 |
| 42 | TO INTERIOR CLEANING UP. | 4 | 60.0000 | X | 60.00 |
| 43 | TO SEND VEHICLE TO PASTE PHV DECAL STICKER. | 4 (| 2,200.0000 | | 2,200.00 |
| 44 | TO KNOCKING & PANEL BEATING. | 1 | 2,000.0000 | | 2,000.00 |
| 45 | TO PUTTY & SPRAY PAINT ON THE AFFECTED AREAS. | 1 | 2,000.0000 | 000 | _, |

LKK Auto Consultants hence notify the Repairer of the following: To resurvey before/after spray painting • To display displayed policy in resurvey • Particulars condu idice" basis

5/6/27, 1.30 CM L/S 15/6/27, 1.30 My 5 45

Sub Total GST(7.00%) Total (SGD)

17,844.34 1,249.10 19.093.44

Please conduct the survey at Pegasus Engineering @ 74 Kian Teck Road Singapore 628800

ock to OneMotoring

| PARF/COE Rebate for Registered Vehicle | |
|--|---------------------------------------|
| Vehicle Owner Particulars | |
| Vehicle Owner. | Company |
| Vehicle Owner ID Type: Owner ID: Vehicle Details | 200G |
| side NO. | SMH704G |
| side to be Exported. | No |
| ntended Deregistration Date: | 15 Jun 2022 |
| ehicle Make: | HYUNDAI |
| ehicle Model: | OS KONA EV |
| rimary Colour: | Grey |
| Janufacturing Year: | 2018 |
| ngine No.: | • |
| hassis No.: | KMHK281GUKU020320 |
| aximum Power Output: | 150.0 kW (201 bhp) |
| pen Market Value: | \$39,616.00 |
| riginal Registration Date: | 10 Jan 2019 |
| irst Registration Date: | 10 Jan 2019 |
| ransfer Count: | 0 |
| ctual ARF Paid: ntended PARF Rebate Details | \$27,463.00 |
| ARF Eligibility: | Yes |
| ARF Eligibility Expiry Date: | 09 Jan 2029 |
| ARF Rebate Amount: htended COE Rebate Details | \$20,597.00 |
| OE Expiry Date: | 09 Jan 2029 |
| OE Category: | B - Car above 1600cc or 97kW (130bhp) |
| OE Period(Years): | 10 |
| OP Paid: | \$32,302.00 |
| COE Rebate Amount: | \$21,213.00 |
| otal Rebate Amount: | \$41,810.00 |

The information contained herein is correct as at 15 Jun 2022

SINGAPORE ACCIDENT STATEMENT

IMPORTANT NOTICE

- lease report correctly the details of the accident to speed up the daims process
- Please report correctly the details of the accident to speed on the Calms process.
 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 witholding of material facts may allow insurance compenies to regulate.

- A. The issue and acceptance of this Form by insurance companies is not an admission of policy liability on the part of the insurance companies.

 S. 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 this report will be a few after the contraction of the contr and that copies of this report will, for a fee, be made available upon application by interested parties.
- 2. 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 accessed

ACCIDENT STATEMENT

Date of Submission Date of Accident Exact Location of Accident

Additional Location Information

Country/State of Loss

14/06/2022 20:04 (SGT) 14/06/2022 09:45 (SGT)

CTE, Singapore

Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number

SMH704G

INSURED/POLICYHOLDER

Is company?

Name Of Registered Owner

Company Reg No

Email Address

Mobile Phone No.

Alternative Phone No

Yes

GRAB RENTALS PTE LTD

2XXXXX200G

gr.sg.accident@grab.com

(Phone) +65-91141099

(Office) +65-66550005

VEHICLE PARTICULARS

Manufacturer

Model

Variant

Exact purpose for which vehicle was being used at time of

Are you claiming under your own insurance policy for repair to

your vehicle?

Vehicle Category

Transmission

CC

Hyundai

OS KONA EV

Private hire

No - Claiming third party

Private hire

Auto

INSURANCE COMPANY

Name of Insurance Company

Type of Coverage Fleet Policy

Policy Number

Cover Note Number

MSIG Insurance (Singapore) Pte. Ltd.

Comprehensive

Yes

D21MFL0000447_01

DRIVER

Name of Driver

NRIC No

Accident report SA0G226E000C

ONG LIAN LYE SXXXX069D



Page 1 of 14

17/02/1955 Outdoor , Driving Pass 24/10/1974 g experience 47 YEARS AND 8 MONTHS oder abile Number (Phone) +65-91141099 Alt. Phone Number Email Address gr.sg.accident@grab.com Address BLK 705 BEDOK NORTH ROAD #11-3438 Address complement Postcode 470705 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 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? No Was any injured conveyed to hospital by ambulance? Yes Was any other vehicle or property damaged? Number of Passengers (Including Driver) Has the driver been approached by unknown person(s) No soliciting/offering accident claims assistance? PASSENGER 1 UNKNOWN Name Male Gender DETAILS OF POLICE ACTION Was the accident reported to the police? No Was notice of intended Prosecution given? If yes, against whom? CIRCUMSTANCES OF ACCIDENT ON 14/06/2022 AT ABOUT 0945HRS, I WAS DRIVING VEHICLE A (SMH704G) ALONG CTE WANTING TO EXIT TO PIE AS I HAD A PASSENGER GOING TO PAYA LEBAR. WHEN SUDDENLY VEHICLE B(YQ4703T) HIT ME FROM THE REAR. NO INJURY. ATTACHMENT(S) Are accident photos available for attachment? Yes Was there any video captured by Car Camera? No Was there any audio recorded? DETAILS OF OTHER VEHICLE PROPERTY 1 YQ4703T Vehicle Registration Number Vehicle Manufacturer Toyota Vehicle Model Vehicle Variant Vehicle Colour Accident report SA0G226E000C Page 2 of 14

| | egory | Comments |
|----|--|----------------------|
| | oriver | Commercial vehicle |
| | ermit No | SELVAMANI LOGANATHAN |
| | Number | SXXXX115T |
| | act Number | |
| | Jdress | |
| | ddress complement | |
| r | postcode | |
| | seurance Company Name | |
| 11 | ature Of Damage | • |
| L | etails of property damaged in accident | • |
| U | o. Of Passenger (Including Driver) | • |
| N | o. Of Passenger (including briver) | 6 |
| | | |



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.
- It deformation 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.
- 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. The report will be forwanded 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.
- 8. Consent under the Personal Data Protection Act(PDPA)

lunderstand, 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
- (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 & Time

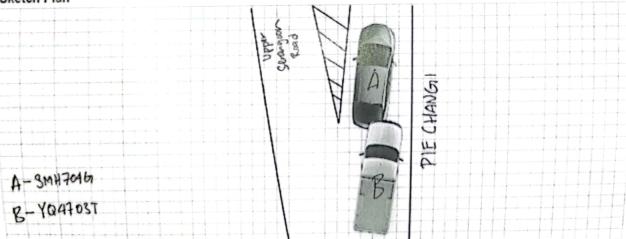
Driver's Signature (If driver is not the policyholder) / Date & Time 14/06/26

Witnessed by Reporting Centre

Personnel

1320

Sketch Plan





Describe Circumstances of the Accident

ON 14/06/2022 AT ABOUT 0945HRS, I WAS DRIVING VEHICLE A (SMH704G) ALONG CTE WANTING TO EXIT TO PIE AS I HAD A PASSENGER GOING TO PAYA LEBAR. WHEN SUDDENLY VEHICLE B(YQ4703T) HIT ME FROM THE REAR. NO INJURY.

Declaration

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

Mr

Policyholder's Signature / Date &

Driver's Signature (if driver is not the policyholder) / Date & Time (4 /5/13

Date Witnessed by Reporting Centre [320 Personnel April