SS2X22820001 / SME MOTOR PTE LTD ENTRY DATE & TIME: 02/08/2022 09:54 (SGT) SUBMITTED BY: Chia Pei Ying VERSION: 1 (02/08/2022 09:54 (SGT))

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 Actual 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 02/08/2022 09:54 (SGT) Reported by Driver Date of Accident 30/07/2022 12:55 (SGT) Exact Location of Accident Republic Ave, Singapore Additional Location Information TWDS NICOLL HIGHWAY Country/State of Loss Singapore

DETAILS OF OWN VEHICLE

Toyota

Vehicle Registration Number SI V4156A

INSURED/POLICYHOLDER

Is company? Yes Name Of Registered Owner **GRAN TORINO PTE LTD** Company Reg No 202026383C Email Address reporting.gt@gmail.com Mobile Phone No (Phone) +65-88556141 Alternative Phone No

VEHICLE PARTICULARS

Manufacturer

Model C-hr 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 No - Claiming third party your vehicle? Vehicle Category Private car Transmission Auto CC 1496

INSURANCE COMPANY

Name of Insurance Company India International Insurance Pte Ltd Policy Number / Cover Note Number D21MFL0007109

DRIVER

Name of Driver LIM WEE MENG NRIC No S1821281A Date Of Birth 17/07/1967 Occupation Outdoor

Date Of Driving Pass 19/11/2001 Driving experience 20 YEARS AND 8 MONTHS Gender Mobile Number (Phone) +65-91960006 Alt. Phone Number Email Address kanelim28@gmail.com Address BLK 71 CAVENAGH ROAD #13-332 Address complement Postcode 229623 Is the driver the policyholder? No If No, Relationship of the Driver with the Insured Hirer Does Driver Own Other Vehicles? Nο 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 Side Swipe 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? No 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? Nο Translator's name Translator's ID Translator's phone number Translator's email Original language used in the statement PASSENGER 1 Name **UNKNOWN** Gender PASSENGER 2 Name UNKNOWN Gender Female **DETAILS OF POLICE ACTION** Was the accident reported to the police? Yes 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? If yes, against whom? CIRCUMSTANCES OF ACCIDENT REFER TO POLICE REPORT: T/20220801/7014. ATTACHMENT(S)

Yes

No

Are accident photos available for attachment?

Was there any video captured by Car Camera?

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	TP452H
Vehicle Manufacturer	-
Vehicle Model	-
Vehicle Variant	_
Vehicle Colour	_
Vehicle Category	Motorcycle
Name of Driver	-
Contact Number	_
Address	_
Address complement	_
Postcode	_
Insurance Company Name	_
Nature Of Damage	_
Details of property damaged in accident	VEHICLE B
No. Of Passenger (Including Driver)	1

SKETCH PLAN

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 Actual 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.
- 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.
- Any false reporting may be referred to the Traffic Police Department for investigation.
- This report will be forwarded by the insurers to 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)

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 (all insurer(s) who have insured vehicle(s) involved in this accident shall be collectively referred to as the "Insurers"), the Insurers' lawyers/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")

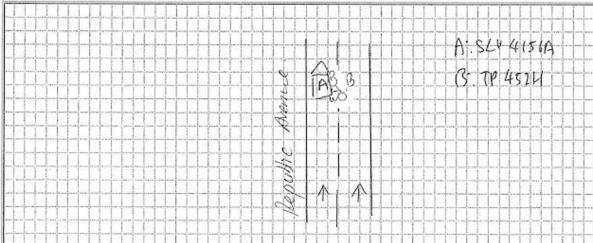
- (b) all insurer(s) who have insured vehicle(s) involved in this accident and the Insurers' lawyers/law firms, may/are permitted to collect, use, disclose and/or process my Personal Information for one or more of the above Purposes; and
- (c) my Personal Information may/can be disclosed by any of the Insurers and/or GIA to their third-party service providers or agents (including their assessment) 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

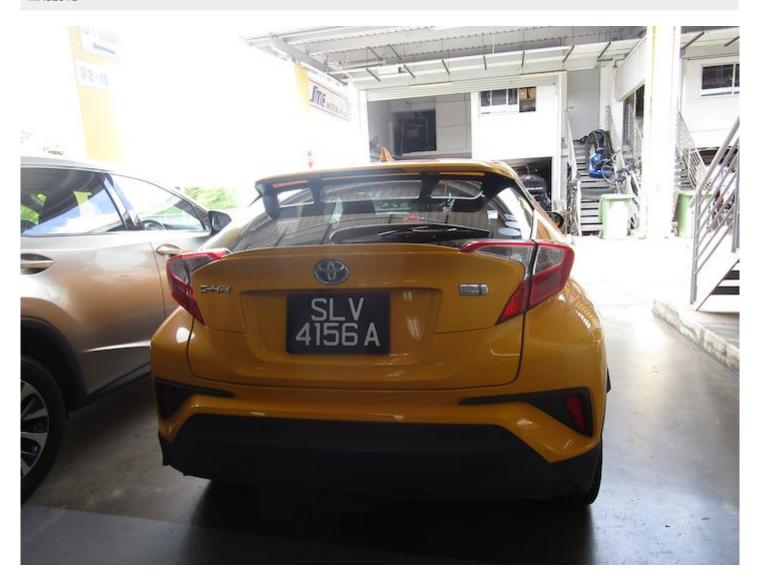
Witnessed by Reporting Centre Personnel (Name as in NRIC/ID card)

Sketch Plan

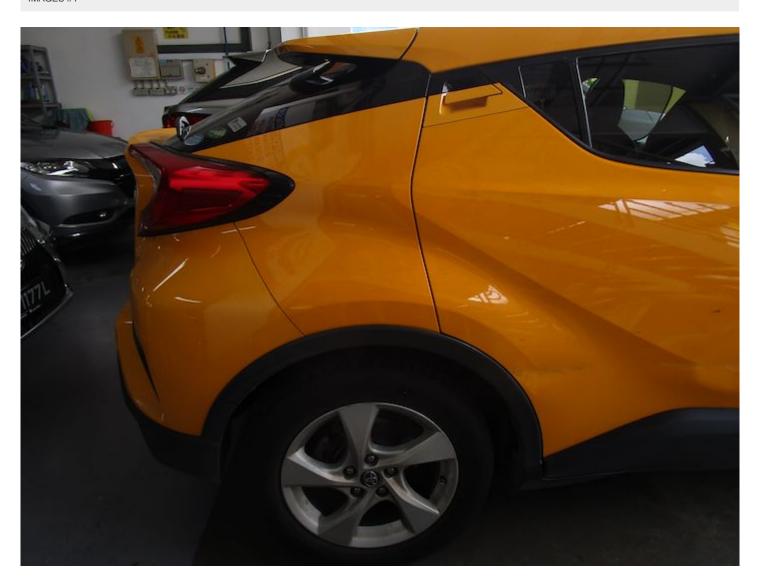


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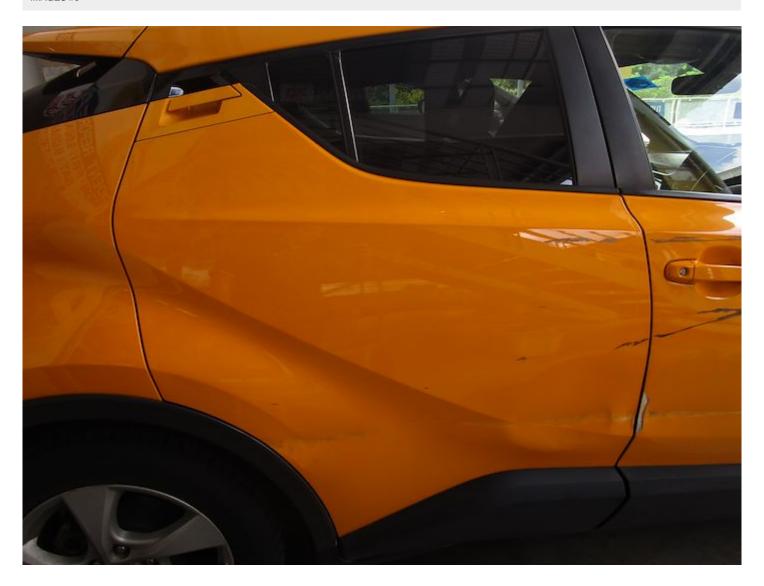








