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 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 Submission 15/03/2021 12:19 (SGT) Date of Accident 13/03/2021 23:15 (SGT) Exact Location of Accident Mandai Rd, Singapore Additional Location Information Country/State of Loss Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number SMP8482B

INSURED/POLICYHOLDER

Is company? Yes Name Of Registered Owner SUPER STAR LIMO & CAR RENTAL Company Reg No 5XXXX119L **Email Address** superstarlimosg@gmail.com Mobile Phone No (Phone) +65-96233308 Alternative Phone No +65-96233308

VEHICLE PARTICULARS

Manufacturer Toyota Model Noah 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

your vehicle? No - Claiming third party Vehicle Category Private hire

INSURANCE COMPANY

Name of Insurance Company **Tokio Marine** Type of Coverage Comprehensive Fleet Policy Policy Number MR002371 Cover Note Number

DRIVER

Name of Driver ILZAM BIN SAMSUDIN NRIC No SXXXX354E Date Of Birth 06/10/1966 Occupation Outdoor

Date Of Driving Pass 29/10/1996 Driving experience 24 YEARS AND 5 MONTHS Gender Mobile Number (Phone) +65-98519518 Alt. Phone Number Email Address VIRUZZ97@GMAIL.COM Address **BLK 418 WOODLANDS STREET 41** Address complement #11-129 Postcode 730418 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 Side Swipe 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 material or property damaged? Yes Number of Passengers (Including Driver) Has the driver been approached by unknown person(s) soliciting/offering accident claims assistance? Nο **DETAILS OF POLICE ACTION** Was the accident reported to the police? Yes Police Station Name Woodlands West Neighbourhood Police Centre Police Station Phone No (Phone) +65-18003639999 Alt. Police Station Phone No (Fax) +65-63640997 Police Station Address 1 Woodlands St 12 Singapore 738622 Was notice of intended Prosecution given? Nο If yes, against whom? CIRCUMSTANCES OF ACCIDENT PLS REFER TO THE POLICE REPORT: T/20210314/2009 ATTACHMENT(S) Are accident photos available for attachment? Yes Was there any video captured by Car Camera? Yes Was there any audio recorded? No **DETAILS OF OTHER VEHICLE PROPERTY 1** Vehicle Registration Number SFM668J

 Vehicle Registration Number
 SFM668J

 Vehicle Manufacturer

 Vehicle Model

 Vehicle Variant

 Vehicle Colour

 Vehicle Category
 Private car

 Name of Driver
 CHAN GUOWEI, DARIAN

 NRIC No
 SXXXX778B

Contact Number	(Phone) +65-97382866
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

- Please report <u>correctly</u> the details of the accident to speed up the claims process.
- This Formmust 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 facts may allow insurance companies to repudiate policy liability.
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- 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 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.
- 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 collectively referred to as the "Insurers"), the insurers law yers/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' law yers/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 law yers/law firms), which may be sited outside of Singapore, for one or more of the above Purposes.

SUPER STAR LIMO & CAR RENTAL

Reg. No.: 53359119L

Policyholder's Signature / Date & Time

Driver's Signature (if driver is not the policyholder) / Date Resonnel

Sketch Plan

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cyholder's Signature /		re (if driver is not the p		Witnessed by Reporting	- D



T/20210314/2009

Police Station Of Origin: Woodlands West N.P.C.

Report No. T/20210314/2009

2 of 4

1 Woodlands Street 12 SINGAPORE 738622

Tel No: 1800-363 9999

CONTINUATION OF REPORT

Details of Perso	The state of the s	De la Contilla		A CONTRACTOR OF THE PARTY OF TH
Any Pedestrian Ir		10. (5.)		
No. of Pedestrian	s Injured: NIL	Use of Pede	estrian Cross	ing: NA
Driver	1000 C C C C C C C C C C C C C C C C C C	EAST WATER	CHARLES NO.	MAN STREET, ST.
Name	CHAN GUOWEI, DARIAN		ID No.	S9049778B
Related Vehicle	SFM668J (Car)		Contact No.	97382866
Hospital/Clinic	NIL	Class of Driving Licence & Expiry Date	Class: 3 Date of Expiry: NIL	
Date Treatment	NIL	Date Disch	arge NIL	
No. of Days gran	ted Medical Leave NIL	Degree of	Injury NIL	
Driver				BUT AND DESIGNATIONS
Name	ILZAM BIN SAMSUDIN		ID No.	S1772354E
Related Vehicle	SMP8482B (Car)		Contact No.	98519518
Hospital/Clinic	NIL	Class of Driving Licence & Expiry Date	Class: 2B,2A,3 Date of Expiry: NIL	
Date Treatment	NIL	Date Disch	arge NIL	
	ted Medical Leave NIL	Degree of	Injury NIL	The second

Brief Details.

