

SINGAPORE ACCIDENT STATEMENT

IMPORTANT NOTICE

1. Please report correctly the details of the accident to speed up the claims process.

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 witholding of material facts may allow insurance companies to repudiate

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 Reported by Date of Accident **Exact Location of Accident** Additional Location Information Country/State of Loss

20/08/2022 14:49 (SGT) Driver 19/08/2022 20:00 (SGT) PIE, Singapore TOWARDS CHANGI BEFORE BEDOK NORTH ROAD EXIT Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number

SLG7442H

INSURED/POLICYHOLDER

Is company? Name Of Registered Owner Company Reg No **Email Address** Mobile Phone No

Alternative Phone No

Yes

LION CITY RENTALS PTE LTD

2XXXXX621K

lcrarc@lioncityrentals.com.sg (Phone) +65-96559827 (Office) +65-62525525

VEHICLE PARTICULARS

Manufacturer Model Variant

Exact purpose for which vehicle was being used at time of

Are you claiming under your own insurance policy for repair to

your vehicle? Vehicle Category Transmission CC

Private use

Mazda

3

No - Claiming third party

Private car Auto 1496

INSURANCE COMPANY

Name of Insurance Company Policy Number / Cover Note Number

Tokio Marine Insurance Singapore Ltd 22-MN000279-R00

DRIVER

Name of Driver NRIC No Date Of Birth Occupation

REUBEN LIM HAN RONG SXXXX079G 24/06/1995 Outdoor

Accident report SJ0G228K000P

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Date Of Driving Pass Driving experience Gender Mobile Number Alt. Phone Number **Email Address** Address Address complement

Postcode

Is the driver the policyholder?

If No, Relationship of the Driver with the Insured

Does Driver Own Other Vehicles?

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 Weather Conditions Road Surface

OTHER INFORMATION

Was any foreign vehicle involved in the accident? Number of vehicles involved in the accident Was anybody injured in the Accident?

Was any injured conveyed to hospital by ambulance? Was any other vehicle or property damaged? Number of Passengers (Including Driver) Has the driver been approached by unknown person(s) soliciting/offering accident claims assistance?

Translator's name Translator's ID

Translator's phone number

Translator's email

Original language used in the statement

PASSENGER 1

Name Gender

PASSENGER 2

Name Gender

DETAILS OF POLICE ACTION

Was the accident reported to the police? Was notice of intended Prosecution given?

If yes, against whom?

CIRCUMSTANCES OF ACCIDENT

08/05/2017 5 YEARS AND 3 MONTHS Male (Phone) +65-96559827

lcrarc@lioncityrentals.com.sg

BLK 258C COMPASSVALE ROAD #08-575

543258 No Hirer No

Chain Collision

Clear Dry

No

No

Yes

No

UNKNOWN

Female

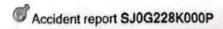
UNKNOWN Female

No

No

ON 19/08/2022 AT ABOUT 20:00HRS, I WAS DRIVING VEHICLE A (SLG7442H) ALONG PIE TOWARDS CHANGI BEFORE BEDOK NORTH ROAD EXIT. AS I TRAVELLING STRAIGHT ON FIRST LANE, FRONT UNKNOWN VEHICLE APPLY BRAKE SUDDENLY. I APPLY BRAKE AND STOP IN TIME. AS MY VEHICLE WAS STATIONARY FOR FEW SECONDS, I FELT AN IMPACT ONTO REAR OF VEHICLE A AT REAR LEFT SIDE. FOLLOWED BY SECOND IMPACT ONTO REAR OF VEHICLE A. ALIGHT AND REALISE VEHICLE B (SLG349R) COLLIDED ONTO VEHICLE A REAR BUMPER. VEHICLE B DRIVER CLAIM THAT THERE WAS A VEHICLE C (UNKNOWN) SWERVE TO LEFT AND COLLIDED ONTO VEHICLE A FIRST. AFTER THE IMPACT, VEHICLE C NEVER STOP AND LEFT THE SCENE. TOTAL 3 VEHICLES INVOLVED IN THIS ACCIDENT. NOBODY WAS INJURED AT THE TIME OF THE ACCIDENT.

ATTACHMENT(S)



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Jas Here?



Yes Yes

SLG349R

Private car

Audi

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number Vehicle Manufacturer Vehicle Model

Vehicle Variant
Vehicle Colour

Vehicle Category
Name of Driver

NRIC No
Contact Number
Address

LIM CHEE KAI SEAN
SXXXX700B
(Phone) +65-80145066

Address Complement (Phor

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

Vehicle Manufacturer

UNKNOWN

Vehicle Model
Vehicle Variant
Vehicle Colour

Vehicle Category
Name of Driver
NA / Unknown

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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- 8. Consent under the Personal Data Protection Act (PDPA)

Lunderstand, acknowledge, agree and consent that

- (a) My insurer , my w crkshop 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) w ho have insured vehicle(s) involved in this accident (all insurer(s) w ho 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, w hich 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 &

Sketch Plan

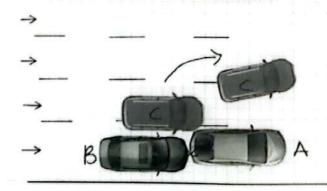
Driver's Signature (if driver is not the policyholder) / Date & Time 20/8-/32@ 1430/+.

FLASH ACCIDENT REPORTING OFFICER

FRO KHAMAR

Witnessed by Reporting Centre

PIE TOWARDS CHANGI BEFORE BEDOK NORTH ROAD EXIT



A - SLG7442H

B - SLG349R

C - UNKNOWN



Describe Circumstances of the Accident

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Declaration

I/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 20/8/22 @ 1430H

FLASH ACCIDENT

Witnessed by Reporting Centre Personnel



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