

# VISION LAW LLC

Advocates & Solicitors - Notary Public - Commissioner for Oaths  
Agents for Trade Marks

(Incorporated with limited liability)

ERIC NG CHING BOON  
WONG KENG LEONG RAYNEY  
AUDREY WONG SU-HSIEN  
PAUL YAP TAI SAN  
ANJALLI D/O MUNIANDY  
ANG KIM NOI DIANE  
RAVENDRA KRISHNASAMY  
CHEONG YUNHUI, CLARISSA  
BATES STEFANIE YOLANDA

Unique Entity Number: 200721148H

Address: 133 New Bridge Road  
#18-01/02 Chinatown Point  
Singapore 059413

TEL : (65) 65342811 (Hunting)  
FAX : (65) 65356802 (General) ✓  
: (65) 65355905 (Litigation)  
E-mail : yvonnelim@visionlawllc.com  
Conveyancing & Family Law Practices  
TEL : (65) 63580703  
FAX : (65) 63580448 (Conveyancing)

WHEN REPLYING PLEASE QUOTE OUR REFERENCE

**Our Ref** : DA1-ylv-Ins-T162-118626-22-fg

**Date** : 29 November 2022

## INDIA INTERNATIONAL INSURANCE PTE LTD

64 Cecil Street  
#04/06-00 IOB Building  
Singapore 049711

**Attention: Motor Claims Department - SMQ 2516 Y**

## THNG JOO SENG

Blk 120 Bukit Merah View  
#16-02  
Singapore 152120

## MSIG INSURANCE (SINGAPORE) PTE LTD

16 Raffles Quay  
#24-01 Hong Leong Building  
Singapore 048581

**Attention: Motor Claims Department - SLG 5391 J**

## HO CHEE SEONG

Blk 569A Champions Way  
#09-350  
Singapore 731569

## INCOME INSURANCE LIMITED

1 Paya Lebar Link  
#07/08-01 PLQ 1  
Singapore 408533

**Attention: Motor Claims Department - PC 5593 S**

## LEBON LIMOUSINE SERVICES

Blk 468A Fernvale Link  
#21-539 Fernvale Lea  
Singapore 791468

## HU CHANGJIANG

Blk 468A Fernvale Link  
#21-539 Fernvale Lea  
Singapore 791468

Dear Sirs,

**CLAIMANT** : SG BUDGET CAR LEASING PTE LTD

**ACCIDENT INVOLVING SDU 57 D & SMQ 2516 Y, SLG 5391 J & PC 5593 S ON 20-OCT-2022 ALONG ECP BEFORE EXIT 15 (ROCHOR ROAD) AT ABOUT 1830 HOURS**

We are instructed by the above named to claim damages against you/your insured in connection with a road traffic accident on **20-Oct-2022 ALONG ECP BEFORE EXIT 15 (ROCHOR ROAD) AT ABOUT 1830 HOURS** involving our client's vehicle registration number **SDU 57 D** and vehicle registration number **SMQ 2516 Y, SLG 5391 J & PC 5593 S** driven by you/your insured at the material time.

.../2 to be continued next page

### CONFIDENTIALITY

THE INFORMATION CONTAINED IN THESE DOCUMENTS MAY BE PRIVILEGED AND CONFIDENTIAL AND IS INTENDED FOR THE EXCLUSIVE USE OF THE ADDRESSEE DESIGNATED ABOVE. If you are not the addressee, any disclosure, reproduction, distribution or other dissemination or use of this communication is strictly prohibited. If you have received this transmission in error please contact us immediately by telephone so that we can arrange for its return.

