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 23/10/2022 16:42 (SGT) Reported by Driver Date of Accident 21/10/2022 19:25 (SGT) Exact Location of Accident PIE, Singapore Additional Location Information **TOWARDS CHANGI AIRPORT** Country/State of Loss Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number SND9879K

Kia

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

Model Cerato 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 1591

INSURANCE COMPANY

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

DRIVER

Name of Driver MOHAMMAD MUSFIRAH HADI BIN AHMAD NRIC No SXXXX888G Date Of Birth 21/09/1995 Occupation Outdoor

Date Of Driving Pass 20/07/2015 Driving experience 7 YEARS AND 3 MONTHS Gender Mobile Number (Phone) +65-97216035 Alt. Phone Number Email Address gr.sg.accident@grab.com Address BLK 503 TAMPINES CENTRAL 1 #03-279 Address complement Postcode 520503 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 Wet 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 21/10/2022 AT OR ABOUT 1925 HRS, I WAS TRAVELLING IN MY VEHICLE BEARING SND9879K ALONG PIE TOWARDS CHANGI AIRPORT. IT JUST STOPPED RAINING AND THE ROAD WAS WET AND SLIPPERY. I WAS TRAVELLING ON THE FIRST LANE WHEN SUDDENLY THE VEHICLE IN FRONT MADE A SUDDEN STOP. I APPLIED MY BRAKES BUT DUE TO THE WET AND SLIPPERY SURFACE OF THE ROAD MY VEHICLE SKIDDED AND I COLLIDED ONTO THE REAR OF THE VEHICLE IN FRONT. I WISH TO STATE THAT NOBODY WAS INJURED DURING THE ACCIDENT. ATTACHMENT(S) Are accident photos available for attachment? Yes Was there any video captured by Car Camera? Yes

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number SDV96K



Vehicle Manufacturer	Porsche
Vehicle Model	Panamera
Vehicle Variant	-
Vehicle Colour	-
Vehicle Category	Private car
Name of Driver	-
Contact Number	(Phone) +65-91847013
Address	-
Address complement	-
Postcode	-
Insurance Company Name	-
Nature Of Damage	-
Details of property damaged in accident	-
No. Of Passenger (Including Driver)	1

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

N

Policyholder's Signature / Date & Time Driver's Signature (if driver is not the policyholder) / Date & Time 22.10.22 1900HRS

Witnessed by Reporting Centre Personnel HAKIM

Sketch Plan

ALONG PIE
TOWARDS
CHANGI

VEH A: SND9879K
VEH B: SDV96K

Describe Circumstances of the Accident

ON 21/10/2022 AT OR ABOUT 1925 HRS, I WAS TRAVELLING IN MY VEHICLE BEARING SND9879K ALONG PIE TOWARDS CHANGI AIRPORT. IT JUST STOPPED RAINING AND THE ROAD WAS WET AND SLIPPERY. I WAS TRAVELLING ON THE FIRST LANE WHEN SUDDENLY THE VEHICLE IN FRONT MADE A SUDDEN STOP. I APPLIED MY BRAKES BUT DUE TO THE WET AND SLIPPERY SURFACE OF THE ROAD MY VEHICLE SKIDDED AND I COLLIDED ONTO THE REAR OF THE VEHICLE IN FRONT. I WISH TO STATE THAT NOBODY WAS INJURED DURING THE ACCIDENT.

