SJ0G236H0005 / JP Knights Pte Ltd ENTRY DATE & TIME: 17/06/2023 09:48 (SGT) SUBMITTED BY: Weine Chieng VERSION: 1 (17/06/2023 09:48 (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 17/06/2023 09:48 (SGT) Reported by **Actual Driver** Date of Accident 22/05/2023 12:35 (SGT) Exact Location of Accident Lor 8 Geylang, Singapore Additional Location Information Country/State of Loss Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number **SMH713F**

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) +65-90993095 Alternative Phone No (Office) +65-66550005

VEHICLE PARTICULARS

Manufacturer Hyundai Model OS KONA EV Variant Exact purpose for which vehicle was being used at time of

Private hire accident Are you claiming under your own insurance policy for repair to No - Reporting only your vehicle?

Vehicle Category Private hire Transmission Auto CC

INSURANCE COMPANY

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

DRIVER

Name of Driver NG PUAY TAT (HUANG PEIDA) NRIC No S7916655C Date Of Birth 06/06/1979 Occupation Outdoor

Date Of Driving Pass 11/06/2001 Driving experience 21 YEARS AND 11 MONTHS Gender Mobile Number (Phone) +65-90993095 Alt. Phone Number Email Address gr.sg.accident@grab.com Address BLK 305D PUNGGOL DRIVE #05-893 Address complement Postcode 824305 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 Collided into Parked Vehicle 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? No Translator's name Translator's ID Translator's phone number Translator's email Original language used in the statement DETAILS OF POLICE ACTION Was the accident reported to the police? Yes Police Station Name Traffic Police Police Station Phone No (Phone) +65-65470000 Alt. Police Station Phone No (Fax) +65-65474900 Police Station Address 10 Ubi Avenue 3 Singapore 408865 Was notice of intended Prosecution given? If yes, against whom? CIRCUMSTANCES OF ACCIDENT PLEASE REFER TO POLICE REPORT: T/20230616/7020 ATTACHMENT(S) Are accident photos available for attachment? Yes Was there any video captured by Car Camera? No **DETAILS OF OTHER VEHICLE PROPERTY 1**

SKW8304U

Toyota

CACcident report SJ0G236H0005

Vehicle Registration Number

Vehicle Manufacturer

Vehicle Model
Vehicle Variant

Vehicle Colour	_
Vehicle Category	Private car
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)	-

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.
- Information provided must be as <u>truthful and accurate as possible</u>. Any willful misrepresentation or withholding of material facts may allow insurance companies to <u>repudiate policy liability</u>.
- 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.
- 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)

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 collectivelyreferred 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.
- (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' 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
- (e) 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 HAKIM