On the 13/3/2021 at about 2313hrs, I was proceeding to Singapore Zoo to pick up a passenger from Woodlands Road. As I was driving, I came upon a traffic light which was still green and still proceeded on while going at speed limit of the road when a car "SFM668J" suddenly made a right turn towards BKE from the opposite direction without checking for any oncoming vehicles. I quickly made a emergency brake and swerved to the right to prevent collision but was not able to stop in time and a collision occurred. My vehicle stayed on the middle of the junction while the other car moved and waited at the side. Since, I was on the middle of the road I had to make a U turn and come back.

Upon coming back to the location where the accident occurred, I realized that the car was not around so I quickly went to drive along BKE towards SLE and spotted the car. I went close to the car to signal him to stop along the road shoulder. The driver informed that he thought that it was a hit and run and left but I informed him that I needed to make a U turn as I was in the middle and didn't want to obstruct traffic. We both made assessment to our vehicles, the damages my car sustained was my front left bumper was heavily dented which is almost touching the tire and the passenger seat door is unable to be fully opened. The other car only sustained minor scratches but unsure if there were any other damages as it was dark. Both of us exchanged particulars and we both agreed to lodge a police report and to inform our insurance agencies regarding this incident.

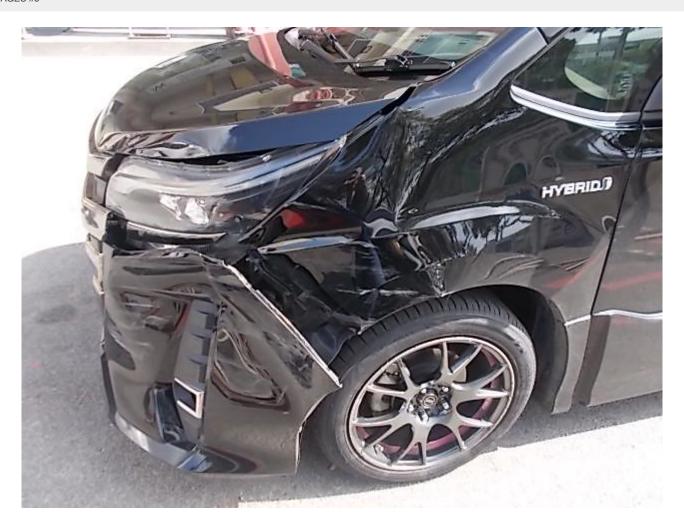
I wish to inform that no one was injured and no government property was affected.



