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 First Submission 17/08/2024 11:16 (SGT) Reported by **Actual Driver** Date of Accident 16/08/2024 19:55 (SGT) Exact Location of Accident CTE, Singapore Additional Location Information TOWARDS ANG MO KIO Country/State of Loss Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number SLP9707J

INSURED/POLICYHOLDER

Is company? Yes Name Of Registered Owner LION CITY RENTALS PTE LTD Company Reg No 201504621K Email Address lcrarc@lioncityrentals.com.sg Mobile Phone No (Phone) +65-62525525 Alternative Phone No (Office) +65-62525525

VEHICLE PARTICULARS

Manufacturer Mazda Model Variant SEDAN 1.5 AT EU6 Exact purpose for which vehicle was being used at time of accident Private use Are you claiming under your own insurance policy for repair to No - Reporting only your vehicle? Vehicle Category Private car Transmission Auto CC 1496 Vehicle Fuel First Regisration Date Chassis no Effective Date/Time of Ownership

INSURANCE COMPANY

Name of Insurance Company India International Insurance Pte Ltd Policy Number / Cover Note Number D23MFL0002571

DRIVER

Name of Driver	CHUA PUAY KIM(CAI PEIJIN)
NRIC No	S7702461A
Date Of Birth	06/02/1977
Occupation	Outdoor
Driving Pass Date	24/03/1998
Driving License Pass Class	3
Driving License Validity	Valid
Driving experience	26 YEARS AND 5 MONTHS
Gender	Male
Mobile Number	(Phone) +65-91373783
Alt. Phone Number	(1 110116) 100-31373703
Email Address	- lorara@lianaityrantala.com.ag
Address	lcrarc@lioncityrentals.com.sg 43 TELOK BLANGAH RISE #08-636
Address complement	43 TELON BLANGAIT NISE #00-030
Postcode	090043
Is the driver the policyholder?	
If No, Relationship of the Driver with the Insured	No Hirer
Does Driver Own Other Vehicles?	No
Vehicle Registration Number of Other Vehicle Owned by Driver	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 - Change/cross lane
Weather Conditions	Clear
Road Surface	Dry
OTHER INFORMATION	
M/as any faraign vahials involved in the assidant?	N
Was any foreign vehicle involved in the accident? Number of vehicles involved in the accident	No
	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)	1
Has the driver been approached by unknown person(s) soliciting/offering accident claims assistance?	No
Translator's name	No
Translator 5 Harris	-
Translator's ID	
Translator's ID	
Translator's phone number	-
Translator's phone number Translator's email	-
Translator's phone number	- - -
Translator's phone number Translator's email	-
Translator's phone number Translator's email Original language used in the statement	- - -

CIRCUMSTANCES OF ACCIDENT

If yes, against whom?

Was notice of intended Prosecution given?

ON THE 16/08/2024 AT ABOUT 19:55HRS I WAS DRIVING VEHICLE A BEARING REGISTRATION NUMBER (SLP9707J) ALONG CTE EXPRESSWAY EN-ROUTE HOMELOT TOWARDS ANG MO KIO TO PERSONAL PURPOSE, I WAS TRAVELLING ON LANE 2 GOING STRAIGHT ALONG CTE THE TRAFFIC CONDITIONS WAS VERY SLOW, I THEN HEARD MY GPS REPORTED LEFT TURN AT 800 METERS. UPON HEARING THE REPORT I TURNED ON MY SIGNAL, CHECKED THE REAR VIEW MIRROR, SAW TWO CARS APPROACHING. I WAITED FOR THE CAR TO PASSED. ATFER THEY PASSED MY CAR I DID A CHECK AT THE FRONT THEN THE REAR MIRROR AND SIDE MIRROR. I CONFIRMED THERE WERE NO CARS I THEN STEERED TO THE LEFT. WHILE TURINIG OUT I TOOK A LOOK AT THE REAR VIEW MIRROR TO CHECK IF THERE WERE VEHICLE B BEARING REGISTRATION NUMBER (SGM7350S) COMING THEN JUST WHEN I WANTED TO CHECK THE SIDE MIRROR AGAIN I SAW A WHITE VEH B AT THE REAR LEFT PASSANGER WINDOW. TO AVOID THE ACCIDENT I MAKE A SLIGHT TURN BACK TO THE RIGHT. THEN I SAW THE LORRY IN FRONT WAS DRIVING EXTREMELY SLOW. TO AVOID HITTING THE LORRY I THEN MADE A SLIGHT TURN BACK TO THE LEFT. NEXT I HEARD A BANG SOUND. I QUICKLY STOPPED THE CAR BUT THE OTHER CAR WASN'T ABLE TO STOP IN TIME SO IT JUST RUBBED THROUGH.

