



Grab Securities Settlement

ELECTRONIC CLAIM FILING GUIDELINES



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Overview

Electronic Claim Filing applies to institutions or entities that are filing multiple Proofs of Claim and Release on behalf of themselves and/or others, as well as individuals or entities that are filing Proofs of Claim and Release with a large number of transactions (50+).

Electronic Claim Filings are subject to rejection if not prepared in compliance with these Electronic Claim Filing Guidelines.

PLEASE NOTE: No Electronic Claim Filing will be considered to have been properly submitted unless the Claims Administrator issues to the filer a written acknowledgment of receipt and acceptance of electronically submitted data.

Electronic Filing Requirements

Complete and Sign a Proof of Claim and Release:

- One executed Proof of Claim and Release should be completed per submission. This Proof of Claim and Release serves as a master Proof of Claim and Release for one or all of the accounts included on your file. The Proof of Claim and Release is attached hereto as Appendix B.
- Separate Claims should be submitted for each separate legal entity (*e.g.*, a claim from joint owners should not include separate transactions of just one of the joint owners, and an individual should not combine his or her IRA transactions with transactions made solely in the individual's name). Conversely, a single Claim should be submitted on behalf of one legal entity including all transactions made by that entity, no matter how many separate accounts that entity has (*e.g.*, a corporation with multiple brokerage accounts should include all transactions made in all accounts on one Claim).
- Complete the first page of the Proof of Claim and Release. Be sure to include company name, account name/number, and company address. If submitting an electronic file on behalf of several accounts, enter "Various Accounts" for the account name/number.
- Complete the signature page on the Proof of Claim and Release. If you are filing on behalf of your clients, you must include a letter or document providing your authorization to sign on behalf of your clients, as set forth in Appendix C.
- A valid email address must be on file with the Claims Administrator. Communication regarding deficiencies and rejections on electronically filed claims may be conducted by email. A valid email address **MUST** be included on the Proof of Claim and Release, and the email address provided **MUST** be updated in the event the contact person or email address changes; it is the sole responsibility of the filing party to maintain up-to-date, complete contact information with the Claims Administrator.

Prepare a cover letter:

- A cover letter **MUST** be included with the master Proof of Claim and Release. The cover letter must include the total number of accounts; total number of transactions; total number of shares purchased, acquired, and sold; and contact name(s) with phone number(s) and email address(es). Please see the sample cover letter as set forth in Appendix D.



Prepare a data file:

- An Excel spreadsheet or other electronic file containing account information and transactional data MUST be prepared in accordance with A.B. Data, Ltd.'s Electronic Claim Filing Template Mapping Instructions found in Appendix E. The following formats are acceptable: a) MEDIA: CD, DVD, and FLASH DRIVE and b) DATA: ASCII, MS EXCEL, and MS ACCESS. For your convenience, an Excel spreadsheet template is available for your use and may be downloaded from www.GrabSecuritiesSettlement.com.
- If you cannot provide the information in the aforementioned formats or you have other requests, questions, concerns, or comments, please email A.B. Data, Ltd., at info@GrabSecuritiesSettlement.com or you may call 1-877-388-1754 to speak to an Electronic Claims Filing Specialist.

Mail your executed master Proof of Claim and Release with a cover letter and media format to:

GRAB SECURITIES SETTLEMENT
ATTN: ELECTRONIC CLAIMS DEPARTMENT
C/O A.B. DATA, LTD.
P.O. BOX 173098
MILWAUKEE, WI 53217

Or:

GRAB SECURITIES SETTLEMENT
ATTN: ELECTRONIC CLAIMS DEPARTMENT
C/O A.B. DATA, LTD.
3410 WEST HOPKINS STREET
MILWAUKEE, WI 53216

Documentation Requirements

A.B. Data, Ltd., reserves the right to request additional documentation at any time after your Proof of Claim and Release and file have been received and processed. The documentation provided should be sufficient to verify the validity and accuracy of the data provided in the file.

If you provided a letter/affidavit attesting to the truth and accuracy of your data when initially submitting your file, A.B. Data may still require specific documentary evidence (trade confirmations, monthly statement, or equivalent) to verify the details of your transactions and/or holdings.

