

Our Ref : KC/TP7672/1712-02

Your Ref :

Date : 12/12/2017

M/s. Comfortdelgro Rent-A-Car Pte Ltd  
C/o. Kum Chew Motor Workshop  
160, Sin Ming Drive #05-08  
Sin Ming Autocity  
Singapore 575722.

To : Lonpac Insurance Bhd

FAX : 62963767/62962706.

ATTENTION : MOTOR CLAIMS DEPT

Dear Sir/Madam,

ACCIDENT INVOLVING SKM 7672 R & SJT 7667 G ALONG STEVENS ROAD  
AFTER BUKIT TIMAH ROAD JUNCTION ON 05/12/2017.

I am/We are the owner of vehicle no. SKM 7672 R was involved in the said accident  
with your insured's vehicle no. SJT 7667 G.

As the accident was caused solely by the carelessness of your insured's driver. Therefore  
I/we are holding your good selves responsible for my loss/damage.

My/Our vehicle is now presently laying at KUM CHEW MOTOR WORKSHOP at 160,  
Sin Ming Drive, Sin Ming Autocity, Singapore 575722. Tel : 64536256 & Fax No.  
64557754.

Kindly send your assessors to inspect my/our vehicle at the said workshop within the next  
forty-eight (48) hours from the date hereby, failing which I/we shall have no alternative  
but to instruct our repairers to proceed with the necessary repairs without delay and the  
final repair bill will be forward to you for settlement.

I/We enclosed herewith a copy of SAS Statement for your reference. Looking forward to  
your kind assistance and co-operative in this matter.

Yours faithfully,

.....  
Encl.

MBHH17161042 / AJAX MARS PTE LTD - Bukit Merah  
ENTRY DATE & TIME: 06/12/2017 19:47

## 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 Authorised Driver.
3. Information provided must be as truthful and accurate as possible. Any willful misrepresentation or withholding of material facts may allow insurance companies to repudiate policy ability.
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. This report will be forwarded by the Insurers of 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 Report 06/12/2017 19:47  
Date Of Accident 05/12/2017 16:35  
Exact Location Of Accident STEVENS RD AFTER BUKIT TIMAH RD JUNCTION  
Country/State of Loss SINGAPORE

### DETAILS OF OWN VEHICLE

Vehicle Registration Number SKM7672R  
Insured/Policyholder  
Name Of Registered Owner COMFORTDELGRO RENT-A-CAR PTE. LTD  
Co Reg No 198105775H  
Email Address DANNYNG@CDGRENTACAR.COM.SG  
Mobile Phone No  
Alternative Phone No OFFICE-68820807  
Vehicle Particulars  
Manufacturer TOYOTA  
Model LEXUS RX270 AUTO  
Exact Purpose for which vehicle was being used at time of accident PRIVATE  
Are you claiming under your own insurance policy for repair to your vehicle? NO  
If No, Please state action to be taken THIRD PARTY  
Vehicle Category PRIVATE CAR

### Insurance Company

Name of Insurance Company INDIA INTERNATIONAL INSURANCE PTE LTD  
Type Of Coverage COMPREHENSIVE  
Fleet Policy YES  
Policy Number M460802  
Cover Note Number NA

### Driver

Name of Driver PIAZZA KATHRYN SUE  
NRIC No G3393233U  
Date Of Birth 04/03/1979  
Occupation INDOOR  
Date Of Driving Pass 23/11/2016  
Driving Experience 1 YEAR AND 0 MONTHS  
Gender FEMALE  
Mobile Number (LOCAL) +65-98606255  
Fax Number  
Contact Number  
Email Address PIAZZAKATE@GMAIL.COM

Address

Postcode

Was driver an employee of the Insured's Company? NO

If No, Relationship of the Driver with the Insured OTHER - HIRER'S SPOUSE

Vehicle Registration Number of Driver's Own Vehicle -

Insurance Company of Driver's Own Vehicle -

**General Information of the Accident**

Type Of Accident COLLISION - HEAD TO REAR

Weather Conditions CLEAR

Road Surface DRY

**Other Information**

Was any foreign vehicle involved in this accident? NO

Was any body injured in the Accident? NO

Was any other material or property damaged? YES

I have been approached by unknown person(s) soliciting/offering accident claims assistance. NO

Number of Passengers (Including Driver) 3

**Details of Police Action**

Was the accident reported to the police? NO

If Yes, Please state which Police Station

Was notice of Intended Prosecution given? NO

If Yes, against whom?

**Circumstances of Accident**

I WAS DRIVING ALONG STEVENS ROAD ON THE EXTREME LEFT LANE. UP AHEAD WAS A BUS ALIGHTING PASSENGERS AT THE BUSTOP. SEEING THAT THE LANES WERE MERGING AHEAD, I DROVE INTO THE CENTRE OF BOTH MERGING LANES AND AT THE SAME TIME WAS OVERTAKING THE STATIONARY BUS. I MANAGED TO STOP ON TIME TO AVOID COLLISION WITH THE CAR AHEAD OF ME WHEN IT SUDDENLY STOPPED, BUT VEHICLE SJT7667G BEHIND ME DID NOT MANAGE TO STOP ON TIME AND COLLIDED ONTO THE REAR RIGHT PORTION OF MY VEHICLE.

**Attachment(s)**

Are accident photos available for attachment? YES

Was there any video captured by Car Camera? NO

Was there any audio recorded? NO

**DETAILS OF OTHER VEHICLE PROPERTY 1**

Vehicle Registration Number SJT7667G

Vehicle Make/Model/Colour MITSUBISHI/LANCER 1.5 MIVEC

Details Of Properties NA

Name of Driver MUHAMMAD FAIZAL BIN MUHAMMAD

NRIC/Passport Number S8630987D

Contact Number 81834905

Address

Postcode

Insurance Company Name

Nature Of Damage

No. Of Passenger (Including Driver)

**Details of Witness**

Name

Phone Number

Email Address

Longpac

## Common Statement

## ACCIDENT STATEMENT (2000 characters)

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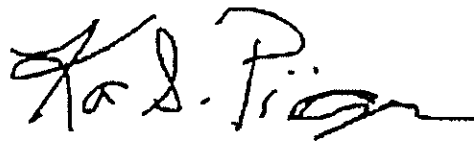
Taxi Voucher No.:

## DECLARATION

I/We declare that the above particulars & information provided above are true in every aspect

VERIFIED BY AJAX MARS REPORTING OFFICER -  
AMMAR HAMIZAN

MARS Officer



Registered Owner or Driver's Signature

Job Complete Date/Time

Date/Time: