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 05/05/2021 16:08 (SGT) Date of Accident 05/05/2021 14:05 (SGT) Exact Location of Accident Near Blk #01-265, 102 Aljunied Cres, Block 102, Singapore 380102 Additional Location Information Country/State of Loss Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number SI S4132J

INSURED/POLICYHOLDER

Is company? Yes Name Of Registered Owner L H Car Rental Pte Ltd Company Reg No 200009761N **Email Address** carrental.lh@gmail.com Mobile Phone No (Phone) +65-97687073 Alternative Phone No (Office) +65-64817221

VEHICLE PARTICULARS

Manufacturer

Toyota Model C-hr 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 car Transmission Auto CC 1797

INSURANCE COMPANY

Name of Insurance Company China Taiping Insurance (Singapore) Pte. Ltd. Type of Coverage Comprehensive Fleet Policy Policy Number DMHCSNA00004222101 Cover Note Number

DRIVER

Name of Driver Lim Tow Gim NRIC No. S0549687Z

Date Of Birth 01/09/1952 Occupation Outdoor Date Of Driving Pass 27/10/1978 Driving experience 42 YEARS AND 7 MONTHS Gender Mobile Number (Phone) +65-86493435 Alt. Phone Number Email Address lintg999@gmail.com Address Blk 45 Circuit Road#01-627 Address complement Postcode 370045 Is the driver the policyholder? Nο If No. Relationship of the Driver with the Insured Paid Driver Does Driver Own Other Vehicles? 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 - Head to Rear 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? Yes Was any injured conveyed to hospital by ambulance? No 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 PASSENGER 1 Name **UNKNOWN** Gender Male DETAILS OF POLICE ACTION Was the accident reported to the police? Police Station Name Traffic Police Police Station Phone No (Phone) +65-65470000 Alt. Police Station Phone No (Fax) +65-65474900 Police Station Address 10 Ubi Avenue 3 Singapore 408865 Was notice of intended Prosecution given? No If yes, against whom? CIRCUMSTANCES OF ACCIDENT Please refer to police report ATTACHMENT(S) Are accident photos available for attachment? No Was there any video captured by Car Camera? No Was there any audio recorded? No **DETAILS OF OTHER VEHICLE PROPERTY 1** Vehicle Registration Number

GBJ2461M

Vehicle Manufacturer

hicle

DETAILS OF OTHER VEHICLE PROPERTY 2

Vehicle Registration Number	SKT5588C
Vehicle Manufacturer	-
Vehicle Model	-
Vehicle Variant	-
Vehicle Colour	-
Vehicle Category	Private car
Name of Driver	-
Contact Number	-
Address	-
Address complement	-
Postcode	_
Insurance Company Name	_
Nature Of Damage	_
Details of property damaged in accident	_
No. Of Passenger (Including Driver)	_

DETAILS OF OTHER VEHICLE PROPERTY 3

Vehicle Registration Number	SJG8686M
Vehicle Manufacturer	-
Vehicle Model	-
Vehicle Variant	-
Vehicle Colour	-
Vehicle Category	Private car
Name of Driver	-
Contact Number	-
Address	-
Address complement	-
Postcode	-
Insurance Company Name	-
Nature Of Damage	-
Details of property damaged in accident	-
No. Of Passenger (Including Driver)	-

INJURED PERSONS DETAILS

INJURED 1

Name of injured person	LIm Tow Gim
Address	_
Address Complement	-
Post Code	-
Approximate Age Years Old	-
Injuries Sustained	-
Injured person in which vehicle?	-
Were seat belts worn?	-
Was this injured conveyed to hospital by ambulance?	_

SKETCH PLAN

IMPORTANT NOTICE

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- 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.
- 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;

& Time

- (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.