How to account for Free Receipts, Free Deliveries, and Transfers

Free receipt, free delivery, and transfer transactions are not eligible for payment unless you have additional information regarding the original purchase, acquisition, or subsequent sale. If you do not have this information, free receipt, free delivery, and transfer transactions should only be included on your electronic file for balancing purposes. You MUST use the following instructions when filing for accounts that have free receipt, free delivery, and transfer transactions during the Class Period:



If shares were transferred to or from a different custodian (corresponding account is not on your electronic file), you must follow these instructions:

- **SHARES RECEIVED INTO ACCOUNT:** You must account for any received shares by providing the opening position or original purchase or acquisition of these shares from the prior account.
- **SHARES DELIVERED OUT OF ACCOUNT:** You must account for any delivered shares by providing the sale and/or closing position from the subsequent account.
- **NO INFORMATION AVAILABLE ON ORIGINAL PURCHASE/ACQUISITION or SUBSEQUENT SALE:** You must provide the free receipt and/or free delivery shares in order to balance your claim. A “transfer in” should be reflected as transaction type “FR,” and a “transfer out” should be reflected as transaction type “FD” (prices and net amounts should be zero).

If shares were transferred between accounts on your file, you must follow these instructions:

- **DO NOT** claim the same purchase or acquisition transaction(s) on both accounts.
- The account that owned the shares most recently should be the account claiming the eligible purchase or acquisition. These shares should already be accounted for in the sales and/or closing position of the most recent account.
- If shares were transferred between accounts for the same beneficial owner on your file, you must combine these accounts and file all eligible purchases, acquisitions, and sales in a single claim. You must also include all opening and closing positions on the claim for that entity.
- If you are unable to combine these accounts accordingly, you must provide the free receipt and free delivery shares in order to balance your claim. A “transfer in” should be reflected as transaction type “FR,” and a “transfer out” should be reflected as transaction type “FD” (prices and net amounts should be zero).



Appendix A

Case Specific Information

CLASS DEFINITION:	<p>Everyone who fits the following description is a Settlement Class Member and subject to the Settlement: all persons or entities: (i) who purchased or otherwise acquired public shares in Grab (including by way of exchange of AGC shares) pursuant to or traceable to the proxy/registration statement that Grab filed with the SEC on Form F-4 on August 2, 2021, and that was thereafter amended on Forms F-4/A on September 13, 2021, October 18, 2021, November 12, 2021, November 17, 2021, and November 19, 2021, and incorporated into the final prospectus on Form 424(b)(3) filed on November 19, 2021, as amended (the “Proxy/Registration Statement”); (ii) who exchanged AGC shares for Grab Class A Ordinary Shares rather than redeeming the same pursuant to the Proxy/Registration Statement; or (iii) who purchased or otherwise acquired public Grab Class A Ordinary Shares or other public Grab or AGC securities between August 2, 2021, and March 3, 2022, both dates inclusive.</p> <p>Excluded from the Settlement Class are: (a) Defendants and their immediate families; (b) current and former directors or officers of Grab or AGC; and (c) claims relating to the purchase or acquisition of Grab shares subject to a Lock-Up Agreement referenced in the Proxy/Registration Statement. To avoid doubt, the Settlement Class definition is intended to encompass claims of public AGC shareholders who purchased or otherwise acquired public Grab Class A Ordinary Shares as well as claims relating to the approximately 20.97% of Grab Class A Ordinary Shares that were not subject to a Lock-Up Agreement and became freely transferable on December 2, 2021, but is not intended to encompass claims of the PIPE Investors in their capacity as such or claims related to Grab shares acquired through the exchange of Sponsor shares. Also excluded from the Settlement Class are all putative members of the Settlement Class who exclude themselves by filing a valid and timely request for exclusion.</p>
CLAIM FILING DEADLINE:	April 24, 2025

The following is a list of eligible Securities:

SECURITY	TICKER	CUSIP	ISIN
Altimeter Growth Corporation (Exchanged for Grab Class A Ordinary Stock)	AGC	G0370L108	KYG0370L1086
Grab Class A Ordinary Stock	GRAB	G4124C109	KYG4124C1096
Grab Holdings Inc. (Privately held and Exchanged for Grab Class A Ordinary Stock)	N/A	N/A	N/A



Common Stock transactions for each account should include:

Transaction Type	Definition	Valid Dates
O	AGC shares held as of opening of trading on December 1, 2021	December 1, 2021
AX	Grab Class A Ordinary Shares acquired in exchange for AGC shares	December 1, 2021 through December 31, 2021, inclusive
R	AGC shares redeemed	December 1, 2021 through December 31, 2021, inclusive
GX	Grab Holdings Inc. Shares held and Exchanged for Freely-Transferable Grab Class A Ordinary Shares	December 2, 2021
P	Grab Class A Ordinary Shares Purchases/Acquisitions	December 2, 2021 through Date of Claim Submission, inclusive
FR	Grab Class A Ordinary Shares Transferred Into Account	December 2, 2021 through Date of Claim Submission, inclusive
S	Sales of Grab Class A Ordinary Shares.	December 2, 2021 through Date of Claim Submission, inclusive
FD	Grab Class A Ordinary Shares Transferred Out of Account	December 2, 2021 through Date of Claim Submission, inclusive
C	Grab Class A Ordinary Shares held on Date of Claim Submission	Date of Claims Submission

*****Please see Appendix E for mapping instructions detailing how to properly submit your file. Files submitted that do not follow the mapping instructions are subject to rejection.**



Appendix B



A.B. DATA, LTD.

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UNITED STATES DISTRICT COURT
SOUTHERN DISTRICT OF NEW YORK

IN RE GRAB HOLDINGS LIMITED SECURITIES
LITIGATION

Case No. 1:22-cv-02189-JLR

CLASS ACTION

PROOF OF CLAIM AND RELEASE

I. GENERAL INSTRUCTIONS

1. It is important that you completely read the Notice of Pendency of Class Action and Proposed Settlement, Final Approval Hearing, and Motion for Attorneys' Fees and Expenses (the "Notice") that accompanies this Proof of Claim and Release ("Claim Form") including the Plan of Allocation of the Net Settlement Fund set forth in the Notice. The Notice is also available on the Settlement website at: www.GrabSecuritiesSettlement.com. The Notice describes the proposed Settlement, how Settlement Class Members are affected by the Settlement, and the manner in which the Net Settlement Fund will be distributed if the Settlement and Plan of Allocation are approved by the Court. The Notice also contains the definitions of many of the defined terms (which are indicated by initial capital letters) used in this Claim Form. By signing and submitting this Claim Form, you will be certifying that you have read and that you understand the Notice, including the terms of the releases described therein and provided for herein.

2. To be eligible to receive a share of the Net Settlement Fund in connection with the Settlement of the action entitled *In re Grab Holdings Limited Securities Litigation*, Case No. 1:22-cv-02189-JLR (S.D.N.Y.) (the "Action"), you must complete and, on page 6 below, sign this Claim Form. If you fail to submit a timely and properly addressed (as explained in paragraph 4 below) Claim Form, your claim may be rejected, and you may not receive any recovery from the Net Settlement Fund created in connection with the proposed Settlement.

3. Submission of this Claim Form, however, does not ensure that you will share in the proceeds of the Settlement of the Action.

4. **THIS CLAIM FORM MUST BE SUBMITTED ONLINE AT WWW.GRABSECURITIESSETTLEMENT.COM NO LATER THAN APRIL 24, 2025, OR, IF MAILED, BE POSTMARKED NO LATER THAN APRIL 24, 2025, ADDRESSED AS FOLLOWS:**

Grab Securities Settlement
c/o A.B. Data, Ltd.
P.O. Box 173098
Milwaukee, WI 53217
Toll-free: 1-877-388-1754
info@GrabSecuritiesSettlement.com

5. If you are a member of the Settlement Class (as defined in the Notice) and you do not timely request exclusion by April 24, 2025 in response to the Notice you are bound by the terms of any judgment entered in the Action, including the releases provided therein, **WHETHER OR NOT YOU SUBMIT A CLAIM FORM OR RECEIVE A PAYMENT.**

II. CLAIMANT IDENTIFICATION

1. By submitting this Claim Form, you will be making a request to share in the proceeds of the Settlement described in the Notice. If you are not a Settlement Class Member (see the definition of the Settlement Class on page 5 of the Notice), do not submit a Claim Form. **You may not, directly or indirectly, participate in the Settlement if you are not a Settlement Class Member.** Thus, if you are excluded from the Settlement Class, any Claim Form that you submit, or that may be submitted on your behalf, will not be accepted.

