

## 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 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. 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 ..... 13/12/2021 12:39 (SGT)  
Date of Accident ..... 11/12/2021 14:45 (SGT)  
Exact Location of Accident ..... ECP, Singapore  
Additional Location Information ..... -  
Country/State of Loss ..... Singapore

### DETAILS OF OWN VEHICLE

Vehicle Registration Number ..... SLG7507E

#### INSURED/POLICYHOLDER

Is company? ..... Yes  
Name Of Registered Owner ..... LION CITY RENTALS PTE LTD  
Company Reg No ..... 201504621K  
Email Address ..... lcrarc@lioncityrentals.com.sg  
Mobile Phone No ..... (Phone) +65-62525525  
Alternative Phone No ..... (Office) +65-62525525

#### VEHICLE PARTICULARS

Manufacturer ..... Toyota  
Model ..... Axio  
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 car  
Transmission ..... Auto  
CC ..... 1500

#### INSURANCE COMPANY

Name of Insurance Company ..... Tokio Marine Insurance Singapore Ltd  
Type of Coverage ..... ThirdParty  
Fleet Policy ..... Yes  
Policy Number ..... 21-MM000083-R00  
Cover Note Number ..... -

#### DRIVER

Name of Driver ..... AHMAD BIN MOHAMED SAPARI  
NRIC No ..... S7332223E

Date Of Birth .....	16/09/1973
Occupation .....	Outdoor
Date Of Driving Pass .....	31/05/1995
Driving experience .....	26 YEARS AND 7 MONTHS
Gender .....	Male
Mobile Number .....	(Phone) +65-88232007
Alt. Phone Number .....	-
Email Address .....	lcrarc@lioncityrentals.com.sg
Address .....	325B SENGKANG EAST WAY
Address complement .....	-
Postcode .....	542325
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 .....	Raining
Road Surface .....	Wet

#### OTHER INFORMATION

Was any foreign vehicle involved in the accident? .....	No
Number of vehicles involved in the accident .....	3
Was anybody injured in the Accident? .....	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 .....	NA
Gender .....	Female

#### DETAILS OF POLICE ACTION

Was the accident reported to the police? .....	Yes
Police Station Name .....	Sengkang Neighbourhood Police Centre
Police Station Phone No .....	(Phone) +65-18003438999
Alt. Police Station Phone No .....	(Fax) +65-63438939
Police Station Address .....	2 Sengkang Square #01-02
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 VEHICLE PROPERTY 1

Vehicle Registration Number .....	SGM2237U
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 2

Vehicle Registration Number .....	SMP6973P
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) .....	-

## SKETCH PLAN

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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 firms/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 firms/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 firms/law firms), which may be sited outside of Singapore, for one or more of the above Purposes.



Policyholder's Signature / Date & Time

Sketch Plan

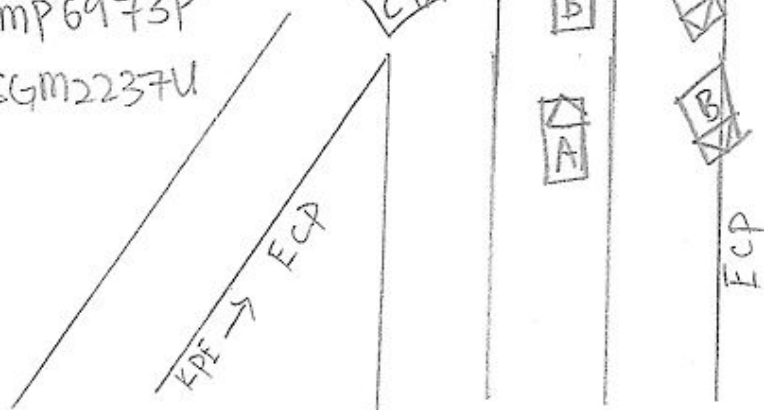
Driver's Signature (if driver is not the policyholder) / Date & Time

Witnessed by Reporting Centre Personnel

A - SLG7707E

B - SMP6973P

C - SGM2237U



## Describe Circumstances of the Accident

Please refer to police report.

CAR C exits from KPE skidded and hit CAR B. CAR B overturn 360° and hit my vehicle CAR A. CAR C and CAR B ends up on the other side of the road.

