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 <u>truthful and accurate</u> 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.
- 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

aforesaid.	<u> </u>
	ACCIDENT STATEMENT
Date Of Report	27/09/2019 17:13
Date Of Accident	26/09/2019 19:15
Exact Location Of Accident	JALAN JURONG KECHIL
Country/State of Loss	SINGAPORE
	DETAILS OF OWN VEHICLE
Vehicle Registration Number	SLH4117L
Insured/Policyholder	
Name Of Registered Owner	LION CITY RENTALS PTE LTD
Co Reg No	201504621K
Email Address	RENTALS@LIONCITYRENTALS.COM.SG
Mobile Phone No	
Alternative Phone No	OFFICE-31381884
Vehicle Particulars	
Manufacturer	TOYOTA
Model	PRIUS-1.5 HYBRID (A)
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 your vehicle?	NO
If No, Please state action to be taken	THIRD PARTY
Vehicle Category	PRIVATE CAR
Insurance Company	
Name of Insurance Company	TOKIO MARINE INSURANCE SINGAPORE LTD
Type Of Coverage	THIRD PARTY
Fleet Policy	YES
Policy Number	19-MK000204-R00
Cover Note Number	

Driver

Name of Driver

NRIC No

S1316474F

Date Of Birth

16/08/1958

Occupation

Outdoor

Date Of Driving Pass

LIM AH TUANG

S1316474F

0UTDOOR

29/12/1977

Driving Experience 41 YEARS AND 8 MONTHS

Gender MALE

Mobile Number (LOCAL) +65-96230665

Fax Number

Contact Number

EMail Address NOEMAIL

384 TAMPINES STREET 32 Address

#08-31

Postcode 520384

Was driver an employee of the Insured's Company NO

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

Vehicle Registration Number of Driver's Own

Vehicle

Insurance Company of Driver's Own Vehicle

General Information of the Accident

COLLISION - CROSS JUNCTION Type Of Accident

Weather Conditions **CLEAR** Road Surface DRY

Other Information

Was any foreign vehicle involved in this accident? NO

Number of vehicles (including own vehicle)

involved in the accident

2

Was any body injured in the Accident? NO

Was any injured conveyed to hospital by ambulance?

NO NO

Was any other material or property damaged?

I have been approached by unknown person(s) soliciting/offering accident claims assistance.

NO

Number of Passengers (Including Driver)

1

Details of Police Action

Was the accident reported to the police? YES

If Yes, Please state which Police Station

Police Station Name BEDOK NORTH NEIGHBOURHOOD POLICE CENTRE

ROAD: 30 BEDOK NORTH ROAD, POSTCODE: 469676, COUNTRY: Police Station Address

SINGAPORE

Police Station Contact TEL NO: 1800-2449999 - FAX NO: 62447258

Was notice of intended Prosecution given?

If Yes, against whom?

NO

Circumstances of Accident

REFER TO SKETCH PLAN

Attachment(s)

Are accident photos available for attachment? YES Was there any video captured by Car Camera?

Was there any audio recorded?

NO

NO

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number SLC6865Z

Vehicle Make/Model/Colour

Details Of Properties

PRIVATE CAR Vehicle Category

Name of Driver

NRIC/Passport Number

Contact Number

Address

Postcode

Insurance Company Name

Page 2 of 15

Nature Of Damage

No. Of Passenger (Including Driver)

Sketch Plan

SKETCH PLAN

DRYANT NOTICE

lease report correctly the details of the accident to speed up the claims process.

his Form must be completed by the Policyholder and/or the Authorised Driver.

information provided must be as truthful and accurate as possible. Any wilful misrepresentation or withholding of material acts may allow insurance companies to repudiate policy flability.

The issue and acceptance of this Form by insurance companies is not an admission of policy liability on the part of the insurance companies.

Any false reporting may be referred to the Police for Investigation.

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 centre and to copies of the report being made available aforesaid.

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 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 :
 - 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
 - (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.
 - (d) my Personal Information will also be collected and used to compile daims history for the purpose of fraud detection, investigation and management in present and all future claims.
 - (e) the information so collected under (d) above may be shared / disclosed:
 - to all insurers and/or any other third parties that assist in evaluating, investigating, controlling or managing fraud, regulators, law enforcement and government agencies as reasonably required for the purposes stated, or
 - (ii) for complying with requirements under any regulations, laws or court orders.