2. Use **Part A** of this form entitled "Claimant Information" to identify each beneficial owner of Grab or AGC securities that form the basis of this claim, as well as the owner of record if different. **THIS CLAIM MUST BE FILED BY THE ACTUAL BENEFICIAL OWNERS OR THE LEGAL REPRESENTATIVE OF SUCH OWNERS.** If you held the Grab/AGC securities in your own name, you were the beneficial owner as well as the record holder. If, however,

your Grab/AGC securities were registered in the name of a third party, such as a nominee or brokerage firm, you were the beneficial owner of those shares, but the third party was the record holder.

3. All joint owners must sign this claim. Executors, administrators, guardians, conservators, and trustees must complete and sign this claim on behalf of persons represented by them and their authority must accompany this claim and their titles or capacities must be stated. The Social Security (or Taxpayer Identification) Number and telephone number of the beneficial owner may be used in verifying the claim. Failure to provide the foregoing information could delay verification of your claim or result in rejection of the claim.

III. IDENTIFICATION OF TRANSACTIONS

1. Use **Part B** of this form entitled “Schedule of Transactions in Grab/AGC Securities” to supply all required details of your transaction(s) in Grab and/or AGC securities. If you need more space or additional schedules, attach separate sheets giving all of the required information in substantially the same form. Sign and print or type your name on each additional sheet.

2. On the schedule, provide all of the requested information with respect to your holdings, purchases, acquisitions, and sales of Grab or AGC securities, whether the transactions resulted in a profit or a loss. Failure to report all such transactions may result in the rejection of your claim.

3. The date of covering a “short sale” of Grab shares is deemed to be the date of purchase of Grab shares. The date of a “short sale” of Grab shares is deemed to be the date of sale of Grab shares.

4. Copies of broker confirmations or other documentation of your transactions must be submitted with your claim. Failure to provide this documentation could delay verification of your claim or result in rejection of your claim. **THE PARTIES DO NOT HAVE INFORMATION ABOUT YOUR TRANSACTIONS IN GRAB OR AGC SECURITIES.**

5. NOTICE REGARDING INSTITUTIONAL FILERS: Representatives with authority to file on behalf of (a) accounts of multiple Settlement Class Members and/or (b) institutional accounts with large numbers of transactions (“Representative Filers”) must submit information regarding their transactions in an electronic spreadsheet format. If you are a Representative Filer, you must contact the Claims Administrator at info@GrabSecuritiesSettlement.com or visit their website at www.GrabSecuritiesSettlement.com to obtain the required file layout. Claims which are not submitted in electronic spreadsheet format and in accordance with the Claims Administrator’s instructions may be subject to rejection. All Representative Filers MUST also submit a manually signed Claim Form, as well as proof of authority to file (*see* Item 3 of the Claimant Identification), along with the electronic spreadsheet format. No claims submitted in electronic spreadsheet format will be considered to have been properly submitted unless the Claims Administrator issues to the Claimant a written acknowledgment of receipt and acceptance of electronically submitted data.

6. NOTICE REGARDING ONLINE FILING: Claimants who are not Representative Filers may submit their claims online using the electronic version of the Claim Form hosted at www.GrabSecuritiesSettlement.com. If you are not acting as a Representative Filer, you do not need to contact the Claims Administrator prior to filing; you will receive an automated email confirming receipt once your Claim Form has been submitted. If you are unsure if you should submit your claim as a Representative Filer, please contact the Claims Administrator at info@GrabSecuritiesSettlement.com or 1-877-388-1754. If you are not a Representative Filer, but your claim contains a large number of transactions, the Claims Administrator may request that you also submit an electronic spreadsheet showing your transactions to accompany your Claim Form.

PART A – CLAIMANT INFORMATION

The Claims Administrator will use this information for all communications regarding this Claim Form. If this information changes, you MUST notify the Claims Administrator in writing at the address above. Complete names of all persons and entities must be provided.

Beneficial Owner’s Name

Co-Beneficial Owner’s Name

Entity Name (if claimant is not an individual)

Representative or Custodian Name (if different from Beneficial Owner(s) listed above)

Address1 (street name and number)

Address2 (apartment, unit, or box number)

City

State

ZIP/Postal Code

<input type="text"/>	<input type="text"/>	<input type="text"/>
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Foreign Country (only if not USA)

Foreign Country (only if not USA)

<input type="text"/>	<input type="text"/>
----------------------	----------------------

Last Four (4) Digits of Social Security Number

OR

Last Seven (7) Digits of Taxpayer Identification Number

<input type="text"/>	<input type="text"/>
----------------------	----------------------

Telephone Number (home)

Telephone Number (work)

<input type="text"/>	<input type="text"/>
----------------------	----------------------

Email Address

Account Number (if filing for multiple accounts, file a separate Claim Form for each account)

Claimant Account Type (check appropriate box):

- | | | |
|---|---|--------------------------------|
| <input type="checkbox"/> Individual (includes joint owner accounts) | <input type="checkbox"/> Pension Plan | <input type="checkbox"/> Trust |
| <input type="checkbox"/> Corporation | <input type="checkbox"/> Estate | |
| <input type="checkbox"/> IRA/401K | <input type="checkbox"/> Other _____ (please specify) | |

Identify any professional roles by job title and dates (including but not limited to, director, officer, employee, consultant, agent) you have ever had at Grab, Grab Holdings, Inc., or at Altimeter Growth Corp.

PART B: SCHEDULE OF TRANSACTIONS IN GRAB/AGC SECURITIES

Do not include information regarding any securities other than Grab, and its predecessor, AGC. Please include proper documentation with your Claim Form as described in detail in Section III – Identification of Transactions, above.

TRANSACTIONS IN PUBLICLY LISTED AGC SHARES IN DECEMBER 2021				
1. HOLDINGS AS OF DECEMBER 1, 2021 – State the total number of shares of AGC held as of the opening of trading on December 1, 2021. If none, write “zero” or “0.”				
				<input style="width: 100%; height: 100%;" type="text"/>
2. AGC SHARES EXCHANGED FOR GRAB CLASS A ORDINARY SHARES IN DECEMBER 2021 – State the total number of AGC shares you exchanged for Grab Class A Ordinary Shares in December 2021. (Must be documented.) If none, write “zero” or “0.”				
				<input style="width: 100%; height: 100%;" type="text"/>
3. AGC SHARES REDEEMED IN DECEMBER 2021 – State the total number of shares of AGC you redeemed in December 2021. (Must be documented.) If none, write “zero” or “0.”				
				<input style="width: 100%; height: 100%;" type="text"/>
GRAB HOLDINGS INC. SHARES EXCHANGED IN DECEMBER 2021				
4. GRAB HOLDINGS INC. SHARES HELD AND EXCHANGED FOR FREELY-TRANSFERABLE GRAB CLASS A ORDINARY SHARES ON DECEMBER 2, 2021. – State the total number of freely transferable Grab Holdings, Inc. shares held and exchanged for Grab Class A Ordinary Shares. (Free Transferability of Shares as of December 2, 2021, must be documented. Shares subject to a lock-up agreement or any other transfer restrictions are not eligible). If none write “zero” or “0.”				
				<input style="width: 100%; height: 100%;" type="text"/>
TRANSACTIONS IN PUBLIC GRAB SECURITIES ON OR AFTER DECEMBER 2, 2021				
5. PURCHASES/ACQUISITIONS FROM DECEMBER 2, 2021, THROUGH MARCH 3, 2022 – Separately list each and every purchase or acquisition of public Grab Class A Ordinary Shares or other public Grab securities from December 2, 2021, through March 3, 2022. (Must be documented.)				
Date of Purchase / Acquisition (List Chronologically) (MM/DD/YY)	Number of Shares Purchased / Acquired	Purchase / Acquisition Price Per Share	Total Purchase / Acquisition Price (excluding any taxes, commissions, and fees)	Confirm Proof of Purchase / Acquisition Enclosed
/ /		\$	\$	<input type="checkbox"/>
/ /		\$	\$	<input type="checkbox"/>
/ /		\$	\$	<input type="checkbox"/>
/ /		\$	\$	<input type="checkbox"/>
6. PURCHASES/ACQUISITIONS FROM MARCH 4, 2022, THROUGH DATE OF CLAIM SUBMISSION – State the total number of shares of public Grab Class A Ordinary Shares or other public Grab securities purchased or acquired from March 4, 2022 through date of claim submission. If none, write “zero” or “0.”				
				<input style="width: 100%; height: 100%;" type="text"/>

7. SALES FROM DECEMBER 2, 2021, THROUGH DATE OF CLAIM SUBMISSION – Separately list each and every sale or disposition of Grab Class A Ordinary Shares or other public Grab securities from December 2, 2021 through date of claim submission. (Must be documented.)

Date of Sale / Disposition (List Chronologically) (MM/DD/YY)	Number of Shares Sold / Acquired / Disposed	Sale Price Per Share	Total Sale Price (excluding any taxes, commissions, and fees)	Confirm Proof of Sale / Disposition Enclosed
/ /		\$	\$	<input type="checkbox"/>
/ /		\$	\$	<input type="checkbox"/>
/ /		\$	\$	<input type="checkbox"/>
/ /		\$	\$	<input type="checkbox"/>

8. HOLDINGS ON DATE OF CLAIM SUBMISSION – State the total number of Grab Class A Ordinary shares or other public Grab securities held on the date of claim submission. If none, write “zero” or “0.”

IF YOU REQUIRE ADDITIONAL SPACE FOR THE SCHEDULE ABOVE, ATTACH EXTRA SCHEDULES IN THE SAME FORMAT. PRINT THE BENEFICIAL OWNER’S FULL NAME AND LAST FOUR DIGITS OF SOCIAL SECURITY/TAXPAYER IDENTIFICATION NUMBER ON EACH ADDITIONAL PAGE. IF YOU DO ATTACH EXTRA SCHEDULES, CHECK THIS BOX:

IV. SUBMISSION TO JURISDICTION OF COURT AND ACKNOWLEDGMENTS

By signing and submitting this Claim Form, the claimant(s) or the person(s) acting on behalf of the claimant(s) certify(ies) that: I (We) submit this Claim Form under the terms of the Stipulation described in the accompanying Notice. I (We) also submit to the jurisdiction of the United States District Court for the Southern District of New York (the "Court") with respect to my (our) claim as a Settlement Class Member(s) and for purposes of enforcing the releases set forth herein. I (We) further acknowledge that I (we) will be bound by the terms of any judgment entered in connection with the Settlement in the Action, including the releases set forth therein. I (We) agree to furnish additional information to the Claims Administrator to support this claim, such as additional documentation for transactions in eligible Grab or AGC securities, if required to do so. I (We) have not submitted any other claim covering the same transactions in Grab or AGC securities during the Settlement Class Period and know of no other person having done so on my (our) behalf.

V. RELEASES, WARRANTIES, AND CERTIFICATION

1. I (We) hereby warrant and represent that I am (we are) a Settlement Class Member as defined in the Notice, that I am (we are) not excluded from the Settlement Class, and that I am (we are) not one of the "Released Defendant Parties" as defined in the accompanying Notice.

2. As a Settlement Class Member, I (we) hereby acknowledge full and complete satisfaction of, and do hereby fully, finally, and forever settle, release, and discharge with prejudice, the Released Claims as to each and all of the Released Defendant Parties (as these terms are defined in the accompanying Notice). This release shall be of no force or effect unless and until the Court approves the Settlement and it becomes effective on the Effective Date.

3. I (We) hereby warrant and represent that I (we) have not assigned or transferred or purported to assign or transfer, voluntarily or involuntarily, any matter released pursuant to this release or any other part or portion thereof.

4. I (We) hereby warrant and represent that I (we) have included information about all of my (our) purchases, acquisitions, and sales of Grab and/or AGC securities that occurred during the Settlement Class Period and the number of shares of securities held by me (us), to the extent requested.

5. I (We) certify that I am (we are) NOT subject to backup tax withholding. (If you have been notified by the Internal Revenue Service that you are subject to backup withholding, please strike out the prior sentence.)

I declare under penalty of perjury under the laws of the United States of America that all of the foregoing information supplied on this Claim Form by the undersigned is true and correct.

Executed this _____ day of _____, in _____, _____
(Month / Year) (City) (State/Country)

Signature of Claimant

Signature of Joint Claimant, if any

Print Name of Claimant

Print Name of Joint Claimant, if any

(Capacity of person(s) signing, e.g., Beneficial Purchaser, Executor or Administrator)

ACCURATE CLAIMS PROCESSING TAKES A SIGNIFICANT AMOUNT OF TIME.
THANK YOU FOR YOUR PATIENCE.

