SJ0G228F0010 / JP Knights Pte Ltd ENTRY DATE & TIME: 15/08/2022 14:57 (SGT) SUBMITTED BY: Weine Chieng VERSION: 1 (15/08/2022 14:57 (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 Actual 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.

- 4. The issue and acceptance of this is form by instrained 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 15/08/2022 14:57 (SGT) Reported by Driver Date of Accident 13/08/2022 09:15 (SGT) Exact Location of Accident Tampines Ave 7, Singapore Additional Location Information Country/State of Loss Singapore

DETAILS OF OWN VEHICLE

Hyundai

Auto

1580

Vehicle Registration Number SMV9579T

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) +65-98250778 Alternative Phone No (Office) +65-66550005

VEHICLE PARTICULARS

Manufacturer

Model Ae ioniq 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 No - Claiming third party your vehicle? Vehicle Category Private hire

Transmission

INSURANCE COMPANY

Name of Insurance Company India International Insurance Pte Ltd Policy Number / Cover Note Number D21MFL0000447 01

DRIVER

CC

Name of Driver PHEE KOK KWEE NRIC No S1211961E Date Of Birth 29/03/1956 Occupation Outdoor

Gender Male Mobile Number All, Phone Number Finall Address Aldress organisment Postcode Postc	Date Of Driving Pass Driving experience	24/05/1977 45 YEARS AND 3 MONTHS
Mobile Number All, Phone Number Email Address All, Phone Number Email Address BLK 402 YISHUN RING ROAD #07-1781		
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DETAILS OF OTHER VEHICLE PROPERTY 1		
	DETAILS OF OTHER	VEHICLE PROPERTY 1

GBJ190H

Vehicle Registration Number

Vehicle Manufacturer	Kia
Vehicle Model	-
Vehicle Variant	-
Vehicle Colour	-
Vehicle Category	Commercial vehicle
Name of Driver	-
Contact Number	-
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

- 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 <u>truthful and accurate as possible</u>. Any wilful misrepresentation or withholding of material facts may allow insurance companies to <u>repudiate policy liability</u>.
- 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 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.
- 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 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' 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.

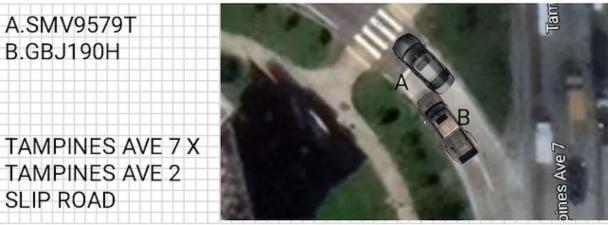
FLASH ACCIDENT Coldent of REPORTING OFFICER
FRO BALAJI

Policyholder's Signature / Date & Time

Driver's Signature (If driver is not the policyholder) / Date & Time 1230hrs 15/08/22

Witnessed by Reporting Centre Personnel

Sketch Plan



Describe Circumstances of the Accident

ON 13/08/22 AT ABOUT 0915HRS I WAS DRIVING VEHICLE A SMV9579T ALONG TAMPINES AVENUE 7 AND WANTED TO TURN LEFT INTO TAMPINES AVENUE 2 WITH ONE FEMALE PASSENGER.AS I APPROACHING PEDESTRIAN CROSSING SUDDENLY VEHICLE B GBJ190H SIDE SWIPE MY VEHICLE REAR LEFT. UNABLE TO EXCHANGE PARTICULAR AND NO INJURIES AT POINT OF TIME.

Declaration

Time

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

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

1230hrs 15/08/22

FLASH ACCIDENT REPORTING OFFICER FRO BALAJI

Witnessed by Reporting Centre Personnel