Policyholder's Signeture Date & Time: Oriver's Signature

If driver is not the policyholder)

Reporting Centre Personnel's Signature Name KETCH PLAN



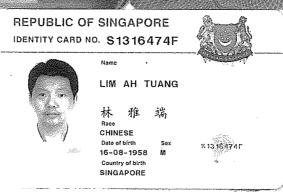
Acar SLH4117L Boar : SLC6865Z

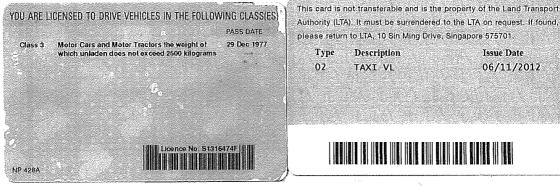
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Refer to Pain	e Report	
DECLARATION		
/We declare the forecoin € Bern	iculars are true in every respect.	^
MAKI	Latinons	La Kellan
Policyholder's Signature Date & Time:	Driver's Signature (If driver is not the policyholder)	Reporting Centre Personnel's Signature

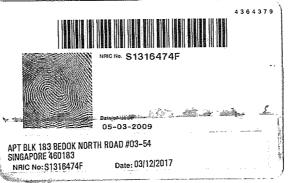
Identification Card Pg. 1







Authority (LTA). It must be surrendered to the LTA on request. If found, please return to LTA, 10 Sin Ming Drive, Singapore 575701. 06/11/2012



POLICE REPORT Pg. 1





Police Station Of Origin: Bedok North N.P.C

30 Bedok North Road SINGAPORE 469676

Tel No: 1800-2449999

1 of 3 Report No. T/20190926/2211

REPORT OF	A TRAFFIC	ACCIDENT			
Date/Time Report Made: 26/09/2019 23:58		ade:	Vide Report No.:	Station Diary No.: 159	
Informant	's Particu	lars			
Name of Ir LIM AH TU			Address: APT BLK 183 BEDOK NORTH 460183	H ROAD #03-54 SINGAPORE	
ID Type / ID No.: NRIC NO / S1316474F			Contact No.: Home/Office: Mobile: 96230665		
Nationality SINGAPO		ΕN	Email:		
Sex: Male	Age: 61	Date of Birth: 16/08/1958	Type of Informant: Driver		
Race: Chinese			Language: Institution / School Name: English		
Occupation: GRAB DRIVER			Driving Licence Information: Class: 3	Date of Expiry:	

General Informat	ion of the Accider	ıt			
Type of Accident:	Non-Injury Others	Drink Drive: No	Date/Time of Accident: 26/09/2019 19:15	Type of Location: X-Junction	
Location: Along Road 1 Tra JALAN JURONG CLEMENTI ROA		ad 2			
Weather: Road Clear Dry		Road Surface: Dry		Road Speed Limit:	
Trainer low.		Traffic Control: Traffic Light - Wo	orking	Traffic Volume: Heavy	
Type of Collision: Between Moving Vehicles - Head To Side		o Side		Anyone conveyed by ambulance:	

Vehicle No.	Type	Make	Model	Color	Condition	No of Passenger
SLC6865Z	Car	MERCEDES BENZ		Brown	Slightly Damaged	1
SLH4117L	Car	TOYOTA	PRIUS HYBRID 1.8 CVT	Silver	Seriously Damaged	0

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

POLICE REPORT Pg. 1





Police Station Of Origin: Bedok North N.P.C 30 Bedok North Road SINGAPORE 469676 Tel No: 1800-2449999 2 of 3 Report No. T/20190926/2211

CONTINUATION OF REPORT

Driver						
Name	LIM AH TUANG			ID No		S1316474F
Related Vehicle	SLH4117L (Car)			Conta	ct No.	96230665
Hospital/Clinic	NIL			Class Drivin Licend Expiry	g	Class: 3 Date of Expiry: NIL
Date Treatment	NIL	·	Date Disc	harge	NIL	
No. of Days gran	ted Medical Leave	NIL	Degree of	Injury	NIL	

Brief Details.

On the above mentioned date and time, I was at the junction on Jalan Jurong Kechil and Jalan Anak Bukit waiting for the traffic light to turn green. I was on the right lane as I intent to turn right to go towards Clementi Road to pick up a passenger. The traffic light then turned green with green arrow at the same time and I moved forward.

Suddenly, a car came from the left side and my car's front right side collided to the other car's driver side. I was in a state of shock after the accident. However, there were no parties that require medical attention. I then moved my vehicle to the side as not to obstruct the traffic flow.

Subsequently, I called for Traffic Police and an officer came shortly. I wish to state that I have an in-car camera installed that captured the incident.

POLICE REPORT Pg. 1





Police Station Of Origin: Bedok North N.P.C 30 Bedok North Road SINGAPORE 469676 Tel No: 1800-2449999

Report No. T/20190926/2211

3 of 3

CONTINUATION OF REPORT

Sketch Plan

Informant is not able to provide sketch plan

IMPORTANT: Please attach a copy of your vehicle's Insurance Certificate to this report. If you don't have the certificate with you now, please fax a copy to 65474885 stating the <u>report number</u> as reference.

Signature Of Officer Recording The Report G / Sgt 3 RADIN SALIHUL 'IMRAN BIN RADIN' FADLI	Signature Of Informant:
Signature Of Interpreter:	Date/Time:
Not applicable	26/09/2019 23:58
Officer In Chargo Of Case:	Classification Of Case:
Officer In Charge Of Case: TP / GIA /	
Staff Sgt WONG SIEU LUI	
Contact No.: 65476151	Annual Caracter (Caracter Caracter Cara
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