L.H CAR RENTAL PTE LTD

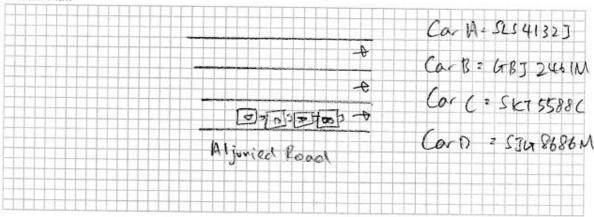
Policyholder's Signature / Date &

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

Witnessed by Reporting Centre Personnel

Sketch Plan

Time



Describe Circumstances of the Accident

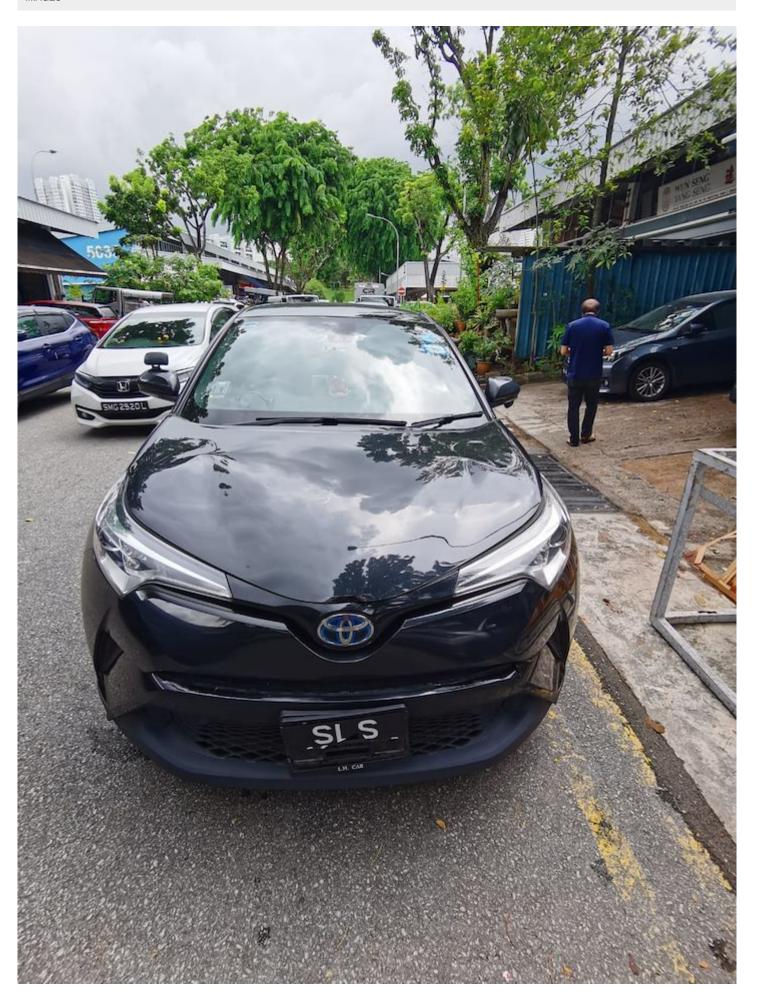
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clarati	ion						
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2000	RENTAL PTE		14			d	