**Our Ref** : DA1-yiv-Ins-T162-118626-22-fg

**Date** : 29 November 2022

**India International Insurance Pte Ltd**

Attention: Motor Claims Department - SMQ 2516 Y

**MSIG Insurance (Singapore) Pte Ltd**

Attention: Motor Claims Department - SLG 5391 J

**Income Insurance Limited**

Attention: Motor Claims Department - PC 5593 S

**Thng Joo Seng**

**Ho Chee Seong**

**Lebon Limousine Services**

**Hu Changjiang**

**Singapore**

We are instructed that the accident was caused by you/your insured's negligent driving and /or management of your/your insured vehicle. As a result of the accident, our client's vehicle was damaged and our client has been put to loss and expense, particulars of which are as follows:-

1. Costs of Repair	\$ 6,443.21
2. Rental fee	\$ 2,140.00
3. LTA/GIA/TP report/search fees	\$ 130.49
4. Survey report fees	\$ 899.00
5. Costs (with GST)	\$ 1,284.00
6. Incidentals (with GST)	<u>\$ 107.00</u>
	<u>\$11,003.70</u>

We enclose a copy of each of the following documents for your consideration:-

- (a) Police/GIA report lodged by driver of SDU 57 D & SMQ 2516 Y, SLG 5391 J & PC 5593 S;
- (b) LTANet Search;
- (c) Certificate of Insurance;
- (d) Rental agreement & rental invoice;
- (e) Final Repair Bill;
- (f) Surveyor's report & invoice; and
- (g) **54 scanned color photographs** depicting the damages to motor vehicle SDU 57 D.

We have notified your insurers of the accident and a pre-repair inspection of our client's vehicle was carried out by your insurers.

Please note that if you are insured and you wish to claim under your insurance policy, you should immediately pass this letter and all the enclosed documents to your insurer.

Please note that you or your insurer should send to us an acknowledgement of receipt of this letter within 14 days of your receipt of this letter, failing which our client will have no alternative but to commence proceedings against you without further notice to you or your insurer. Our client's claim herein is quantified based on supporting documents in our file. Until a settlement is reached, all negotiations are conducted on the basis that the damages quantified herein are subject to revision if so instructed by our client.

Please also note that if you have a counterclaim against our client arising out of the accident, you are also required to send to us a letter giving full particulars of the counterclaim together with all relevant supporting documents within 8 weeks of your receipt of this letter.

Yours faithfully

Encl.

cc: SDU 57 D- By email: (B) only

***{As per your instruction we have submitted your claim as set out above to the third party insurance company. Please do notify us if there is any discrepancy, if any, particularly, the number of days claimed for rental charges and/or loss of use as soon as possible. Thank you.}***

CONFIDENTIALITY  
THE INFORMATION CONTAINED IN THESE DOCUMENTS MAY BE PRIVILEGED AND CONFIDENTIAL AND IS INTENDED FOR THE EXCLUSIVE USE OF THE ADDRESSEE DESIGNATED ABOVE. If you are not the addressee, any disclosure, reproduction, distribution or other dissemination or use of this communication is strictly prohibited. If you have received this transmission in error please contact us immediately by telephone so that we can arrange for its return.

## 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 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	21/10/2022 12:34 (SGT)
Reported by	Driver
Date of Accident	20/10/2022 18:30 (SGT)
Exact Location of Accident	ECP, Singapore
Additional Location Information	BEFORE EXIT 15 (ROCHOR RD)
Country/State of Loss	Singapore

### DETAILS OF OWN VEHICLE

Vehicle Registration Number	SDU57D
INSURED/POLICYHOLDER	
Is company?	Yes
Name Of Registered Owner	SG BUDGET CAR LEASING PTE LTD
Company Reg No	2XXXXX186G
Email Address	ABSOLUTEWHEELSLEASINGSG@GMAIL.COM
Mobile Phone No	(Phone) +65-98220611
Alternative Phone No	-

### VEHICLE PARTICULARS

Manufacturer	Mercedes
Model	E250
Variant	-
Exact purpose for which vehicle was being used at time of accident	Employment
Are you claiming under your own insurance policy for repair to your vehicle?	No - Claiming third party
Vehicle Category	Private car
Transmission	Auto
CC	1991

### INSURANCE COMPANY

Name of Insurance Company	Allianz Insurance Singapore Pte. Ltd.
Policy Number / Cover Note Number	SP2001630721

### DRIVER

Name of Driver	SUTHISH S/O DAMODARAN K NAIR
NRIC No	SXXXXX218H
Date Of Birth	02/04/1982
Occupation	Outdoor

