SJ0G234N0009 / JP Knights Pte Ltd ENTRY DATE & TIME: 23/04/2023 14:46 (SGT) SUBMITTED BY: Weine Chieng VERSION: 1 (23/04/2023 14:46 (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.

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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 23/04/2023 14:46 (SGT) Reported by **Actual Driver** Date of Accident 23/04/2023 11:30 (SGT) Exact Location of Accident Cheng Yan PI, Singapore Additional Location Information Country/State of Loss Singapore

DETAILS OF OWN VEHICLE

Toyota

Vehicle Registration Number **SLK1784P**

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) +65-98267109 Alternative Phone No (Office) +65-66550005

VEHICLE PARTICULARS

Manufacturer

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

INSURANCE COMPANY

Name of Insurance Company India International Insurance Pte Ltd Policy Number / Cover Note Number D21MFL0000447 02

DRIVER

Name of Driver TEO CHER SHIAN, EUGENE NRIC No SXXXX993Z Date Of Birth 16/12/1992 Occupation Outdoor

| Date Of Driving Pass Driving experience Gender Mobile Number Alt. Phone Number Email Address Address Address Address complement Postcode Is the driver the policyholder? If No, Relationship of the Driver with the Insured Does Driver Own Other Vehicles? Vehicle Registration Number of Other Vehicle Owned by Driver Insurance Company of Other Vehicle Owned by Driver | 10/11/2011 11 YEARS AND 5 MONTHS Male (Phone) +65-98267109 - gr.sg.accident@grab.com BLK 230 COMMONWEALTH AVENUE #29-04 - 149739 No Hirer No |
|--|--|
| GENERAL INFORMATION OF THE ACCIDENT | |
| Type of Accident Weather Conditions Road Surface | Collision - Head to Rear Clear Dry |
| OTHER INFORMATION | |
| Was any foreign vehicle involved in the accident? Number of vehicles involved in the accident Was anybody injured in the Accident? Was any injured conveyed to hospital by ambulance? Was any other vehicle or property damaged? Number of Passengers (Including Driver) Has the driver been approached by unknown person(s) soliciting/offering accident claims assistance? Translator's name Translator's ID Translator's phone number Translator's email Original language used in the statement PASSENGER 1 Name Gender PASSENGER 2 Name Gender | - - |
| DETAILS OF POLICE ACTION | |
| Was the accident reported to the police? Was notice of intended Prosecution given? If yes, against whom? | No No - |
| CIRCUMSTANCES OF ACCIDENT | |
| ON 23/04/2023 AROUND 1130HRS I VEHICLE A BEARING REG WAS STATIONARY AT CHENG YAN PLACE WAS DROPPING O BEARING REGISTRATION NUMBER (SKT1889K) REVERSE AN INJURIES WERE PRESENTED DURING THE COLLISIONS. | OF MY PASSENGER, SUDDENLY THERE WAS THIS VEHICLE B |
| ATTACHMENT(S) | |
| Are accident photos available for attachment? Was there any video captured by Car Camera? | Yes No |

DETAILS OF OTHER VEHICLE PROPERTY 1

| Vehicle Registration Number Vehicle Manufacturer | SKT1889K Mitsubishi |
|--|------------------------|
| Vehicle Model | Outlander |
| Vehicle Variant | - |
| Vehicle Colour | - |
| Vehicle Category | Private car |
| Name of Driver | UNKNOWN |
| Contact Number | - |
| 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

- 1. Please correctly report the details of the accident to speed up the claims process.
- 2. This Form must be completed by the Policyholder and/or the Authorized Driver.
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- 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 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 lodgment of this report to the insurers, you hereby consent to the archiving of this report at the center 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 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' lawyers/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.
- (ii) 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 involvedisclosure 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 lawyers/law firms), which may be sited outside of Singapore, for one or more of the above Purposes.

FLASH ACCIDENT REPORTING OFFICER FRO VICKY

Policyholder's Signature / Date & Time

Driver's Signature (If driver is not the policyholder) / Date & Time 23042023 --- 1300HRS

Witnessed by Reporting Centre Personnel

Sketch Plan



Describe Circumstances of the Accident

| ON 23/04/2023 AROUND 1130HRS I VEHICLE A BEARING REGISTRATION NUMBER (SLK1784P) WAS STATIONARY AT CHENG YAN PLACE WAS DROPPING OF MY PASSENGER, SUDDENLY THERE WAS THIS VEHICLE B BEARING REGISTRATION NUMBER (SKT1889K) REVERSE AND HIT ONTO VEHICLE (A) FRONT BUMPER PORTION. NO INJURIES WERE PRESENTED DURING THE COLLISIONS. |
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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 23042023 —1300HRS

FLASH ACCIDENT

Witnessed by Reporting Centre Personnel



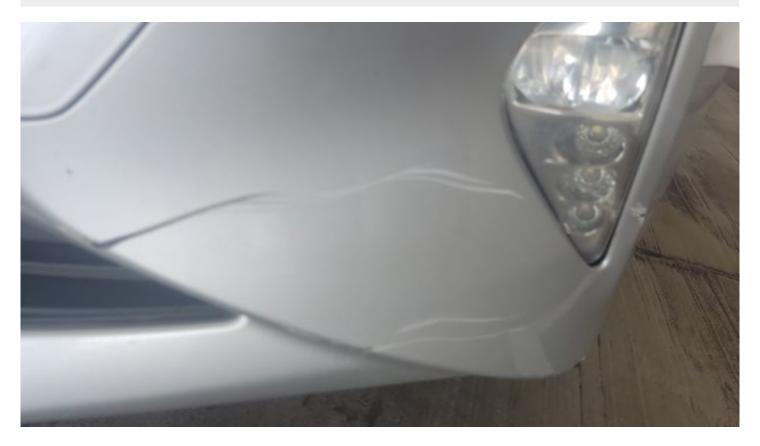












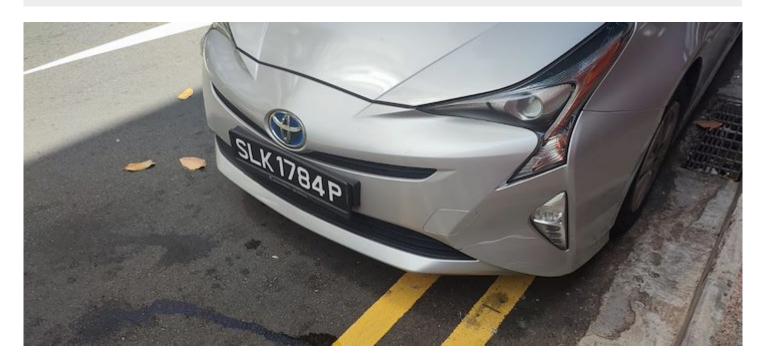
















OTHER DOCUMENTS