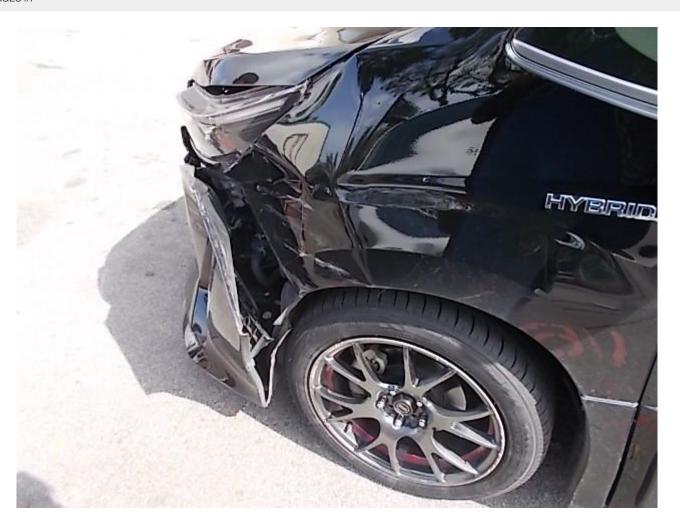


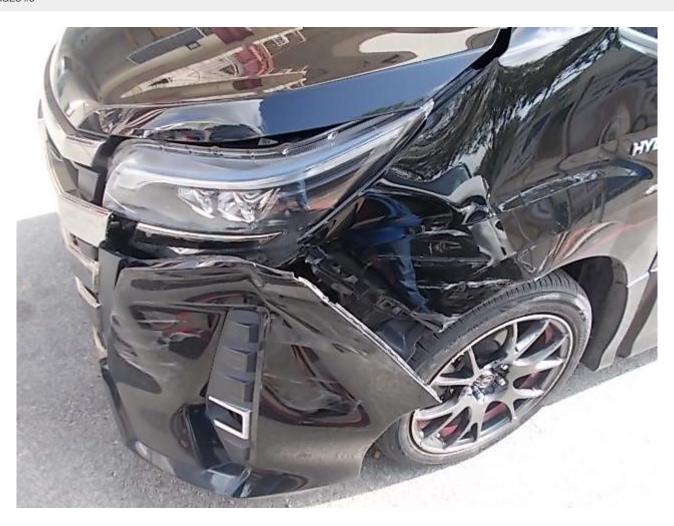




















Police Station Of Origin: Woodlands West N.P.C. 1 Woodlands Street 12 SINGAPORE 738622

Tel No: 1800-363 9999

Report No. T/20210314/2009

	F A TRAFFIC		Life Desert No.	Station Diary No.:	
Date/Time Report Made: 14/03/2021 02:03			Vide Report No.:	26	
Informa	nt's Particu	lars	ATTEM PER STATE OF	CANAL TO A STATE OF THE STATE O	
Name of	Informant: IN SAMSU	mant: Address:			
ID Type / ID No.: NRIC NO / S1772354E			Contact No.: Home/Office:	Mobile: 98519518	
Nationality: SINGAPORE CITIZEN			Email:		
Sex: Male	Age: 54	Date of Birth: 06/10/1966	Type of Informant: Driver		
Race: Malay		4 1	Language: English	Institution / School Name:	
Occupation: GO.JEK DRIVER			Driving Licence Information: Class: 2B,2A,3	Date of Expiry:	

Type of Accident:	Non-Injury Others	Drink Drive: No	Date/Time of Accident: 13/03/2021 23:15	Type of Location Straight Road
Location: MANDAI RO	AD .			Road Speed Limit:
Weather: Clear		Road Surface: Dry		
Traffic Flow: One Way		Traffic Control: Traffic Light - Working		Traffic Volume: Light
Type of Colli	sion: ving Vehicles - Head			Anyone conveyed by ambulance:

Details of V	A STATE OF THE PARTY OF THE PAR	Make	Model	Color	Condition	No of Passenger
Vehicle No. SFM668J	Car	TOYOTA	RAV4 2.0 PREMIUM SUV (AUTO) (2WD)	Blue	Slightly Damaged	1
SMP8482B	Car	TOYOTA	NOAH HYBRID 7- SEATER 1.8 SI CVT	Black	Seriously Damaged	0



T/20210314/2009

Police Station Of Origin: Woodlands West N.P.C.

Report No. T/20210314/2009

2 of 4

1 Woodlands Street 12 SINGAPORE 738622

Tel No: 1800-363 9999

CONTINUATION OF REPORT

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Driver	1000 C C C C C C C C C C C C C C C C C C	EAST WAR IN	CHARLES NO.	MAN STREET, ST.
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Related Vehicle	SFM668J (Car)		Contact No.	97382866
Hospital/Clinic	NIL	Class of Driving Licence & Expiry Date	Class: 3 Date of Expiry: NIL	
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No. of Days gran	ted Medical Leave NIL	Degree of	Injury NIL	
Driver				BUT AND DESIGNATIONS
Name	ILZAM BIN SAMSUDIN		ID No.	S1772354E
Related Vehicle	SMP8482B (Car)		Contact No.	98519518
Hospital/Clinic	NIL	Class of Driving Licence & Expiry Date	Class: 2B,2A,3 Date of Expiry: NIL	
Date Treatment	NIL	Date Disch	arge NIL	
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I wish to inform that no one was injured and no government property was affected,





Report No. T/20210314/2009

Police Station Of Origin: Woodlands West N.P.C. 1 Woodlands Street 12 SINGAPORE 738622 CONTINUATION OF REPORT

Tel No: 1800-363 9999





Police Station Of Origin:
Woodlands West N.P.C.

1 Woodlands Street 12 SINGAPORE 738622
Tel No: 1800-363 9999
CONTINUATION OF REPORT

4 of 4 Report No. T/20210314/2009

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 **report number** as reference.

Signature Of Officer Recording The Report: L / SC2 ODIADA ADRIEL RHYS LANCAON	Signature Of Informant:
Signature Of Interpreter: Not applicable	Date/Time: 14/03/2021 02:03
Officer In Charge Of Case: TP / GIA /	Classification Of Case:
Staff Sgt WONG SIEU LUI	
Contact No.: 65476151	
Authentication Stamp	