Date Of Driving Pass	29/01/2015
Driving experience	7 YEARS AND 9 MONTHS
Gender	Male
Mobile Number	(Phone) +65-86613499
Alt. Phone Number	-
Email Address	ABSOLUTEWHEELSLEASINGSG@GMAIL.COM
Address	BLK 129 MARSILING RISE
Address complement	#06-314
Postcode	730129
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	Chain Collision
Weather Conditions	Clear
Road Surface	Dry

#### OTHER INFORMATION

Was any foreign vehicle involved in the accident?	No
Number of vehicles involved in the accident	4
Was anybody injured in the Accident?	Yes
Was any injured conveyed to hospital by ambulance?	No
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
Translator's name	-
Translator's ID	-
Translator's phone number	-
Translator's email	-
Original language used in the statement	-

#### PASSENGER 1

Name	RILEY KURT
Gender	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
Alt. 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 ATTACHED POLICE REPORT.

#### ATTACHMENT(S)

Are accident photos available for attachment?	Yes
Was there any video captured by Car Camera?	No

#### DETAILS OF OTHER VEHICLE PROPERTY 1



Vehicle Registration Number	SMQ2516Y
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	SLG5391J
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 3

Vehicle Registration Number	PC5593S
Vehicle Manufacturer	-
Vehicle Model	-
Vehicle Variant	-
Vehicle Colour	-
Vehicle Category	Commercial vehicle
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)	-

#### INJURED PERSONS DETAILS

##### INJURED 1

Name of injured person	SUTHISH S/O DAMODARAN K NAIR
Gender	Male
Phone No	(Phone) +65-86613499
Address	BLK 129 MARSILING RISE
Address Complement	#06-314
Post Code	730129
Approximate Age Years Old	-
Injuries Sustained	NECK, SHOULDER & BACK
Injured person in which vehicle?	SDU57D

Were seat belts worn?

Yes

Was this injured conveyed to hospital by ambulance?

No

# 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.
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 Traffic Police Department 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' 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 lawyers/law firms), which may be sited outside of Singapore, for one or more of the above Purposes.



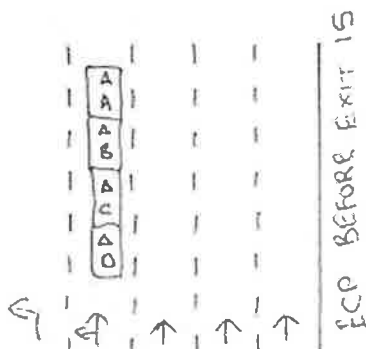
Policyholder's Signature / Date & Time

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



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

## Sketch Plan



A- SDU 57D  
B- SMQ 2516Y  
C- SLG 5391J  
D- PC 5593S

## 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
----------------------------------------	----------------------------------------------------------------------	-----------------------------------------



