

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 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. 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	08/10/2022 12:38 (SGT)
Reported by	Driver
Date of Accident	07/10/2022 14:45 (SGT)
Exact Location of Accident	Holland Rd, Singapore
Additional Location Information	Holland Road, junction of Belmont Road
Country/State of Loss	Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number SLU5094T

INSURED/POLICYHOLDER

Is company?	Yes
Name Of Registered Owner	GRAB RENTALS PTE LTD
Company Reg No	2XXXXX200G
Email Address	gr.sg.accident@grab.com
Mobile Phone No	(Phone) +65-90905770
Alternative Phone No	(Office) +65-66550005

VEHICLE PARTICULARS

Manufacturer	Toyota
Model	Prius
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 your vehicle?	No - Claiming third party
Vehicle Category	Private hire
Transmission	Auto
CC	1798

INSURANCE COMPANY

Name of Insurance Company	MSIG Insurance (Singapore) Pte. Ltd.
Policy Number / Cover Note Number	400000730

DRIVER

Name of Driver	HO GIM YONG BENJAMIN (HE JINYONG)
NRIC No	SXXXX829F
Date Of Birth	17/04/1971
Occupation	Outdoor

Date Of Driving Pass	08/08/1991
Driving experience	31 YEARS AND 2 MONTHS
Gender	Male
Mobile Number	(Phone) +65-94500701
Alt. Phone Number	-
Email Address	gr.sg.accident@grab.com
Address	APT BLK 129B CANBERRA STREET
Address complement	#05-606
Postcode	752129
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 on collision
Weather Conditions	Clear
Road Surface	Wet

OTHER INFORMATION

Was any foreign vehicle involved in the accident?	No
Number of vehicles involved in the accident	2
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)	2
Has the driver been approached by unknown person(s) soliciting/offering accident claims assistance?	No
Translator's name	-
Translator's ID	-
Translator's phone number	-
Translator's email	-
Original language used in the statement	-

PASSENGER 1

Name	MS LOH
Gender	Female

DETAILS OF POLICE ACTION

Was the accident reported to the police?	No
Was notice of intended Prosecution given?	No
If yes, against whom?	-

CIRCUMSTANCES OF ACCIDENT

ON 07.10.2022 AT OR ABOUT 1445HRS, I WAS DRIVING MY MOTORCAR BEARING REGISTRATION NUMBER SLU5094T ON THE RIGHT MOST LANE OF 4 LANES ROAD ALONG HOLLAND ROAD TOWARDS ULU PANDAN ROAD AS I APPROACHED THE JUNCTION OF BELMONT ROAD. I INTENDED TO TURN RIGHT ONTO BELMONT ROAD AND PROCEEDED WHEN THE GREEN ARROW LIT IN MY FAVOUR AT THE SIGNALISED JUNCTION. AS I PROCEEDED, AN ONCOMING SMRT TAXI BEARING REGISTRATION NUMBER SHB5745X WHICH WAS TRAVELLING ALONG HOLLAND ROAD TOWARDS GRANGE ROAD DID NOT STOP FOR HIS RED LIGHT AND COLLIDED ONTO THE FRONT PORTION OF MY CAR. I APPLIED BRAKES BUT COULD NOT AVOID THE COLLISION.

I WISH TO STATE THAT I HAD ONE FEMALE PASSENGER AT THE MATERIAL TIME AND THERE WERE NO REPORTED INJURIES. THE DRIVER OF THE TAXI AND I EXCHANGED PARTICULARS AND NO POLICE REPORT WAS MADE AS THERE WERE NO INJURIES.

ATTACHMENT(S)

Are accident photos available for attachment?	Yes
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Was there any video captured by Car Camera?

No

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	SHB5745X
Vehicle Manufacturer	Toyota
Vehicle Model	Prius
Vehicle Variant	-
Vehicle Colour	VioletRed
Vehicle Category	Taxi
Name of Driver	DEVADOS XAVIER
NRIC No	SXXXX878I
Contact Number	(Phone) +65-94492622
Address	APT BLK 25B JALAN MEMBINA
Address complement	#12-108
Postcode	164025
Insurance Company Name	-
Nature Of Damage	-
Details of property damaged in accident	-
No. Of Passenger (Including Driver)	1

SKETCH PLAN

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8. Consent under the Personal Data Protection Act (PDPA)

I understand, acknowledge, agree and consent that

(a) My insurer, my workshop 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' 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.

[Handwritten Signature]

07 10 2022 @ 1730hrs HO GIM YONG BENJAMIN

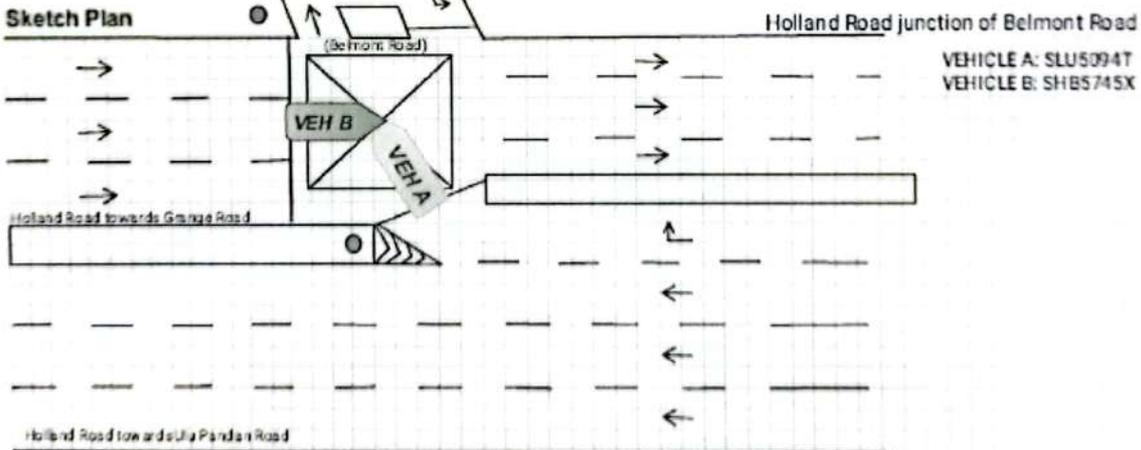
[Handwritten Signature]
SURA

Policyholder's Signature / Date & Time

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

Witnessed by Reporting Centre Personnel

Sketch Plan



VEHICLE A: SLU5094T
VEHICLE B: SHB5745X

Describe Circumstances of the Accident

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Declaration

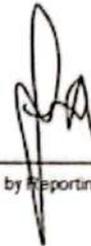
I/We declare the foregoing particulars are true in every respect.



HO GIM YONG BENJAMIN

Policyholder's Signature / Date & Time

Driver's Signature (if driver is not the policyholder) / Date & Time 07.10.2022 @ 1730hrs



SJRA

Witnessed by Reporting Centre Personnel