Policyholder's Signature / Date &

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

7.15pm

Witnessed by Reporting CentrePersonnel

Sketch Plan



GEYLANG LORG 8 A SMH713E B SKW8304U Describe Circumstances of the Accident

PLEASE REFER TO POLICE REPORT:T/2023061 6/7020		

Declaration

Time

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

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

Witnessed by Reporting CentrePersonnel

FLASH ACCIDENT REPORTING OFFICER FRO HAKIM

Accident report SJ0G236H0005

Policyholder's Signature / Date &

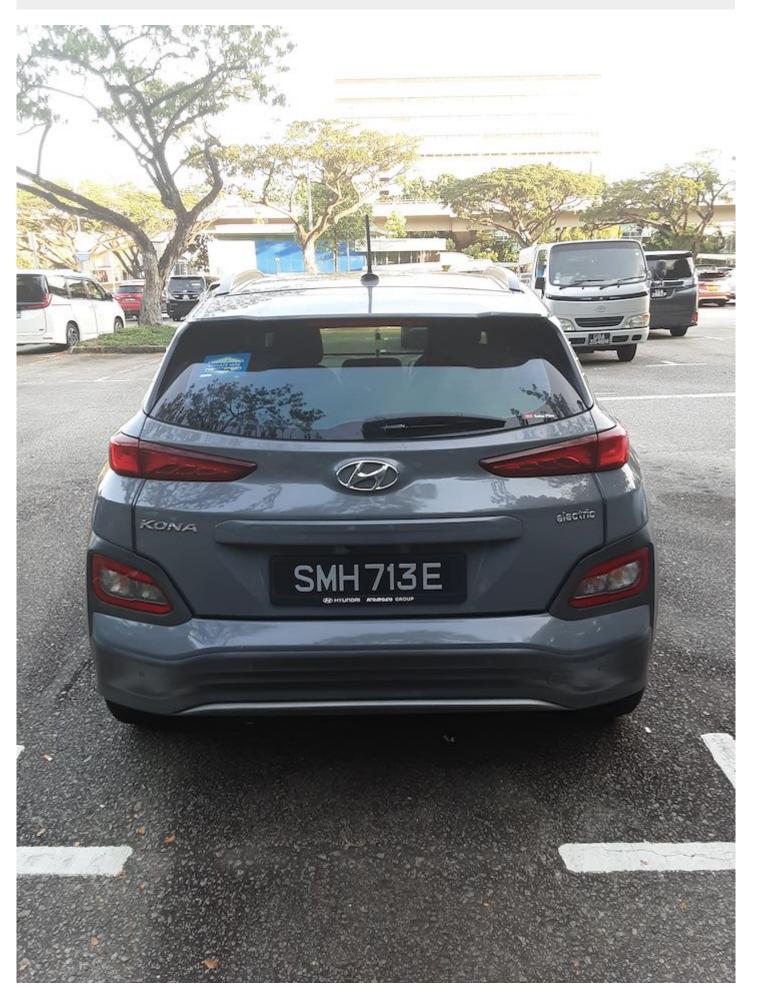


















Police Station Of Origin:

Traffic Police

10 Ubi Avenue 3 SINGAPORE 408865

Tel No: 65470000

T/20230616/7020 1 of 3

Report No. T/20230616/7020

REPORT OF A TRAFFIC ACCIDENT

16/06/2023 12:48		Made:	Vide Report No.:	Station Diary No.:		
Informa	nt's Partic	ulars				
Name of NG PUA	Informant: YTAT	8 7	Address: 305D PUNGGOL DRIVE #05-893 SINGAPORE 824305			
	/ ID No.: D / S79166	55C	Contact No.: Home/Office:	Mobile: 90993095		
National SINGAP	ity: ORE CITIZ	ΈΝ	Email: HORFUN@GMAIL.COM			
Sex: Age: Date of Birth: Male 44 06/06/1979			Type of Informant: Driver			
Race: Chinese			Language: English			
Occupation: Civil servant			Driving Licence Informatio Class: 3	n: Date of Expiry:		

seneral Inform	nation of the Accide				
Type of Non-Injury Accident: Nand Run		Drink Drive: No	Date/Time of Accident: 22/05/2023 12:35	Type of Location Straight Road	
Location: LORONG 8 G Weather: Clear	SEYLANG	Road Surface: Dry			
		Traffic Control: Not Controlled		Traffic Volume: Light	
Type of Collis Moving Vehic	ion: le Against - Parked Ve	ehicle	8	Anyone conveyed by ambulance: No	

Details of Vehicle Involved						
Vehicle No.	Туре	Make	Model	Color	Conditio	No of
SMH713E	Car					0

Details of Person Involved		0
Any Pedestrian Involved: No	95	
No. of Pedestrians Injured: NIL	Use of Pedestrian Crossing: NA	



T/20230616/7020

Police Station Of Origin: Traffic Police 10 Ubi Avenue 3 SINGAPORE 408865 Tel No: 65470000 2 of 3 Report No. T/20230616/7020

CONTINUATION OF REPORT

Driver							
Name	NG PUAY TAT			ID No.	S7916655C		
Related Vehicle	SMH713E (Car)		SMH713E (Car)			Contact No.	90993095
Hospital/Clinic	NIL			Class of Driving Licence & Expiry	Class: 3 Date of Expiry: NIL		
Date	NIL		Date	NIL			
No. of Days gran	ted Medical Leave	NIL	Degree of	NIL			

Brief Details.

I was driving to gelyang lor 8 to pick up a passenger from a grab job. As the passenger has not arrived yet. I was reversing the car to the far left side of the road to wait for the passenger. While reversing I accidentally knock onto the parked front bumper of car (SKW8304U). Immediately I stopped the car and come out to see if there's any damages. Luckily there's no visible damages to the car bumper. But I was looking if I can see the driver around wanted to left a note but I don't have any writing materials with me at the moment. So I went bk to the car and waited till a traffic attendant appear from the main road and ask me to leave as I'm not supposed to wait there. Was thinking that since the car has a front camera & I noticed there's a road camera on the right side of the road, he/she will be able to reach to me by filing a Police report. Thank you.





Police Station Of Origin: Traffic Police 10 Ubi Avenue 3 SINGAPORE 408865 Tel No: 65470000 3 of 3 Report No. T/20230616/7020

CONTINUATION OF REPORT

Signature Of Officer Recording The Report: Not applicable	Signature Of Informant: The identity of the person making this report has been authenticated by Singpass. No signature is required.
Signature Of Interpreter: Not applicable	Date/Time: 16/06/2023 12:48
Officer In Charge Of Case: TP / TPIB / IRMAN BIN MOHAMAD SAID Contact No.: 65476145	Classification Of Case:
NP168	