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



Witnessed by Reporting Centre  
Personnel

















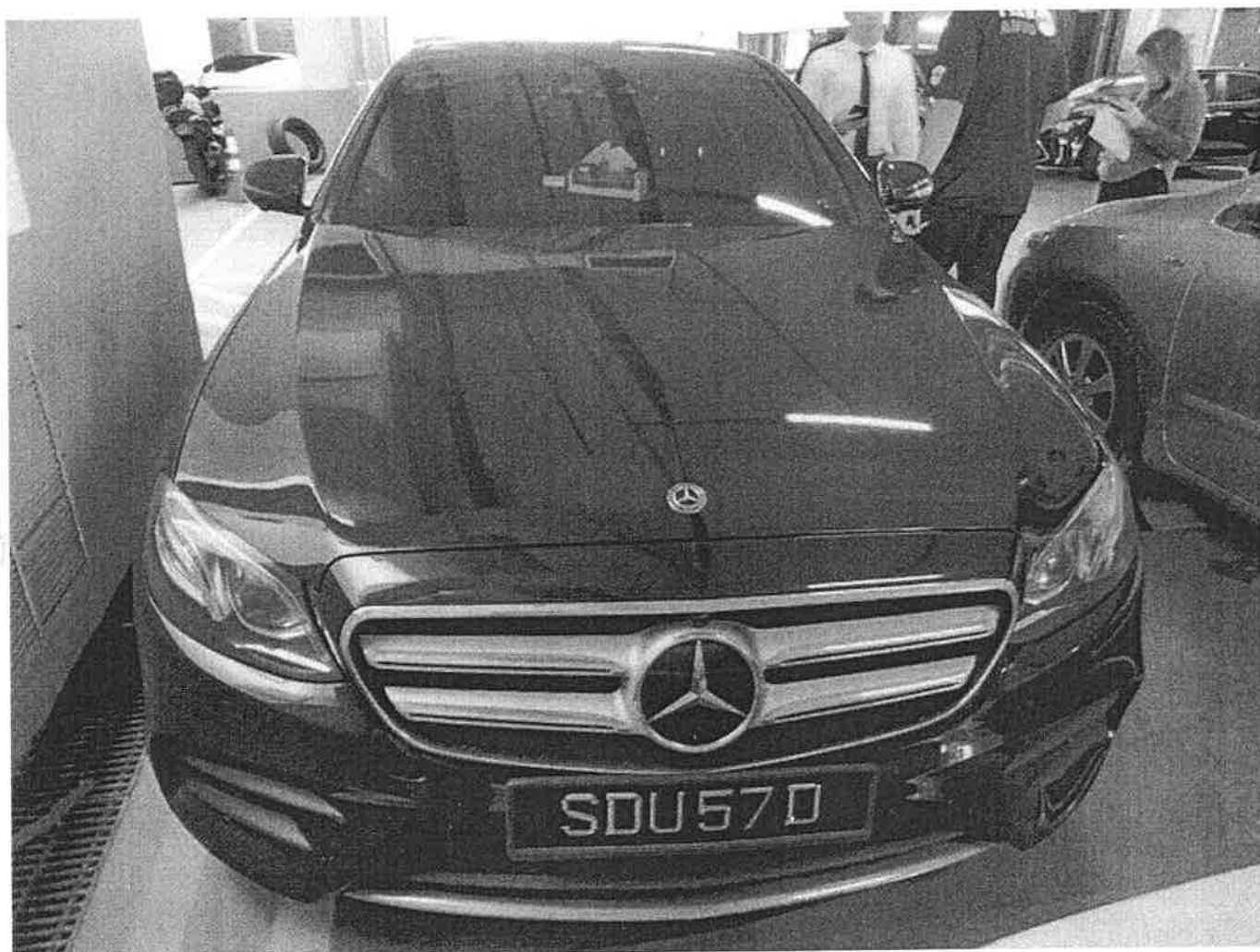














# SINGAPORE POLICE FORCE



T/20221021/7013

1 of 3

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

Report No. T/20221021/7013

## REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 21/10/2022 10:43	Vide Report No.:	Station Diary No.:
--------------------------------------------	------------------	--------------------

Informant's Particulars			
Name of Informant: SUTHISH S/O DAMODARAN K NAIR		Address: 129 MARSILING RISE #06-314 SINGAPORE 730129	
ID Type / ID No.: NRIC NO / S8209218H		Contact No.: Home/Office: Mobile: 86613499	
Nationality: SINGAPORE CITIZEN		Email: NAIRSUTHISH63@GMAIL.COM	
Sex: Male	Age: 40	Date of Birth: 02/04/1982	Type of Informant: Driver
Race: Malayalee		Language: English	Institution / School Name:
Occupation: Fleet Manager		Driving Licence Information: Class: 3 Date of Expiry:	

General Information of the Accident				
Type of Accident:	Injury Others	Drink Drive: No	Date/Time of Accident: 20/10/2022 18:30	Type of Location: Straight Road
Location:  RHU CROSS				
Weather: Clear		Road Surface: Dry	Road Speed Limit:	
Traffic Flow: One Way		Traffic Control: Not Controlled	Traffic Volume: Moderate	
Type of Collision: Chain Collision			Anyone conveyed by ambulance: No	