REMINDER CHECKLIST:

1. Please sign this Claim Form.
2. DO NOT HIGHLIGHT THE CLAIM FORM OR YOUR SUPPORTING DOCUMENTATION.
3. Attach only copies of supporting documentation as these documents will not be returned to you.
4. Keep a copy of your Claim Form for your records.
5. The Claims Administrator will acknowledge receipt of your Claim Form by mail, within 60 days. **Your claim is not deemed submitted until you receive an acknowledgment e-mail (or postcard if e-mail is not available).** If you do not receive an acknowledgment postcard within 60 days, please call the Claims Administrator toll free at 1-877-388-1754.
6. If you move after submitting this Claim Form please notify the Claims Administrator of the change in your address. Otherwise, you may not receive additional notices or payment.

Appendix C

Authorization Requirements

If you are a nominee filing on behalf of your account holders, you must include the following documentation:

- Affidavit attesting that your entity has legal rights and authorization from your account holders to file Proofs of Claim and Release on their behalf **and** that your account holders understand that they are bound by and subject to the terms of all releases that may be entered in this Grab Securities Settlement etc.; and
- Authorization to sign on your account holders' behalf.

If you are a third party filing on behalf of a nominee, you must include an Affidavit attesting to the following:

- Your entity has the legal right and authorization from the nominee to file and sign any Proofs of Claim and Release on their behalf;
- Your entity has the legal right and authorization from the nominee's account holders to file and sign any Proofs of Claim and Release on their behalf; and
- The account holders understand they are bound by and subject to the terms of all releases that may be entered in the Action.

If you are a third party filing on behalf of another party, you must include an Affidavit attesting to the following:

- Your entity has the legal right and authorization from the other party to file and sign any Proofs of Claim and Release on its behalf; and
- The other party understands it is bound by and subject to the terms of all releases that may be entered in the Action.

If you are not a nominee or a third party and would like to file claims electronically, you must include documentation supporting all transactional data of your claim as follows:

- Documents may include, but are not limited to, a) photocopies of stockbrokers' confirmation slips; b) photocopies of stockbrokers' monthly statements reflecting ALL transactional data and how it was compiled for the opening of the Class Period through the end of the Class Period; or c) a signed letter from your broker, on their letterhead, providing all of the information that would be found on a confirmation slip and/or other aforementioned documents.



Appendix D
Sample Cover Letter

LETTERHEAD

Re: Grab Securities Settlement

Date:

Enclosed is a fully executed master Proof of Claim and Release with required authorizations and affidavits as well as an electronic media attachment, which is being filed in connection with the above-referenced matter on behalf of [COMPANY NAME(S) OR INDIVIDUAL NAME(S)] for the proprietary accounts of [ENTITY].

We, [ENTITY], hereby agree that further communication from the Claims Administrator may be conducted by email, and we accept sole responsibility to ensure the email address for [ENTITY] is updated in the event the email address provided on the master Proof of Claim and Release should change.

The attachment consists of a [CD, DVD, OR FLASH DRIVE] containing [NUMBER] accounts/claims in [ASCII, MS EXCEL, OR MS ACCESS] format with [NUMBER OF TRANSACTIONS] transactions for Grab Securities Settlement as well as the closing positions held for [ENTITY]'s proprietary accounts. Each transaction contains corresponding account information for which the claims are being filed.

The total number of AGC and Grab Holdings Inc. exchanged, the number of Grab Class A Ordinary shares purchased, or acquired [##.##] for the amount of [\$0.0000] and Grab Class A Ordinary shares sold [##.##] for the amount of [\$0.0000] can be found on the enclosed [CD, DVD, OR FLASH DRIVE].

We, [ENTITY], attest that the data provided on the media attachment corresponds to [ENTITY]'s internal records.

I attest that the above information is true and correct.

Signature

Company Name

Job Title

Contact Information (including telephone number, fax number, and email address).