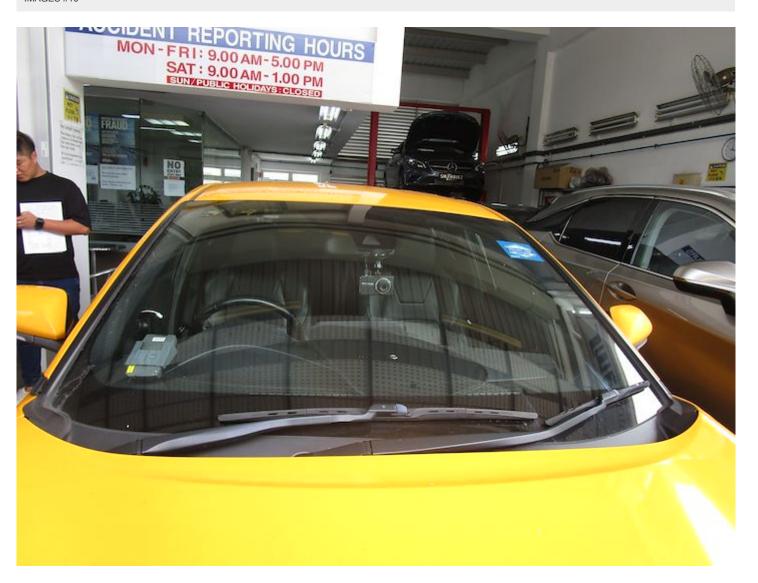
















Police Station Of Origin: Traffic Police 10 Ubi Avenue 3 SINGAPORE 408865 Tel No: 65470000 1 of 3 Report No. T/20220801/7014

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 01/08/2022 11:58		Vide Report No.: A/20220730/0108	Station Diary No.:		
Informa	nt's Partic	ulars			
Name of Informant:			Address:		
LIM WEE MENG			18A HONGKONG STREET #02-01 NA SINGAPORE 059661		
ID Type / ID No.: NRIC NO / S1821281A		Contact No.: Home/Office:	Mobile: 91960006		
Nationality:		Email:			
SINGAPORE CITIZEN		KANELIM28@HOTMAIL.COM			
Sex:	Age:	Date of Birth:	Type of Informant:		
Male	55	17/07/1967	Driver		
Race:		Language: Institution / School Nam			
Chinese		English			
Occupation:		Driving Licence Information: Class: Date of Expiry:			

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Type of Accident:	Non-Injury Police Vehicle	Drive:	Date/Time of Accident: 30/07/2022 12:55	Type of Location Straight Road
Location:				
REPUBLIC A	VENUE	Road Surface:	Ro	oad Speed Limit:
		Det		
		Dry		
Clear Traffic Flow: One Way	33111	Traffic Control: Not Controlled	1999	affic Volume:

Details of Vehicle Involved						
Vehicle No.	Type	Make	Model	Color	Conditio	No of
SLV4156A	Car					0
TP452H	Motorcycle					0

Details of Person Involved



T/20220801/7014

Police Station Of Origin: Traffic Police 10 Ubi Avenue 3 SINGAPORE 408865 Tel No: 65470000 2 of 3 Report No. T/20220801/7014

CONTINUATION OF REPORT

Driver					
Name	LIM WEE MENG			ID No.	S1821281A
Related Vehicle	SLV4156A (Car)			Contact No	o. 91960006
Hospital/Clinic	NIL			Class of Driving Licence & Expiry	Class: NIL Date of Expiry: NIL
Date	NIL		Date	NIL	
No. of Days gran	ted Medical Leave	NIL	Degree of	NIL	

Brief Details.

I WAS TRAVELLING STRAIGHT ALONG REPUBLIC AVENUE TOWARDS NICOLL HIGHWAY. I WAS IN MY OWN LANE WHEN SUDDENLY TP452H CUT IN FROM MY RIGHT AND COLLIDED ONTO MY VEHICLE RIGHT SIDE PORTION. AFTER WHICH ANOTHER TP ATTENDED TO OUR CASE AND TOOK MY MEMORY CARD AND I WAS GIVEN ACKNOWLEDGEMENT SLIP.





Police Station Of Origin: Traffic Police 10 Ubi Avenue 3 SINGAPORE 408865 Tel No: 65470000 3 of 3 Report No. T/20220801/7014

CONTINUATION OF REPORT

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Informant is not able to provide sketch

Signature Of Informant: The identity of the person making this report has been authenticated by Singpass. No signature is required.
Date/Time: 01/08/2022 11:58
Classification Of Case:

SLV HISGA

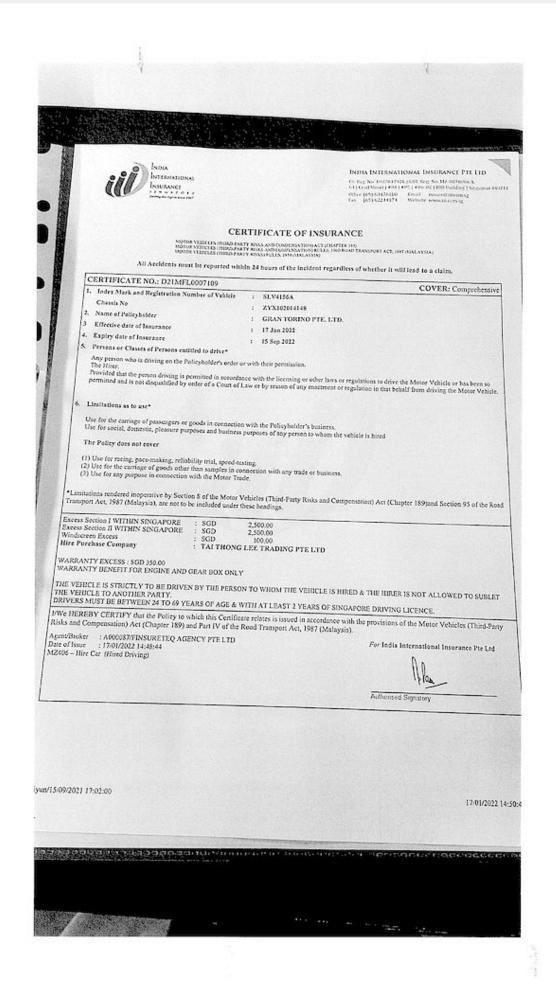




SINGAPORE POLICE FORCE ACKNOWLEDGEMENT SLIP

56/13/	SOME MEND RISHAW
(Recipient's Name,	Contact No. / NRIC or Passport No. / Rank and No.)
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(Addres	ss / Police Station / NPC / NPP)
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(Name, NRI SA INGKAN SOLLY (Address (Date) (Indee)	s/Police Station / NPC / NPP)
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(Name, NRI SA 1 x 19 K x 19 S R 1 x 7 (Address (Date) At the seed-by /* Handed over by: (Signature)	S/Police Station / NPC / NPP) 125 4 125 (Time) Received by:
(Name, NRI SA INGKON, SRITT (Address 3010713030 at (Date) Itnessed by /* Handed over by: Detete if applicable) (Signature) (M. VCE ME, C. S. (198)	# Signature \$ (03 9 6 6 1/2) \$ (Police Station / NPC / NPP) 12 5 4 1/2 5 (Time) Received by:
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(Name, NRI (Name, NRI (Address 3010713030 at (Date) (Signature) (Signature) (Name, NRIC or Passport No. / Rank and No.)	# Signature \$ (03 9 6 6 1/2) \$ (Police Station / NPC / NPP) 12 5 4 1/2 5 (Time) Received by:
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(Name, NRI (Name, NRI (Name, NRI (Addres 30/07/2022 at (Date) (Date) (Signature) (Signature) (Addres (Addres (Date) (S/Police Station / NPC / NPP) 138 A 198 (Time) Received by: Signature Signature (Name, Contact No. / NRIC or Passport No. / Rank and

NP 323 (2/16)+





RENTAL AGREEMENT ROC 202026383C

Hirer's Name	LIM WEE MENG
Hirer's Address	BLK 71 CAVENAGH RD #13-332 S229623
NRIC	S1821281A
Date of Birth	17/07/168
Driving License Pass Date	S1821281A
Contact No.	91960006
Email	Kanelim28@gmail.com
Purpose of rental	PHV DRIVER
Emergency Contact	98995910

RENTAL DETAILS

License Plate	\$525	Make/ Model	TOYOTA CHR HB			
Weekly Rental	\$525	CDW	YES			
Driving License Type	Class 3 / PDVL / TDVL/LICENSED LESS THEN 2 YEAR					
EXCESS \$2500/\$2500 .	EXCESS \$4000/8	4000 (LESS THEN 2 YEA	R LICENSED)			
Contract Duration	12 MONTH					
Start Date / Time	17/07/2022	Return Date / Tin	ne 17/07/2023			
Start Mileage		Return Mileage				

GRAN TORINO PTE LTD ("The Company")

Hirer/Authorized Rider ('Hirer')(Relief)

Hirer must produce a valid Singapore NRIC and Driving License or a valid International Driving License & valid Foreign Driving Licence and Passport or FIN card. Hirer guarantees that he / she is not under any suspension order on his/her Driving License.

Terms of Payment / Security Deposit Amount: \$500

Hire charges and Security Deposit for the hire period is payable by The Hirer at the time of taking over the vehicle. The Hirer is to pay a mandatory amount of security deposit. It will be refunded back to The Hirer by bank transfer, 14 days from the end of the hiring period. The Company will use the security deposit to offset any repairs, fines or summons incurred by The Hirer during the rental period. All rental charges paid in advance is non-refundable.