Details of Vehicle Involved						
Vehicle No.	Type	Make	Model	Color	Conditio	No of
PC5593S	Van					0
SDU57D	Car					0
SLG5391J	Car					0
SMQ2516Y	Car					0



**SINGAPORE  
POLICE FORCE**



T/20221021/7013

2 of 3

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

Report No. T/20221021/7013

## CONTINUATION OF REPORT

Details of Person Involved			
Any Pedestrian Involved: No			
No. of Pedestrians Injured: NIL		Use of Pedestrian Crossing: NA	
Driver			
Name	SUTHISH S/O DAMODARAN K NAIR	ID No.	S8209218H
Related Vehicle	SDU57D (Car)	Contact No.	86613499
Hospital/Clinic	MOUNT ALVERNIA HOSPITAL	Class of Driving Licence & Expiry	Class: 3 Date of Expiry: NIL
Date	20/10/2022	Date	20/10/2022
No. of Days granted Medical Leave	05	Degree of	Slight
Passenger			
Name	RILEY KURT	ID No.	NIL
Related Vehicle	NIL	Contact No.	NIL
Hospital/Clinic	NIL	Class of Driving Licence & Expiry	Class: 3 Date of Expiry: NIL
Date	NIL	Date	NIL
No. of Days granted Medical Leave	NIL	Degree of	NIL

## Brief Details.

On 20/10/2022, I was driving vehicle bearing carplate number SDU 57 D on my designated lane at ECP Before Exit 15 (Rochor Road). Out of the sudden the vehicle in front of mine brake, as such I follow suit. Suddenly I felt a huge impact coming from the rear portion of my vehicle subsequently followed by another. After the impact I got down my vehicle and realized I was involved in a 4car collision. Vehicle bearing carplate number SMQ 2516Y collided onto the rear portion of my vehicle. After taking photos of the scene we exchanged particulars.

The other 2 vehicle car plate number is SLG5391J followed by PC5593S.



**SINGAPORE  
POLICE FORCE**



T/20221021/7013

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

3 of 3

Report No. T/20221021/7013

**CONTINUATION OF REPORT**Sketch Plan

Informant is not able to provide sketch

Signature Of Officer Recording The Report:  
Not applicable

Signature Of Interpreter:  
Not applicable

Officer In Charge Of Case:  
TP / TPIB /  
MOHAMAD ZULFAZDLI BIN ABDULLAH  
Contact No.: 65476204

Signature Of Informant:  
The identity of the person making this report has  
been authenticated by Singpass. No signature is  
required.

Date/Time:  
21/10/2022 10:43

Classification Of Case:

NP168



Allianz Insurance Singapore Pte Ltd

---

**CERTIFICATE OF INSURANCE**


---

ROAD TRANSPORT ACT 1987 (MALAYSIA)  
 MOTOR VEHICLES (THIRD-PARTY RISKS) RULES 1990 (FEDERATION OF MALAYSIA)  
 MOTOR VEHICLES (THIRD-PARTY RISKS AND COMPENSATION) ACT (CAP 189 OF THE REVISED EDITION) (REPUBLIC OF SINGAPORE)  
 MOTOR VEHICLES (THIRD-PARTY RISKS AND COMPENSATION) RULES 1996 (REPUBLIC OF SINGAPORE)  
 MOTOR VEHICLES (THIRD-PARTY RISKS AND COMPENSATION) RULES 1960  
 OR ANY AMENDMENT, ACT OR ACTS PASSED IN SUBSTITUTION THEREOF

Certificate Number	: SP2001630721
Date of Issue	: 05 May 2022
Coverage	: COMPREHENSIVE - AUTHORISED WORKSHOP
Policyholder	: SG BUDGET CAR LEASING PTE LTD.
Finance Company	: TAI THONG LEE TRADING PTE LTD
Period of Insurance	: 27 April 2022 To 12 April 2023 (both dates inclusive)
Registration Number	: SDU57D
Chassis Number of Vehicle	: WDD2130452A590316

---

**Persons or Classes of Persons Entitled to Drive\***

- (a) The Policyholder.  
 (b) Any other person who is driving on the Policyholder's order or with his/her permission or to whom the vehicle is hired.