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Appendix E

Electronic Claim Filing Template Mapping Instructions

Column	Field Name	Max Length	Grab Class A Ordinary Shares FIELD DESCRIPTION
A	Account Number	40	Account number associated with the proprietary account for which transactions are being submitted with this Proof of Claim and Release.
B	Account Name	40	Name of individual, company, or entity associated with the account listed in Column A.
C	Full Name of the Beneficial Owner	40	Full name of the beneficial owner associated with the account listed in Column A.
D	TIN of the Beneficial Owner	9	Taxpayer identification number (TIN) for beneficial owner, no spaces and no dashes.
E	Beneficial Owner TIN Type (E/S/U/F)	1	E = Employer Identification Number (EIN); S = Social Security Number (SSN); U = Unknown; F = Foreign.
F	Care of:	40	Name of the entity to which items should be mailed.
G	Attn:	40	Name of the person to whose attention items should be mailed.
H	Street 1	40	Street Address 1
I	Street 2	40	Street Address 2
J	City	25	City
K	State	2	State
L	Zip Code	5	Zip code
M	Province	40	Province
N	Country	40	Country
O	Professional Roles	40	Identify any professional roles by job title and dates (including but not limited to, director, officer, employee, consultant, agent) you have ever had at Grab, Grab Holdings, Inc., or at Altimeter Growth Corp.
P	CUSIP/ISIN	10	CUSIP number or ISIN for common stock.
Q	Transaction Type/Holdings	2	O = AGC shares Held at opening of trading on December 1, 2021; R = AGC shares Redeemed in December 2021; AX = Grab Class A Ordinary Shares acquired in exchange for AGC shares in December 2021; GX = Grab Holdings Inc Shares held and Exchanged for Freely-Transferable Grab Class A Ordinary shares on December 2, 2021; P = Purchases made between December 2, 2021 through date of claim submission, inclusive; FR = Free receipts made between December 2, 2021 through date of claims submission, inclusive; S = Sales made between December 2, 2021 through date of claims submission, inclusive; FD = Free deliveries made between December 2, 2021 through date of claims submission, inclusive; C = Closing position – shares held as of the date of claims submission.
R	Trade Date (MM/DD/YYYY)	10	Trade date for transaction or holding date for closing position.
S	Number of Shares of Stock	19	Number of shares associated with a transaction. No commas: use decimal point if needed. Up to four digits after decimal point.
T	Price Per Share EXCLUDING Commissions/Taxes/Fees	19	Price per share (USD), excluding commissions/taxes/fees, associated with a transaction. No dollar sign, no commas; use decimal point, if needed. Up to four digits after decimal point. Leave blank when providing closing positions. Use zero when specifying free receipts and/or free deliveries.
U	Total Price EXCLUDING Commissions/Taxes/Fees	19	Aggregate cost or proceeds received (USD), excluding commissions/taxes/fees. No dollar sign, no commas; use decimal point, if needed. Up to four digits after decimal point. Use zero when specifying free receipts and/or free deliveries.

***You MUST include a cover letter with your electronic file that provides the total number of accounts; total number of transactions; total number of purchases and sales; and contact name(s) with phone number(s) and email address(es) in the event that we have any questions or require further information. See Appendix D for a sample cover letter. Any electronic files not in accordance with these Electronic Claims Filing Guidelines are subject to rejection.**

Free Receipts and Free Deliveries are provided to balance your claim and will not result in a Recognized Loss under the Plan of Allocation. The original purchase and/or sale information relating to these shares must be provided in your original filing in order to be eligible under the Plan of Allocation. There will be no further attempt to collect transactional information regarding Free Receipts/Deliveries included in the filing.



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Appendix F

Electronic Claim Filing Template Mapping Instructions Wire Request (Optional)

Column	Field Name	Max Length
A	Grab Securities Settlement	
Domestic Wire		
B	Beneficiary Name*	
C	Beneficiary Account #*	25
D	Bank Routing # (ABA#)*	9
E	Bank Name*	
F	Bank Address*	
G	Further Credit or other instructions	
International Wire***		
I	Swift #*	11
J	Bank Name*	
K	IBAN #*	34
L	Currency*	
M	Country	
N	Beneficiary Address	
O	Intermediary Bank Name	
P	Intermediary Bank Routing # (ABA#)	9
Q	Further Credit or other instructions	

***Required Fields**

****Eligible claims that meet the requirements for a share of the distribution in this submission, will be paid via mailed check unless the wire template is filled out in its entirety. Any missing or inaccurate information provided will result in default of the payment being sent via mailed check.**

*****If wire details are for a domestic transfer, please leave international wire section blank.**