No

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 SGM7350S Vehicle Manufacturer Toyota Vehicle Model **COROLLA AXIO 1.5G A** Vehicle Variant Vehicle Colour Vehicle Category Private hire Name of Driver TOK AH HOCK NRIC No S1426503A Contact Number (Phone) +65-91501912 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.
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- 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 Insurals and/or GIA to their third-party service providers or agents(including their lawyers/law firms), which may be sited outside Singapore, for one or more of the above Purposes.

Policyholder's Signature / Date & Time

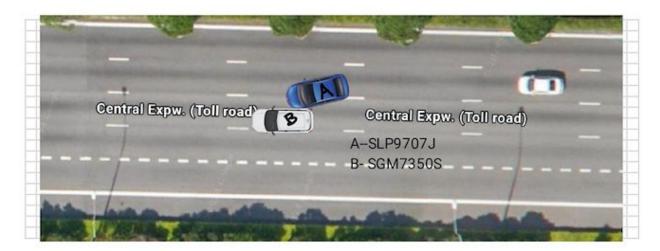
Driver's Signatu (If driver is not the policyholder) / Date & Time

17/08/2024 -- 02:30HRS

Witnessed by Reporting Centre

Personnel





Describe Circumstances of the Accident

ON THE 16/08/2024 AT ABOUT 19:55HRS I WAS DRIVING VEHICLE A BEARING REGISTRATION. NUMBER (SLP9707J) ALONG CTE EXPRESSWAY EN-ROUTE HOMELOT TOWARDS ANG MO KIO TO PERSONAL PURPOSE, I WAS TRAVELLING ON LANE 2 GOING STRAIGHT ALONG CTE THE TRAFFIC CONDITIONS WAS VERY SLOW, I THEN HEARD MY GPS REPORTED LEFT TURN AT 800 METERS. UPON HEARING THE REPORT I TURNED ON MY SIGNAL, CHECKED THE REAR VIEW MIRROR, SAW TWO CARS APPROACHING. I WAITED FOR THE CAR TO PASSED. ATFER THEY PASSED MY CAR I DID A CHECK AT THE FRONT THEN THE REAR MIRROR AND SIDE MIRROR, I CONFIRMED THERE WERE NO CARS I THEN STEERED TO THE LEFT, WHILE TURINIG OUT I TOOK A LOOK AT THE REAR VIEW MIRROR TO CHECK IF THERE WERE VEHICLE B BEARING REGISTRATION NUMBER (SGM7350S) COMING THEN JUST WHEN I WANTED TO CHECK THE SIDE MIRROR AGAIN I SAW A WHITE VEH B AT THE REAR LEFT. PASSANGER WINDOW. TO AVOID THE ACCIDENT I MAKE A SLIGHT TURN BACK TO THE RIGHT. THEN I SAW THE LORRY IN FRONT WAS DRIVING EXTREMELY SLOW. TO AVOID HITTING THE LORRY I THEN MADE A SLIGHT TURN BACK TO THE LEFT. NEXT I HEARD A BANG SOUND. I QUICKLY STOPPED THE CAR BUT THE OTHER CAR WASN'T ABLE TO STOP IN TIME SO IT JUST RUBBED THROUGH.

Declaration

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

AND THE PROPERTY OF THE PROPER

Policyholder's Signature / Date & Time

Driver's Signature (Indriver is not the policyholder) / Date & Time 17/08/2024 -- 02:30HRS 200

Witnessed by Reporting Centre Personnel