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

Policyholder's Signature / Date &

Witnessed by Reporting Centre

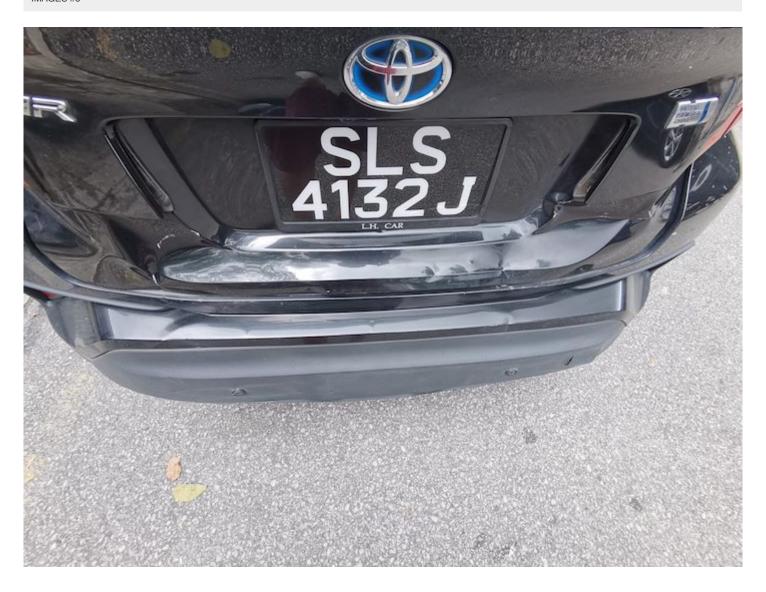
Personnel



















T/20210505/7024

1 of 3

Report No. T/20210505/7024

Police Station Of Origin: Traffic Police 10 Ubi Avenue 3 SINGAPORE 408865

Tel No: 65470000

REPORT OF A TRAFFIC ACCIDENT Station Diary No.: Vide Report No.: Date/Time Report Made: 05/05/2021 15:51 Informant's Particulars Address: Name of Informant: 45 CIRCUIT ROAD #01-627 SINGAPORE 370045 LIM TOW GIM Contact No.: ID Type / ID No.: Mobile: 86493435 Home/Office: NRIC NO / S0549687Z Email: Nationality: lintg999@gmail.com SINGAPORE CITIZEN Type of Informant: Date of Birth: Age: Sex: Driver 01/09/1952 68 Male Institution / School Name: Language: Race: English Chinese Driving Licence Information: Occupation: Date of Expiry: Class: Grab Driver

Type of Accident:	Injury Attended by Police	Drink Drive: No	Date/Time of Accident: 05/05/2021 14:05	Type of Location Straight Road
Location: ALJUNIED R	OAD			
		Road Surface:		Road Speed Limit: 60 Km/h
45.055757		Dry		OO KIII/II
Weather: Clear Traffic Flow: One Way		Dry Traffic Control: Traffic Light - Wo		Traffic Volume: Moderate

	ehicle Invo	CONTRACTOR OF THE PARTY OF THE	Model	Color	Conditio	No of
Vehicle No.	Type	Make	Model	Color	Condition	0
GBJ2461M	Van					0
			_			0
SJG8686M	Car					10000
			-			0
SKT5588C	Car				4	
						0
SLS4132J	Car	20				"



T/20210505/2024

Police Station Of Origin: Traffic Police 10 Ubi Avenue 3 SINGAPORE 408865 Tel No: 65470000

2 of 3 Report No. T/20210505/7024

CONTINUATION OF REPORT

Any Pedestrian	nvolved: No					
No. of Pedestria	ns Injured: NIL		Use of Pe	edestrian (Cross	sing: NA
Name	A STATE OF THE PARTY OF THE PAR					ASSESSMENT OF THE PARTY OF THE
Name	LIM TOW GIM		ID No.	243430	S0549687Z	
Related Vehicle	SLS4132J (Car)			Contact	No.	86493435
Hospital/Clinia						00400400
Hospital/Clinic	NIL			Class of Driving Licence Expiry		Class: NIL Date of Expiry: NIL
Date	NIL		Dete	-		
No. of Days grant	ed Medical Leave	NIL	Date Degree of		llL	

Brief Details.

I was travelling along Aljunied Road, i stop my vehicle due to heavy traffic. Suddenly SKT5588C hit the rear of my vehicle and my vehicle move forward and hit GBJ2461M. When i alight, i saw that SJG8686M have hit SKT5588C.





3 of 3

Report No. T/20210505/7024

Police Station Of Origin: Traffic Police 10 Ubi Avenue 3 SINGAPORE 408865 Tel No: 65470000

CONTINUATION OF REPORT

Sketch Plan Informant is not able to provide sketch

Signature Of Officer Recording The Report: Not applicable	Signature Of Informant: The identity of the person making this report has been authenticated by Singpass. No signature is required.
Signature Of Interpreter: Not applicable	Date/Time: 05/05/2021 15:51
Officer In Charge Of Case: TP / TPIB / SYED MUHAMMAD ISA BIN OMAR ALHABSHEE Contact No.: 65476214	Classification Of Case:

NP168