\* Provided that the person driving is permitted in accordance with the licensing or other laws or regulation to drive the Motor Vehicle or has been permitted and is not disqualified by order of Court of Law or by reason of any enactment or regulations in that behalf from driving the Motor Vehicle. And provided further that the Motor Vehicle is registered under the Road Traffic Act (Cap 276) (Republic of Singapore) and such registration has not been cancelled at the time of accident loss or damage.

**Limitation as to Use\***

- (a) Use for carriage of passengers or goods in connection with the Policyholder's business.  
 (b) Use for social, domestic and pleasure purposes and business purposes of any person to whom the vehicle is hired.  
 (c) Use for the carriage of passengers for hire or reward under Private Hire Vehicle (PHV) by any person to whom the vehicle is hired and for use within Singapore only.

\* Limitation rendered inoperative by Section 8 of Motor Vehicles (Third Party Risks and Compensation) Act (Chapter 189) and Section 95 of the Road Transport Act, 1987 (Malaysia), are not to be included under these headings

**Policy does not cover:**

- (a) Use for racing, pace making, reliability trials or speed testing  
 (b) Use whilst drawing a trailer except the towing (other than for reward) of any one disabled mechanically propelled vehicle.

I/We hereby certify that the Policy to which this Certificate relates is issued in accordance with the provisions of the Motor Vehicles (Third Party Risks and Compensation) Act (Chapter 189) and Part IV of the Road Transport Act, 1987 (Malaysia)

05 May 2022

Issue Date

Hicham Raissi  
 Chief Executive Officer  
 Allianz Insurance Singapore Pte Ltd

Intermediary Code	0000156 GENRIVER FINANCIAL PTE LTD		
Excess	Section 1 Own Damage	SGD	2,000.00
	Section 1 Windscreen	SGD	100.00
	Section 2 Liabilities to Third Parties	SGD	1,500.00

Allianz Insurance Singapore Pte. Ltd. UIC# 20183023  
 10 Raffles Place, #20-01, Singapore 048621 Tel: +65 6714 1465 Fax: +65 6714 1466







RECORD MANAGEMENT CENTRE

**GENERAL INSURANCE ASSOCIATION OF SINGAPORE**

**RECORDS MANAGEMENT CENTRE**

9 Temasek Boulevard, Suntec City Tower Two #42-01B

Singapore 038989

E-mail: [gears-support@shift-technology.com](mailto:gears-support@shift-technology.com)

GST Registration: M400017735

## TAX INVOICE

Date of Request: 03/11/2022

Your Ref No: 118626

Dear Sir/Madam,

Date of Accident: 20/10/2022 00:00 (SGT)

Vehicle No: SDU57D

Place of Accident: Benjamin Sheares Bridge, Singapore

With reference to your application for the accident report, we have attached the following accident report as requested:

DOCUMENTS	ACCIDENT LOCATION	PER DOC (S\$)	QTY	AMOUNT (S\$)
SMQ2516Y	Benjamin Sheares Bridge, Singapore	(31.00 )	1	(28.97 )
GST Amount				(2.03 )
Total Amount Due (GST Inclusive)				(31.00 )

The images provided to you are taken from the original reports forwarded to the centre by the members of the General Insurance Association of Singapore and we take no responsibility for their accuracy or contents and shall be under no liability whatsoever for any loss or damage arising out of or in connection with the reports or their images.

Thank you.

This is a computer generated document and requires no signature.