## 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 & Time

Witnessed by Reporting Centre Personnel







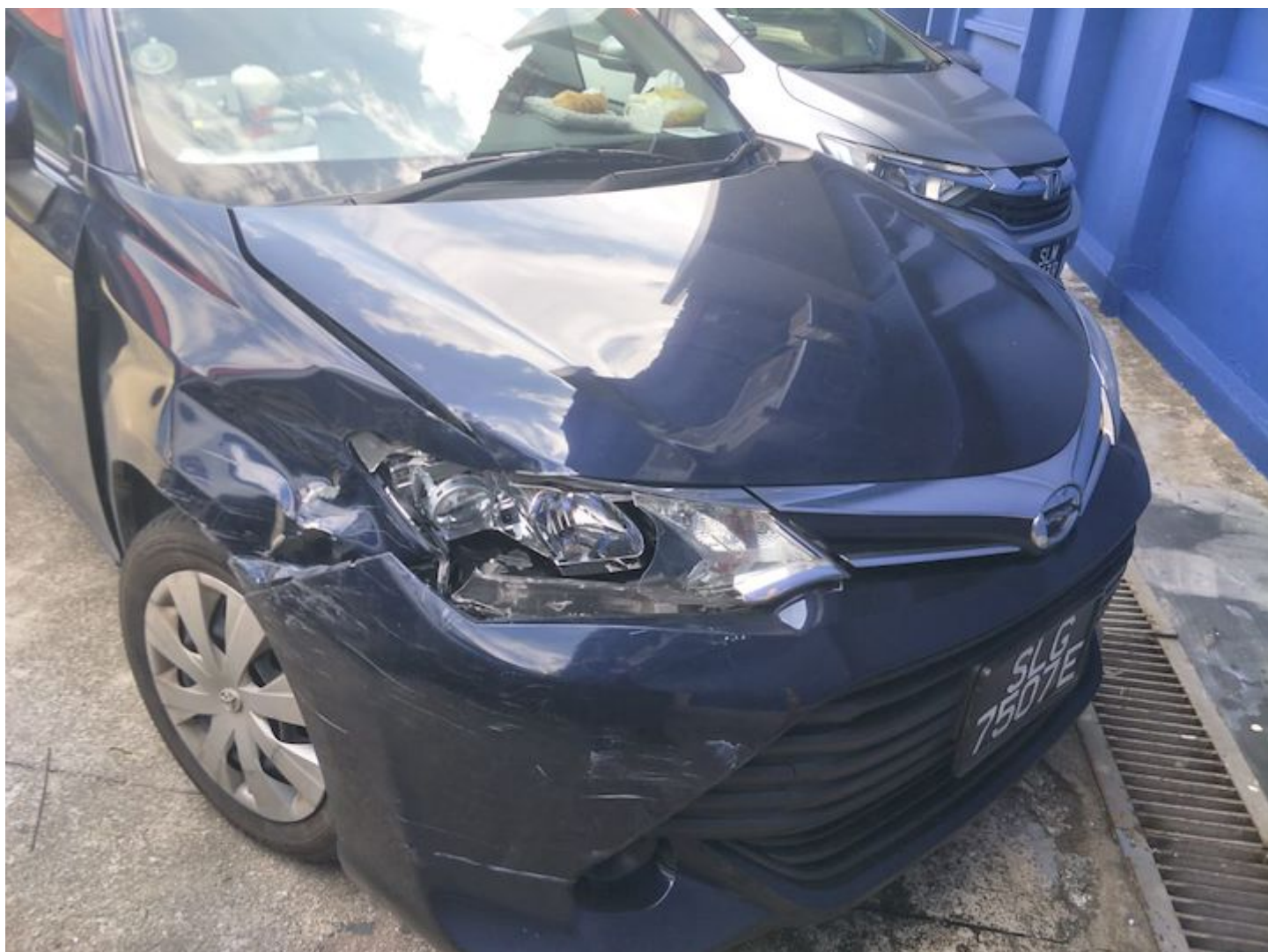






















**SINGAPORE  
POLICE FORCE**



T/20211212/2022

Police Station Of Origin:  
Sengkang N.P.C  
2 Sengkang Square #01-02 SINGAPORE  
545025  
Tel No: 1800-343 8999

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Report No. T/20211212/2022

**REPORT OF A TRAFFIC ACCIDENT**

Date/Time Report Made: 12/12/2021 11:38		Vide Report No.: G/20211211/0148		Station Diary No.: 39	
<b>Informant's Particulars</b>					
Name of Informant: AHMAD BIN MOHAMED SAPARI			Address: APT BLK 325B SENGKANG EAST WAY #02-641 SINGAPORE 542325		
ID Type / ID No.: NRIC NO / S7332223E			Contact No.: Home/Office: 88232007      Mobile:		
Nationality: SINGAPORE CITIZEN			Email: MATZSAPARI1609@GMAIL.COM		
Sex: Male	Age: 48	Date of Birth: 16/09/1973	Type of Informant: Driver		
Race: Boyanese			Language:		Institution / School Name:
Occupation: PRIVATE HIRE			Driving Licence Information: Class: 2B,2A,3		Date of Expiry:

<b>General Information of the Accident</b>				
Type of Accident:	Non-Injury Attended by Police	Drink Drive: No	Date/Time of Accident: 11/12/2021 14:45	Type of Location:
Location:  EAST COAST PARKWAY				
Weather:		Road Surface:	Road Speed Limit:	
Traffic Flow:		Traffic Control:	Traffic Volume:	
Type of Collision:				Anyone conveyed by ambulance: No

<b>Details of Vehicle Involved</b>						
Vehicle No.	Type	Make	Model	Color	Condition	No of Passenger
SGM2237U	Car				Slightly Damaged	0
SLG7507E	Car				Slightly Damaged	1
SMP6973P	Car				Slightly Damaged	0



**SINGAPORE  
POLICE FORCE**



T/20211212/2022

Police Station Of Origin:  
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2 Sengkang Square #01-02 SINGAPORE  
545025  
Tel No: 1800-343 8999

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Report No. T/20211212/2022

## CONTINUATION OF REPORT

Details of Person Involved			
Any Pedestrian Involved: No			
No. of Pedestrians Injured: NIL		Use of Pedestrian Crossing: NA	
Driver			
Name	CHEE KOON	ID No.	NIL
Related Vehicle	SGM2237U (Car)	Contact No.	98263663
Hospital/Clinic	NIL	Class of Driving Licence & Expiry Date	Class: NIL Date of Expiry: NIL
Date Treatment	NIL	Date Discharge	NIL
No. of Days granted Medical Leave	NIL	Degree of Injury	NIL
Driver			
Name	AHMAD BIN MOHAMED SAPARI	ID No.	S7332223E
Related Vehicle	SLG7507E (Car)	Contact No.	88232007
Hospital/Clinic	NIL	Class of Driving Licence & Expiry Date	Class: 2B,2A,3 Date of Expiry: NIL
Date Treatment	NIL	Date Discharge	NIL
No. of Days granted Medical Leave	03	Degree of Injury	Slight
Driver			
Name	RYAN LEE	ID No.	NIL
Related Vehicle	SMP6973P (Car)	Contact No.	98186445
Hospital/Clinic	NIL	Class of Driving Licence & Expiry Date	Class: NIL Date of Expiry: NIL
Date Treatment	NIL	Date Discharge	NIL
No. of Days granted Medical Leave	NIL	Degree of Injury	NIL

**Brief Details.**

On the 11/12/2021 at about 1440hrs, I was driving my vehicle bearing plate number SLG7507E along ECP expressway of the second lane of the said road. My vehicle met into an accident near the Rochor exit where a vehicle SGM2237U (just exited KPE) skidded onto the front vehicle and eventually the front vehicle collided on car. The condition of the road was wet and the weather was drizzling. As the said vehicle SGM2237U exit the KPE and as it was entering ECP, the car skidded onto the front moving vehicle ahead of me (SMP6973P). Due to the impact of the collision, it resulted the said SMP6973P to skid on lane two where I was driving. I tried to avoid the collision by stirring to the left lane (3rd lane) however unable to do so as my front portion of my vehicle collided on the rear part of vehicle SMP6973P.





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T/20211212/2022

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Tel No: 1800-343 8999

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Report No. T/20211212/2022

**CONTINUATION OF REPORT**

The said car that skidded "SGM2237U" then stopped at lane one of the expressway where both of the driver manage to exit their vehicle. No one sustained serious injury however traffic police and ambulance was at scene. No one was convey to the hospital. I manage to exchange particular with both of the drivers (name and contact number). I manage to drive my vehicle back home after the traffic police seize my in car camera SD card.

On the same day, on the 11/12/2021 at about 1800hrs, I felt pain from my neck to my back area as such I decided to visit the clinic near Kovan area. The doctor gave me 3 days MC for my pain.





**SINGAPORE  
POLICE FORCE**



T/20211212/2022

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545025  
Tel No: 1800-343 8999

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Report No. T/20211212/2022

CONTINUATION OF REPORT

**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  
F /  
Sgt 3 NOR'AISAH BINTE MOHD  
PERDAUS

Signature Of Interpreter:  
Not applicable

Officer In Charge Of Case:  
TP / GIT /  
SI THABAGESH JEYATHESH  
Contact No.: 65476178

Authentication Stamp  
NP168

Signature Of Informant:

Date/Time:  
12/12/2021 11:38

Classification Of Case: