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.

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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 02/10/2022 17:41 (SGT) Reported by Date of Accident 01/10/2022 14:50 (SGT) Exact Location of Accident CTE, Singapore Additional Location Information Country/State of Loss Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number SMR2677

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) +65-90905770 Alternative Phone No (Office) +65-66550005

VEHICLE PARTICULARS

Manufacturer Kia Model Niro 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 - Reporting only your vehicle? Vehicle Category Private hire Transmission Auto

CC 1580

INSURANCE COMPANY

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

DRIVER

Name of Driver TAY HONG LIM (ZHENG FENGLIN) NRIC No S7520565A Date Of Birth 17/07/1975 Occupation Outdoor

Date Of Driving Pass 08/09/2008 Driving experience 14 YEARS AND 1 MONTH Gender Mobile Number (Phone) +65-98386662 Alt. Phone Number Email Address gr.sg.accident@grab.com Address BLK 23 SIN MING ROAD #06-03 Address complement Postcode 570023 Is the driver the policyholder? No 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? No 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 Translator's name Translator's ID Translator's phone number Translator's email Original language used in the statement PASSENGER 1 Name **UNKNOWN** Gender **Female** DETAILS OF POLICE ACTION Was the accident reported to the police? Nο Was notice of intended Prosecution given? Nο If yes, against whom? CIRCUMSTANCES OF ACCIDENT ON 01/10/2022 AT OR ABOUT 1450HRS, I WAS TRAVELLING IN MY VEHICLE BEARING SMR267Z ALONG CTE NEAR EXIT 7A. THERE WAS A VEHICLE IN FRONT OF ME BEARING SKS8866K. I WAS KEEPING A SAFE DISTANCE BETWEEN US AND TRAVELLING BELOW THE SPEED LIMIT. SUDDENLY THE VEHICLE IN FRONT OF ME BRAKED. I ALSO APPLIED MY BRAKES BUT MY VEHICLE BRAKES DID NOT ENGAGE FULLY AND I LIGHTLY REAR ENDED THE VEHICLE IN FRONT. I WISH TO STATE THAT THE PASSENGER THAT WAS WITH ME HAD NO VISIBLE INJURIES HOWEVER SHE REQUESTED ME TO SEND HER TO MOUNT ELIZABETH HOSPITAL A&E. ATTACHMENT(S)

DETAILS OF OTHER VEHICLE PROPERTY 1

Yes

Yes

Are accident photos available for attachment?

Was there any video captured by Car Camera?

Vehicle Registration Number	SKS8866K
Vehicle Manufacturer	Volkswagen
Vehicle Model	Golf
Vehicle Variant	-
Vehicle Colour	-
Vehicle Category	Private car
Name of Driver	WU GUANG HAO
Contact Number	(Phone) +65-84847112
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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- 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)

I 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 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

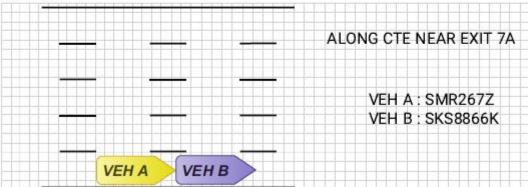
(c) my Personal Information may/can be disclosed by any of the Insurers and/or GIA to their third party service providers or agents (including their law yers/law firms), which may be sited outside of Singapore, for one or more of the above Purposes.

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

& Time 01.10.22 1630HRS

Witnessed by Reporting Centre
Personnel HAKIM

Sketch Plan



Describe Circumstances of the Accident

ON 01/10/2022 AT OR ABOUT 1450HRS, I WAS TRAVELLING IN MY VEHICLE BEARING SMR267Z ALONG CTE NEAR EXIT 7A. THERE WAS A VEHICLE IN FRONT OF ME BEARING SKS8866K. I WAS KEEPING A SAFE DISTANCE BETWEEN US AND TRAVELLING BELOW THE SPEED LIMIT. SUDDENLY THE VEHICLE IN FRONT OF ME BRAKED, I ALSO APPLIED MY BRAKES BUT MY VEHICLE BRAKES DID NOT ENGAGE FULLY AND I LIGHTLY REAR ENDED THE VEHICLE IN FRONT, I WISH TO STATE THAT THE PASSENGER THAT WAS WITH ME HAD NO VISIBLE INJURIES HOWEVER SHE REQUESTED ME TO SEND HER TO MOUNT ELIZABETH HOSPITAL A&E.

Declaration

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

Policyholder's Signature / Date &

Driver's Signature & Time 01 # 0.22 1630HRS

Witnessed porting Centre Personnel

HAKIM

















