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 13/07/2021 16:28 (SGT) Date of Accident 10/07/2021 16:25 (SGT) Exact Location of Accident CTE, Singapore CTE - TOWARDS UPPER SERANGOON ROAD (NEARBY Additional Location Information **BRADDELL ROAD EXIT)** Country/State of Loss Singapore

DETAILS OF OWN VEHICLE

Mazda

Vehicle Registration Number SMR7446C

Manufacturer

INSURED/POLICYHOLDER

Is company? Name Of Registered Owner PREMIER RENT A CAR PTE LTD Company Reg No 2XXXXX929E Email Address CLAIMS@PREMIERTAXI.COM Mobile Phone No (Phone) +65-91550072 Alternative Phone No (Office) +65-62141101

VEHICLE PARTICULARS

Model Variant Exact purpose for which vehicle was being used at time of accident Private use Are you claiming under your own insurance policy for repair to your vehicle? No - Claiming third party Vehicle Category Private car Transmission Auto CC 2000

INSURANCE COMPANY

Name of Insurance Company MSIG Insurance (Singapore) Pte. Ltd. Type of Coverage ThirdPartyFireTheft Fleet Policy Yes Policy Number B 400000947 MCX Cover Note Number

DRIVER

Name of Driver KNUD MIKAEL THALUND Passport No/FIN GXXXX544Q Date Of Birth 06/12/1960 Occupation Outdoor Date Of Driving Pass 30/06/2016 Driving experience 5 YEARS AND 1 MONTH Gender Mobile Number (Phone) +65-90923093 Alt. Phone Number Email Address KNUD.MIKAEL.THALUND@TOTALENERGIES.COM Address C/O SEMBCORP MARINE INTEGRATED YARD PTE LTD Address complement 80 TUAS SOUTH BOULEVARD. CORPORATE OFFICE, SEMBCORP MARINE TUAS, BOULEVARD YARD Postcode 637051 Is the driver the policyholder? No If No, Relationship of the Driver with the Insured **RENTAL** Does Driver Own Other Vehicles? No 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? Nο Was any injured conveyed to hospital by ambulance? Was any other vehicle or property damaged? Yes Number of Passengers (Including Driver) Has the driver been approached by unknown person(s) soliciting/offering accident claims assistance? No DETAILS OF POLICE ACTION Was the accident reported to the police? No Was notice of intended Prosecution given? Nο If yes, against whom? CIRCUMSTANCES OF ACCIDENT REFER TO ATTACH 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
 SCY9555P

 Vehicle Manufacturer
 Volvo

 Vehicle Model

 Vehicle Variant

 Vehicle Colour

 Vehicle Category
 Private car

 Name of Driver
 HEE WAN NAM

 Contact Number
 (Phone) +65-96342532

Address	-
Address complement	_
Postcode	_
nsurance Company Name	_
Nature Of Damage	_
Details of property damaged in accident	_
No. Of Passenger (Including Driver)	2

SKETCH PLAN

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- 1. Please report correctly the dateils of the appident to speed up the claims process.
- 2. This 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 facts may allow insurance companies to repudiate policy liability.
- 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 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)

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 (colocitively the "Personal Information") and disclose and transfer such Personal Information to all insurer(s) who have insured vehicle(s) involved in this accident (all insurers) who have insured vehicle(s) involved in this accident shall be collectively referred to as the "Insurers"), the insurers "tawyers/law firms, the Monétary 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 solllement of the claims and any necessary investigations relating to the claims;
- (ii) investigating the accident and/or my claims;
- (ii) carrying out and/or dealing with my instructions or responding to any enquries 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 envelopesimal 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 Perposes; 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.

Policyholder's Signature / Date & Time	Driver's Signature (if driver is a & Time	not the policyholder) / Date	Witnessed by Reporti	ng Centre
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Carlos Maries	k. h. Malund x	mos
cyholder's Signature / Cate &	Driver's Signature (if driver is not the policyholder) / Date	Witnessed by Reporting Centre
O .	& Time	Personnel

Describe Circumstance of the Accident.

ON 10/07/2021 @ 1625 HRS, I WAS DRIVING MY VEHICLE (SMR 7446 C - MAZDA 6/BLUE), TRAVELLING ALONG CTE - TOWARDS UPPER SERANGOON ROAD/PIE - CHANGI AIRPORT, IN LANE 4, WITH NO PASSENGERS ONBOARD.

I WAS PROCEEDING STRAIGHT AHEAD WITHIN MY OWN LANE, FOLLOWING TRAFFIC FLOW. AFTERWHICH, A WHITE AUDI, WHICH WAS TRAVELLING AHEAD OF ME STOPPED. UPON SEEING THIS, I IMMEDIATELY APPLIED BRAKES AND WAS ABLE TO STOP IN TIME, WITHOUT ANY COLLISION TO THE FRONT VEHICLE.

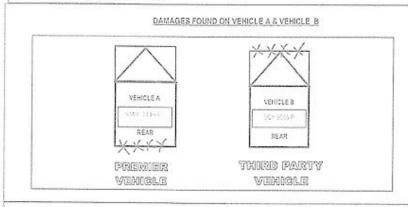
SUDDENLY, I FELT AN IMPACT FROM THE REAR. I THEN REALIZED THAT VEHICLE B (SCY 9555 P - VOLVO) TRAVELLING STRAIGHT BEHIND ME, HAD FAILED TO KEEP A PROPER LOOKOUT AND FAILED TO STOP IN TIME, COLLIDING ONTO MY VEHICLE'S REAR PORTION.

DUE TO THE IMPACT, MY VEHICLE SUSTAINED DAMAGES ON THE REAR PORTION, WHILE VEHICLE B SUSTAINED DAMAGES ON THE FRONT PORTION.

NO INJURY INVOLVED. NO AMBULANCE AT SCENE.

1 MALE PASSENGERS ONBOARD VEHICLE B.

VIDEO FOOTAGE CAPTURED



of b. Malund 1/2/

Tuesday, July 13, 2021 @ 10:11:59 AM

(attended by



