From: Date:	Veh No: SMF 7349T, Yr Regn: 2018 10ct		
Estimated Cost:	Type: M.Carl M.Cycle / Bus / Van / Lorry / Taxi / Prime Mover /		
OD (TP) WS / TP RES / OD RES / EVA / INV / MV	Truck / Trailer or		
To Inspect Vehicle No:	Make: Toyota Prius c.c 1797.		
at Workshop m/s	Colour Black A/C: Insured / Std / NI / NA		
of	Sp.Reading 251424, T/Radio: Insured / Std / NI / NA		
Insured: GBC 43489	Eng/No:		
Policy No.	C/No: ZVW506143097		
Claims No. CMTD > 10 1805 THE	Gen. Cond: Good / Fair / Poor / Burnt		
Sum Insured: Excess:	Steering: Norder / Jammed / Leaked / Burnt or		
(Client's Record)	Brake: Jammed / Leaked / Burnt or		
Make of Veh:	Modí: Nil / S/Rim / STD A/Rim or		
	Tyre Size: F: 195/65R45		
(Policy Condition)	R: 185/65 R15		
Remark: The veh had commenced its N/S O/S	BS / DUN / EXNOVA / GY / FS / LIZA / MIC / OHTSU / PIR / SUMI /		
repair at the time of inspection.	TOYO/YOKO or Neuton.		
Bal. or Market Value:	Front Rear /		
IDAC Accident Rport: Consistent? : Yes or No	R/Bal. 06 mm R/Bal. 06 mm		
GIA / PR Seen: Consistent?: Yes or No	L/Balmm L/Balmm		
Est. Repairs: days Res.: Yes or No	D.O.A. 15631 D.O.I. 180621.		
Lum Sum: % 3 Val.: Yes or No	Survey held at Hpex,		
CA / REV / REP. / 24 HRS	Des. of Damages: Frt / Rear / O/S / N/S / U/C / Rooftop or		
Vehicle: IN / OUT  Date: Person Contacted:	The U/C / Chassis frame / Body Structure affected due to collision.		
Date / Time   Action / Instruction	The Grot of Gladde Halle / Body Gladdare allegated as a seminary		
TP Sompo PRS-			
	- ho		
16/7/21 Submit PRS, repair range	\$8000- \$4000		
mv:	-		
Nett:			
7 Peri			
Date/Time, File Pass to? : Preli. Report	Days Of Repair: (O		
Contractor and Contra	Resurvey No. of Trip: Survey Fee:		
Date/Time, File Return to?	Transportation:		
2) 167 - typist Add Fee	: : Site Insp (\$)3+RSSI		
	: Interview (\$ ) Photos		
Egport Formet: PRS	: Tech. Invs (3 ) Others		
Linnip Sum / LBJ: (\$	: West and (\$ )		
	707/4		



# SINGAPORE ACCIDENT STATEMENT

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.

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 17/06/2021 17:08 (SGT) Date of Accident 15/06/2021 09:50 (SGT) Exact Location of Accident Kallang, Singapore Additional Location Information PIE TOWARDS CHANGI Country/State of Loss Singapore

## **DETAILS OF OWN VEHICLE**

Vehicle Registration Number SMF7349T

INSURED/POLICYHOLDER

Is company? Name Of Registered Owner

ASIA EXPRESS CAR RENTAL PTE LTD Company Reg No 2XXXXX882D Email Address

PEIJIE@EXPRESSCAR.COM Mobile Phone No (Phone) +65-91555526

Alternative Phone No +65-91998131

VEHICLE PARTICULARS

Manufacturer Toyota Model Prius

Variant

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 - Claiming third party Vehicle Category Private hire Transmission Auto

CC 1797

INSURANCE COMPANY

Name of Insurance Company NTUC Income Insurance Co-operative Ltd

Type of Coverage ThirdPartyFireTheft

Fleet Policy Yes Policy Number

5121569529 Cover Note Number 5121569529-000166

DRIVER

Name of Driver ER HAN GUAN NRIC No SXXXX355J

Date Of Birth	20/10/1969
Occupation	Outdoor
Date Of Driving Pass	02/05/1992
Driving experience	29 YEARS AND 1 MONTH
Gender Mahila Number	Male
Mobile Number Alt. Phone Number	(Phone) +65-97631145
Email Address	- DELUG DE VERRENDAR DOM
Address	PEIJIE@EXPRESSCAR.COM
Address complement	BLK 581 SENGKANG EAST AVENUE #03-623
Postcode	541281
Is the driver the policyholder?	No
If No, Relationship of the Driver with the Insured	Hirer
Does Driver Own Other Vehicles?	No
Vehicle Registration Number of Other Vehicle Owned by Driver	
Insurance Company of Other Webitle 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	
OTHER INFORMATION	
Was any foreign vehicle involved in the accident?	No
Number of vehicles involved in the accident	2
Was anybody injured in the Accident?	Yes
Was any injured conveyed to hospital by ambulance?	Yes
Was any other material or property damaged?	Yes
Number of Passengers (Including Driver)	2
Has the driver been approached by unknown person(s) soliciting/offering accident claims assistance?	No
PASSENGER 1	
Name Gender	UNKNOWN
Gender	Female
DETAILS OF POLICE ACTION	
Was the accident reported to the police?	No
Was notice of intended Prosecution given?	No
If yes, against whom?	
CIRCUMSTANCES OF ACCIDENT	
REFER TO SKETCH PLAN	
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	R VEHICLE PROPERTY 1
DETAILS OF OTHER	VEHICLE PROPERTY I
Vehicle Registration Number	GBC4348G
Vehicle Manufacturer	•
Vehicle Model	
Vehicle Variant	• 4
Vehicle Colour	
Vehicle Category	Commercial vehicle

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	ER HAN GUAN
Address	-
Address Complement	-
Post Code	-
Approximate Age Years Old	
Injuries Sustained	-
Injured person in which vehicle?	SME7349T
Were seat belts worn?	Yes
Was this injured conveyed to hospital by ambulance?	Yes

	on 15/06/2021; was travelling on PIE towards changi, ne Kallang (ECP) exit, the vehicle infrom of me stopped. So proceed to brake and stop, when i come to a complete The vehicle (GBC+348G) behind me (SME7349E) hit ome rear of my vehicle.
	Kallang (ECP) exit the vehicle infrom of me stopped. So
-	proceed to backe and stop, when i come to a complete
_	The vehicle (GBC43486) behind me (SME7349E) hit ome
	rear of my vehicle.
_	7
_	
_	
-	
-	

## Declaration

We declare the foregoing particulars are true in every respect.

Policyholder's Signature / Date & Time

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

Witnessed by Reporting Centre Personnel

### SKETCH PLAN

## IMPORTANT NOTICE

- 1. Please report correctly the details of the accident to speed up the claims process.
- 2. This Formmust 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 withholding 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. The report will be forw arded 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 ladgement 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)

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' 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' 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 tirms), which may be sited outside of Singapore, for one or more of the above Purposes

Policyholder's Signature / Date & Time

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

Sketch Plan

A - SME 73497

Witnessed by Reporting Centre

Personnel

B- 6BC4348G

C - SCK 9689K

D- SJK 7353.7

E - YOUGHE

6 - YP54934

PIE TOWNEDS CHANGE Before Kallang/ECP EXH