SL0P21A10002 / LION CITY RENTALS PTE. LTD ENTRY DATE & TIME: 04/10/2021 09:59 (SGT) SUBMITTED BY: Kellyn VERSION: 1 (04/10/2021 09:59 (SGT))

© SINGAPORE ACCIDENT STATEMENT

- IMPORTANT NOTICE

 1. Please report <u>correctly</u> the details of the accident to speed up the claims process.

 2. This Form must be <u>completed by the Policyholder and/or the Authorised Driver</u>

 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 Date of Accident Exact Location of Accident Additional Location Information Country/State of Loss	04/10/2021 09:59 (SGT) 30/09/2021 21:15 (SGT) Stevens Rd, Singapore PIE CHANGI(AFTER STEVENS RS EXIT Singapore
DETAILS OF	OWN VEHICLE
Vehicle Registration Number	SLK7463B
INSURED/POLICYHO!.DER	
Is company? Name Of Registered Owner Company Reg No Email Address Mobile Phone No Alternative Phone No	Yes LION CITY RENTALS PTE LTD 2XXXXX621K Icrarc@lioncityrentals.com.sg (Phone) +65-62525525 (Office) +65-62525525
VEHICLE PARTICULARS	
Manufacturer Model iant Exact purpose for which vehicle was being used at time of accident Are you claiming under your own insurance policy for repair to your vehicle? Vehicle Category Transmission CC INSURANCE COMPANY	Toyota Sienta HYBRID Private hire No - Claiming third party Private car Auto 1500
Name of Insurance Company Type of Coverage Fleet Policy Policy Number Cover Note Number	Tokio Marine Insurance Singapore Ltd ThirdParty Yes 21-MM000080-R00
Name of Driver NRIC No	

Date Of Birth	
Occupation Date Of Driving Pass	
Driving experience	
Gender	
Mobile Number	
Alt. Phone Number	
Email Address	
Address complement	DENTINO BONT DATON WEST AVENUE OF 5
Postcode	
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 Vehicle Owned by Driver	-
GENERAL INFORMATION OF THE ACCIDENT	
Type of Accident	Collision - Change/cross lane
Weather Conditions	Clear
Road Surface	Dry
OTHER INFORMATION	
Management against a subhiala instable distribution and the Management de 110	
Was any foreign vehicle involved in the accident? Number of vehicles involved in the accident	No 2
Was anybody injured in the Accident?	3 No
Was any injured conveyed to hospital by ambulance?	-
Was any other vehicle 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	NA Male
DETAILS OF POLICE ACTION	
Was the accident reported to the police?	Yes
Police Station Name	Traffic Police
Police Station Phone No	(Phone) +65-65470000
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	
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
Vahiola Pagistration Number	
Vehicle Registration Number Vehicle Manufacturer	YN4541J
TOTAL MUNICIPALITY CONTRACTOR CON	-





Police Station Of Origin:

Traffic Police

10 Ubi Avenue 3 SINGAPORE 408865

Tel No: 65470000

1 of 4 Report No. T/20211001/7019

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 01/10/2021 14:49	Vide Report No.:	Station Diary No.:			
Informant's Particulars					
Name of Informant:	Address:				
AMAT JUMAIDI BIN ARISMAIL		TOO TOO ON COME OF CO			
ID Type / ID No.:	Contact No.:				
NRIC NO .	Home/Office:	Mobile:			
Nationality:	Email:				
SINGAPORE CITIZEN	AMAT_BECK@HOTMAIL.COM				
Sex: Age: Date of Birth:	Type of Informant:	"-			
Male	Driver				
Race:	Language:	Institution / School Name:			
Javanese	English				
Occupation:	Driving Licence Information:				
	Class: 2B,2A,3	Date of Expiry:			

General Informati	on of the Accident					
Type of Accident:	Injury Conveyed By Ambulance	Drink Drive: No	Date/Time of Accident: 30/09/2021 21:15		Type of Location: Straight Road	
Location:				,		
PAN ISLAND EXI	PRESSWAY					
Weather:	Roa	ad Surface:		Roa	d Speed Limit:	
Clear Dry					80 Km/h	
Traffic Flow: Traffic		ffic Control:	·	Traffic Volume:		
One Way Controlled by Others e.g. Workmen			Moderate			
Type of Collision: Between Moving	Vehicles - Head To Side				one conveyed by ulance:	

Details of V	ehicle Involved					
Vehicle No.	Type	Make	Model	Color	Conditio	No of
SLK7463B	Car	TOYOTA	TOYOTA SIENTA	Red	Totally Damaged	1
YN4541J	Lorry			Blue	Slightly Damaged	0