Declaration

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

Policyholder's Signature / Date &

Time

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

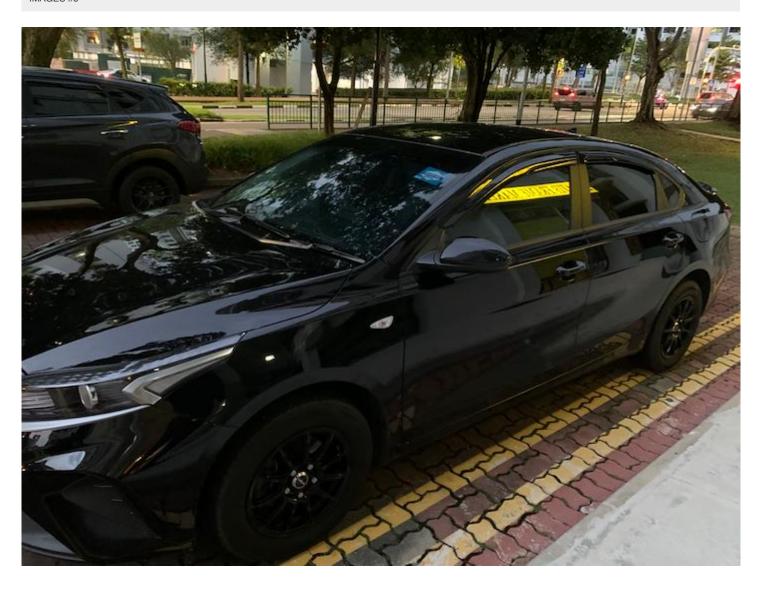
22.10.22 1900HRS

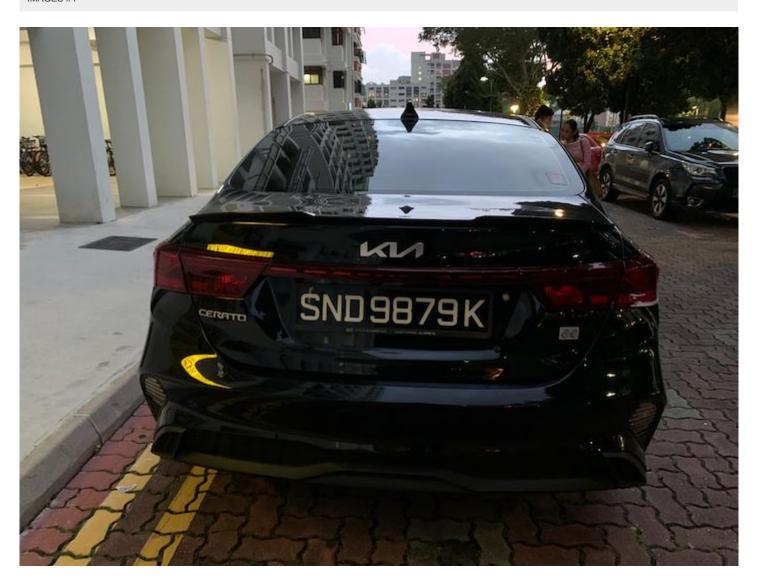
Witnessed by Sporting Contro Personnel

HAKIM

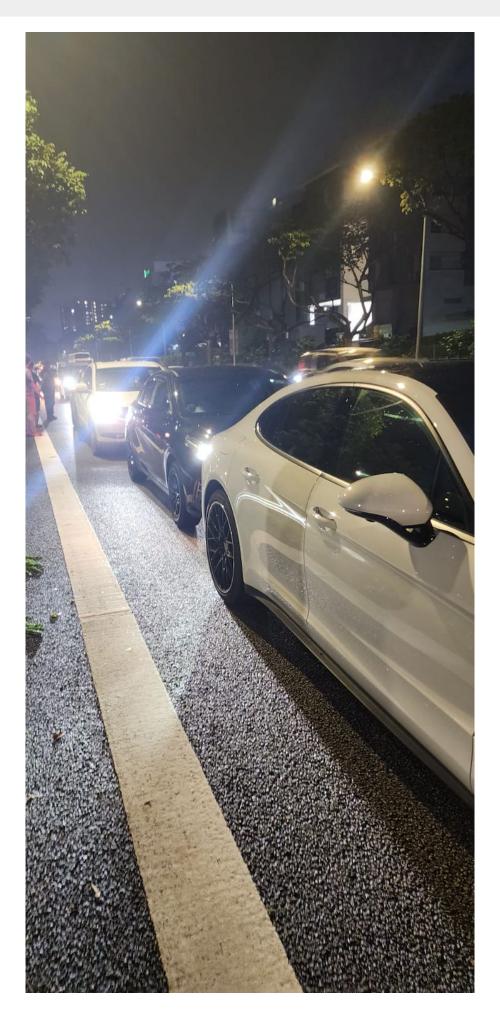


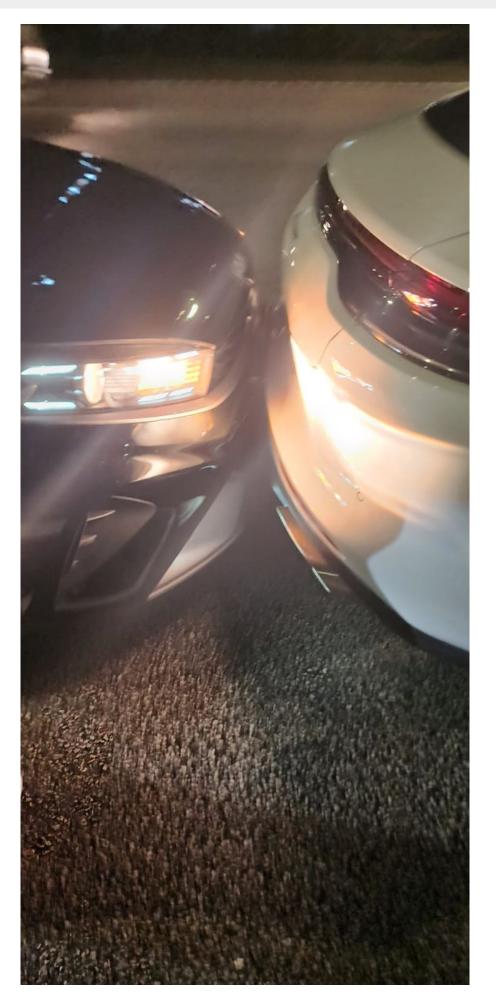


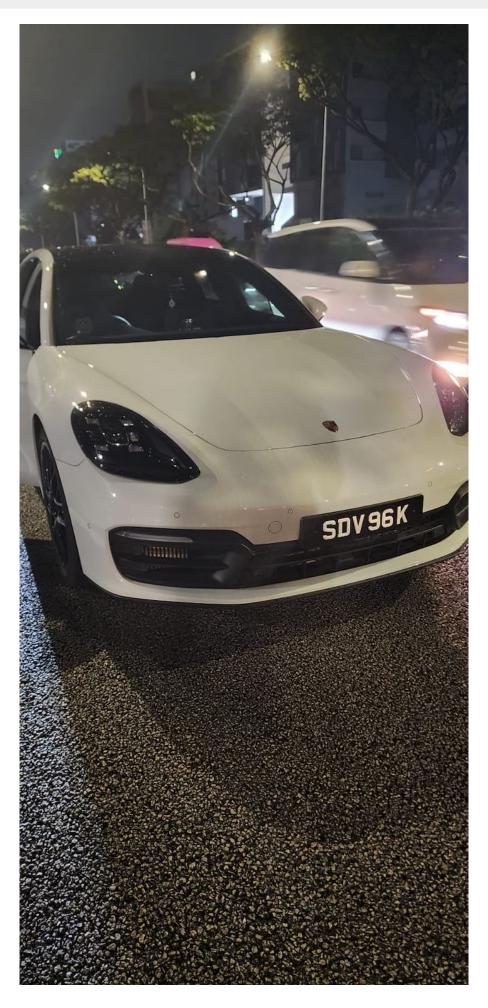
















IMPORTANT NOTE: Please submit the completed Addendum form to the <u>same</u> Accident Reporting Centre with whom you submitted the Original Report.

		AD	DENDU	1	
A) PARTICULAR:		SA1Z22AM0002		Vehicle Registration No:	SND9879K
the state of the s		GRAB RENTALS P	TE LTD	NRIC/FIN/Passport No:	201617200G
(*Vehicle Dri	er/Vehic	le Owner) (*) Please dele G LANE, #01-08, MIDV	ete as appr	opriate	Singapore (573960
Contact (Tel):	CCEE	0005		Mobile No.: 90905770	
Email Address	ar s	sg.accident@grab.com		1 EAA 1480002	
Date of Accide	3.	1.10.2022		Time of Accident:19	:25
Place of Accid	ent:	PIE, TOWARDS CHANGI AIRPORT			
Insurance Co		INDIA INTERNATIO	DNAL INS	URANCE PTE LTD	
-					
-					
17 <u>.</u>				~ ~	
				M	
Policyholder Date:	Driver's	Signature		Reporting Centre Per Name: NRIC/FIN No.:	sonnel's Signature

Date