## 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 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	21/10/2022 16:22 (SGT)
Reported by	Driver
Date of Accident	20/10/2022 18:25 (SGT)
Exact Location of Accident	Benjamin Sheares Bridge, Singapore
Additional Location Information	TOWARDS CITY
Country/State of Loss	Singapore

### DETAILS OF OWN VEHICLE

Vehicle Registration Number	SMQ2516Y
INSURED/POLICYHOLDER	
Is company?	Yes
Name Of Registered Owner	GRAB RENTALS PTE LTD

#### VEHICLE PARTICULARS

Manufacturer	Kia
Model	Niro
Variant	-
Vehicle Category	Private hire
Transmission	Auto
CC	1580

#### INSURANCE COMPANY

Name of Insurance Company	India International Insurance Pte Ltd
Policy Number / Cover Note Number	D21MFL0000447_01

#### DRIVER

Name of Driver	THNG JOO SENG
NRIC No	S1615955G
Address	BLK 120 BUKIT MERAH VIEW
Address complement	#16-02
Postcode	152120
Does Driver Own Other Vehicles?	No

#### GENERAL INFORMATION OF THE ACCIDENT

Type of Accident	Chain Collision
------------------	-----------------

Weather Conditions Clear

OTHER INFORMATION

Was any foreign vehicle involved in the accident? No  
Was anybody injured in the Accident? Yes  
Was any other vehicle or property damaged? Yes  
Number of Passengers (Including Driver) 1  
Translator's name -  
Translator's ID -  
Translator's phone number -  
Translator's email -  
Original language used in the statement -

CIRCUMSTANCES OF ACCIDENT

ON 20/10/2022 AT OR ABOUT 1825HRS, I WAS TRAVELLING ALONG BENJAMIN SHEARES BRIDGE TOWARDS CITY IN MY VEHICLE BEARING SMQ2516Y. I NOTICED THE VEHICLE BEARING SDU57D THAT WAS TRAVELLING INFRONT OF ME HAD COME TO A COMPLETE STOP. I LATER APPLIED THE BRAKES AND STOPPED WHEN SUDDENLY I FELT AN IMPACT COMING FROM THE REAR OF MY VEHICLE. I LATER FELT ANOTHER IMPACT COMING FROM THE REAR CAUSING MY VEHICLE TO SURGE FOWARD AND REAR ENDED VEHICLE SDU57D. I REALISED VEHICLE BEARING SLG5391J HAD REAR ENDED MY VEHICLE AND VEHICLE BEARING PC5593S HAD REAR ENDED VEHICLE SLG5391J. I WISH TO STATE THAT NOBODY WAS INJURED DURING THE ACCIDENT.

ATTACHMENT(S)

Are accident photos available for attachment? Yes  
Was there any video captured by Car Camera? Yes

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number SLG5391J  
Vehicle Manufacturer Toyota  
Vehicle Model Corolla  
Vehicle Variant -  
Vehicle Colour -  
Vehicle Category Private car  
Name of Driver -  
Insurance Company Name -

DETAILS OF OTHER VEHICLE PROPERTY 2

Vehicle Registration Number PC5593S  
Vehicle Manufacturer Toyota  
Vehicle Model Hiace  
Vehicle Variant -  
Vehicle Colour -  
Vehicle Category Commercial vehicle  
Name of Driver -  
Insurance Company Name -

DETAILS OF OTHER VEHICLE PROPERTY 3

Vehicle Registration Number SDU57D  
Vehicle Manufacturer Mercedes  
Vehicle Model E250  
Vehicle Variant -  
Vehicle Colour -  
Vehicle Category Private car  
Name of Driver -  
Insurance Company Name -

INJURED PERSONS DETAILS

INJURED 1

Name of injured person

Gender

Phone No

Injured person in which vehicle?

THNG JOO SENG

SMQ2516Y

**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 Authorised Driver.
3. Information provided must be as truthful and accurate as possible. Any willful 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. 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 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 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

Sketch Plan

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

21.10.2022, 1430HRS

Witnessed by Reporting Centre Personnel

AFIQ

VEH A: SMQ2516Y  
VEH B: SLG5391J  
VEH C: PC5593S  
VEH D: SDU57D



BENJAMIN SHEARES BRIDGE TOWARDS CITY

Describe Circumstances of the Accident

REFER TO POLICE REPORT T/20221021/2097

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

21.10.2022, 1430HRS

AFIQ