2 of 4 Report No. T/20211001/7019

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

CONTINUATION OF REPORT

Details of Vo	hicle Insurance	alis Asamaan ka dara ka sa		
Vehicle No.	Insurance Company	Insurance No	Effective	Expiry Date
SLK7463B	TOKIO MARINE INSURANCE	21-MM000080-R00	25/02/2021	24/02/2022
	SINGAPORE LTD.			,

Details of Perso	c. (1-59-4)					•
Any Pedestrian I						
No. of Pedestrian			Use of Peo	destrian	Cross	ing: ΝΔ
Driver			030 011 00	Jestian	01033	ing. (V)
Name	AMAT JUMAIDI BIN ARISMAIL			ID No.	<u>Managan</u>	
Related Vehicle	SLK7463B (Car)			Contact No.		20000001
Hospital/Clinic				Class of Driving Licence & Expiry		Class: 2B,2A,3 Date of Expiry: NIL
Date	30/09/2021	_	Date)/2021
No. of Days gran	ted Medical Leave	05	Degree of		Slight	
Passenger						ra Bacerspale (1. St. C. 1886)
Name	Unknown Passenger			ID No.		NIL .
Related Vehicle	SLK7463B (Car)			Contact No.		
Hospital/Clinic	NIL		Class of Driving Licence & Expiry		Class: 3 Date of Expiry: NIL	
Date	NIL		Date	<u>'</u>	NIL	
No. of Days gran	ted Medical Leave	NIL	Degree of		NIL	
Driver						
Name	LI WEN	and the second s	anning and a second	ID No.		
Related Vehicle	YN4541J (Lorry)		Contact No.		NIL	
Hospital/Clinic	NiL		Class of Driving Licence & Expiry		Class: 3 Date of Expiry: 26/10/2025	
Date	NIL		Date		NIL	
No. of Days gran	ted Medical Leave	NIL	Degree of		NIL	





3 of 4

Report No. T/20211001/7019

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

CONTINUATION OF REPORT

Brief Details.

On 30th September 2021 at 2115hrs, I was driving on the first lane at the speed of 70-80km/h at PIE towards Changi after Stevens Road exit. As the cars started to slow down due to traffic ahead, I reduced my speed gradually. Suddenly, a tow truck (YN4541J) which is towing a car (SJR2819D) swerve into my lane abruptly. I had no time to react despite me pressing on the brake pedal fully. I have a video footage that is exceeding 2MB and also the accident's photos.

During the journey, I was sending my passenger, who booked via Grab apps (job details: A-216LN5IWWHBS) to Changi Village. My passenger claimed that he has no injury during the accident. However, I suffered a lower back pain and was traumatized. Grab activated the ambulance and Aetos to the accident scene. I was brought to SGH A&E via ambulance for further checks. I was given 5 days MC and a referral to see the Orthopaedic.





Police Station Of Origin: Traffic Police 10 Ubi Avenue 3 SINGAPORE 408865 Tel No: 65470000 4 of 4 Report No. T/20211001/7019

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: 01/10/2021 14:49
Officer In Charge Of Case: TP / TPIB / ABDUL MUHAIMIN BIN HUSSAIN Contact No.: 65476090	Classification Of Case:

NP168

IMPORTANT NOTICE

- 1. Please report correctly the details of the accident to speed up the claims process.
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- 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.
- 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
- overnment agency/authority (such as the police), for the purpose(s) of : 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' 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.

Policyholder's Signature / Date & Time

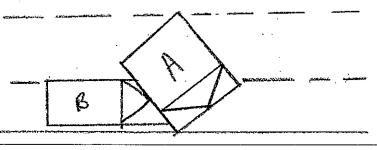
Driver's Signature (If driver is not the policyholder) / Date & Time

Witnessed by Reporting Centre Personnel

Sketch Plan

AFTER STEVENS HANGT

A- 4N45415 B-SLK7463B



Describe Circumstances of the Accident	
ON 30 September 2021 at around 9.15pm, I was driving on PIE (hangi on the first lane. I was gradually slowing down when suddenly another vehicle (YN 45413) swerve into my lane. I there press my brake but to no avail. My car (52K7463B) did not manage to stop on time although I have kept a safe 2-3 car distance. I was slightly injure 26th to	
Tane. I was gradually slowing down when suddenly another vehicle (YN 43413) swerve	
into my lane. I know press my brake but to no avail. My car (SLK7463B) did not manage	
to stop on time although I have kept a safe 2-3 car distance. I was slightly injured at the	at point of
I was given 5 days me for back pain. I thus a passenger as I was sit or olds the	Jimy
He did not report any injury as of now.	
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Declaration

I/We declare the foregoing particulars are true in every respect.

Policyholder's Signature Date & Time

And

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

Witnessed by Reporting Centre Personnel