

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	04/03/2023 11:59 (SGT)
Reported by	Driver
Date of Accident	03/03/2023 09:00 (SGT)
Exact Location of Accident	Loyang Way, Singapore
Additional Location Information	SLIP RD TWDS LOYANG AVE
Country/State of Loss	Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SNG944Z
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INSURED/POLICYHOLDER

Is company?	Yes
Name Of Registered Owner	PRIME CAR LIMO PTE LTD
Company Reg No	201826883W
Email Address	SUPREMEEASINGSG@GMAIL.COM
Mobile Phone No	(Phone) +65-86836000
Alternative Phone No	-

VEHICLE PARTICULARS

Manufacturer	Toyota
Model	Noah
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	1800

INSURANCE COMPANY

Name of Insurance Company	Income Insurance Limited
Policy Number / Cover Note Number	5119742081-02-000053

DRIVER

Name of Driver	LIM KAN SAN
NRIC No	S1357815Z
Date Of Birth	28/10/1959
Occupation	Outdoor

Date Of Driving Pass	10/02/1978
Driving experience	45 YEARS AND 1 MONTH
Gender	Male
Mobile Number	(Phone) +65-96792489
Alt. Phone Number	-
Email Address	SUPREMEEASINGSG@GMAIL.COM
Address	BLK 295 PUNGGOL CENTRAL #10-511
Address complement	-
Postcode	820295
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 - Head to Rear
Weather Conditions	Raining
Road Surface	Wet

OTHER INFORMATION

Was any foreign vehicle involved in the accident?	No
Number of vehicles involved in the accident	2
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	UNKNOWN
Gender	Male

DETAILS OF POLICE ACTION

Was the accident reported to the police?	No
Was notice of intended Prosecution given?	No
If yes, against whom?	-

CIRCUMSTANCES OF ACCIDENT

ON 03/03/2023 AT ABOUT 0900HRS, AT ALONG SLIP ROAD OF LOYANG WAY TOWARDS LOYANG AVE. I WAS TRAVELLING ON THE ABOVE MENTIONED SLIP ROAD AND I SLOWED DOWN FOR CLEARANCE OF MAIN TRAFFIC. SUDDENLY, I HEARD A LOUD BANG FROM BEHIND AND WHEN I ALIGHT, I REALISED IT WAS VEHICLE B WHO HIT ONTO THE REAR PORTION OF MY VEHICLE A CAUSING DAMAGES TO MY VEHICLE. I HAVE 1 PASSNGER ONBOARD MY VEHICLE.

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	SMT804M
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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	VEHICLE B
No. Of Passenger (Including Driver)	-

INJURED PERSONS DETAILS

INJURED 1

Name of injured person	LIM KAN SAN
Gender	Male
Phone No	-
Address	-
Address Complement	-
Post Code	-
Approximate Age Years Old	-
Injuries Sustained	-
Injured person in which vehicle?	SNG944Z
Were seat belts worn?	Yes
Was this injured conveyed to hospital by ambulance?	No

SKETCH PLAN**IMPORTANT NOTICE**

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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.
- (d) my Personal Information will also be collected and used to compile claims history for the purpose of fraud detection, investigation and management in present and all future claims.
- (e) the information so collected under (d) above may be shared / disclosed:
 - (i) to all insurers and/or any other third parties that assist in evaluating, investigating, controlling or managing fraud, regulators, law enforcement and government agencies as reasonably required for the purposes stated, or
 - (ii) for complying with requirements under any regulations, laws or court orders.

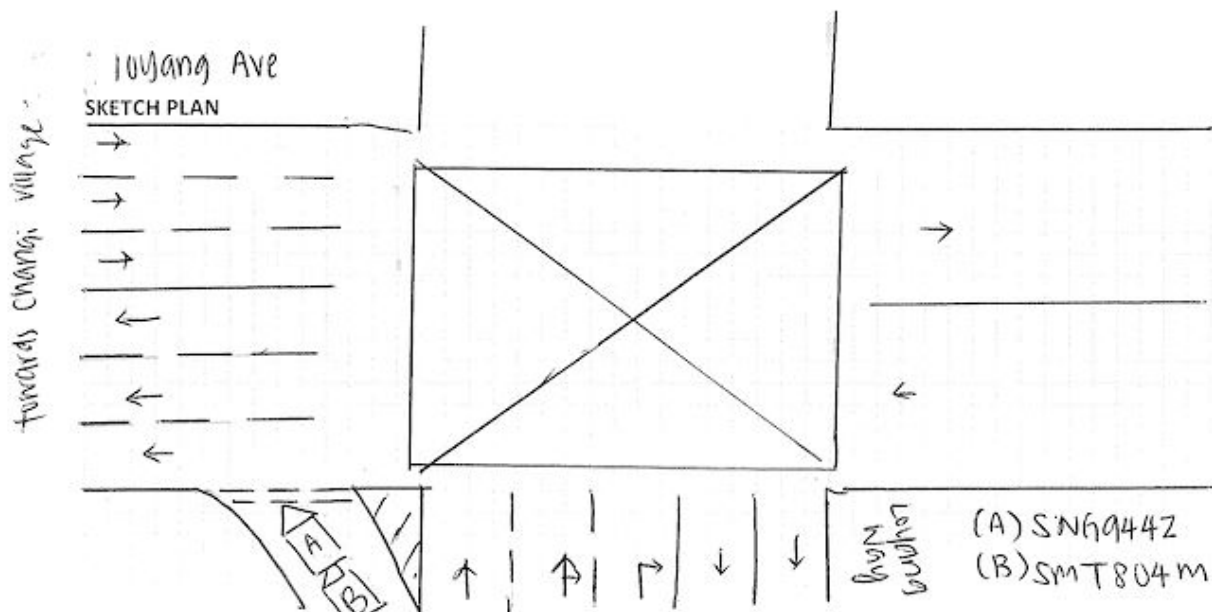


Policyholder's Signature
Date & Time:

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

Reporting Centre Personnel's Signature
Name:
NRIC/FIN No.:

I hereby authorise SME Motor Pte Ltd to send my
Accident report to my workshop _____
via email / fax
Signature: _____



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

On 03/03/2023 at about 0900 hours at along slip road of Loyang Way towards Loyang Avenue. I was travelling on the above mentioned slip road and I slow down for clearance of main traffic. Suddenly, I heard a loud bang from behind and when I alight, I realised it was vehicle (B) who hit onto the rear portion of my vehicle (A) causing damage to my vehicle. I have 1 passenger on board my vehicle.

(A) SNH944Z

(B) SMT804M

Note: Please note that your insurer may have 14 days time frame for you to submit an Own Damage Claim under your own comprehensive policy. Please check your policy for more information.

DECLARATION

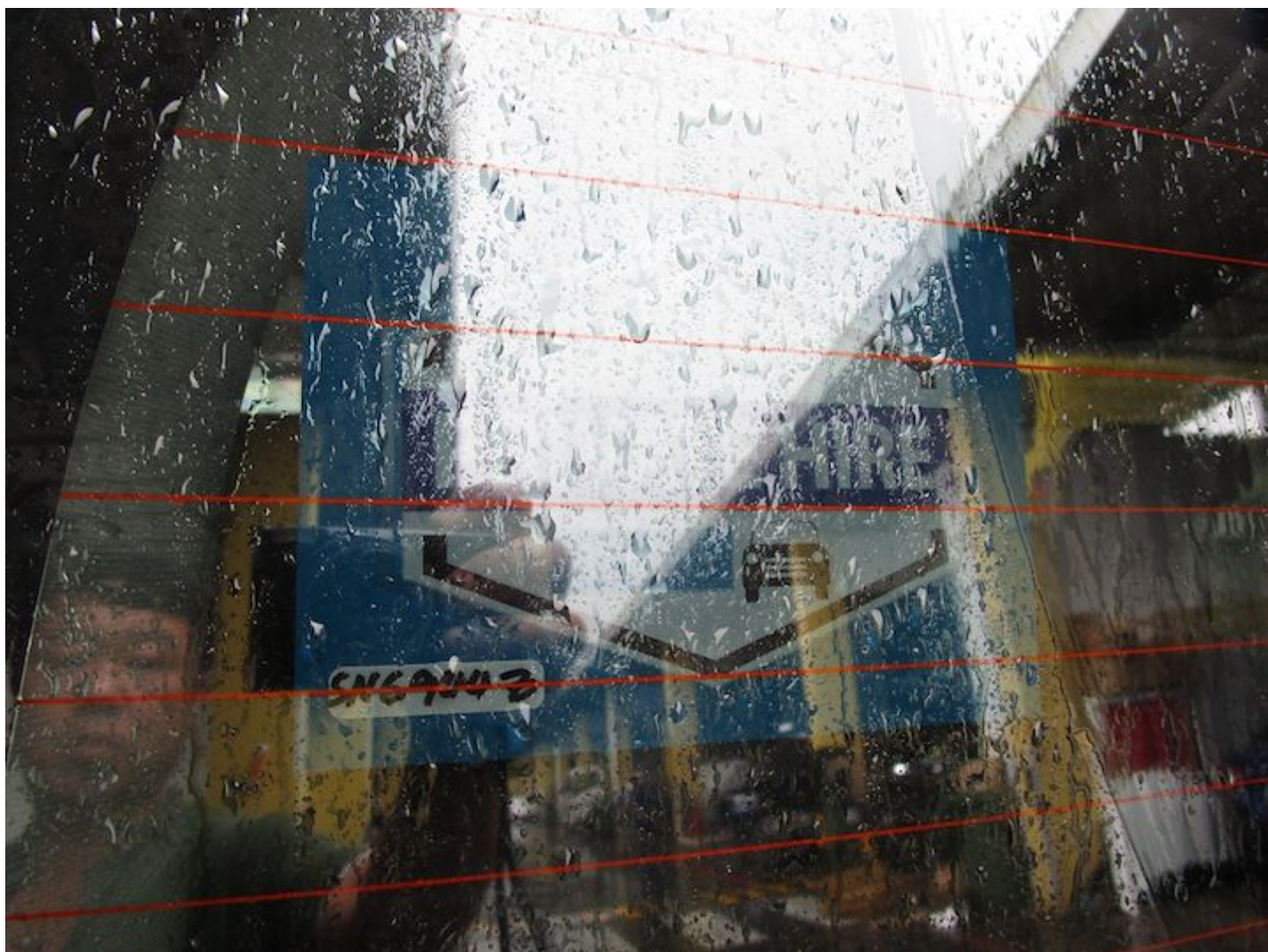
I/We declare that the foregoing particulars are true in every respect.

Policyholder's Signature
Date & Time:

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

Reporting Centre Personnel's Signature
Name:
NRIC/FIN No.:











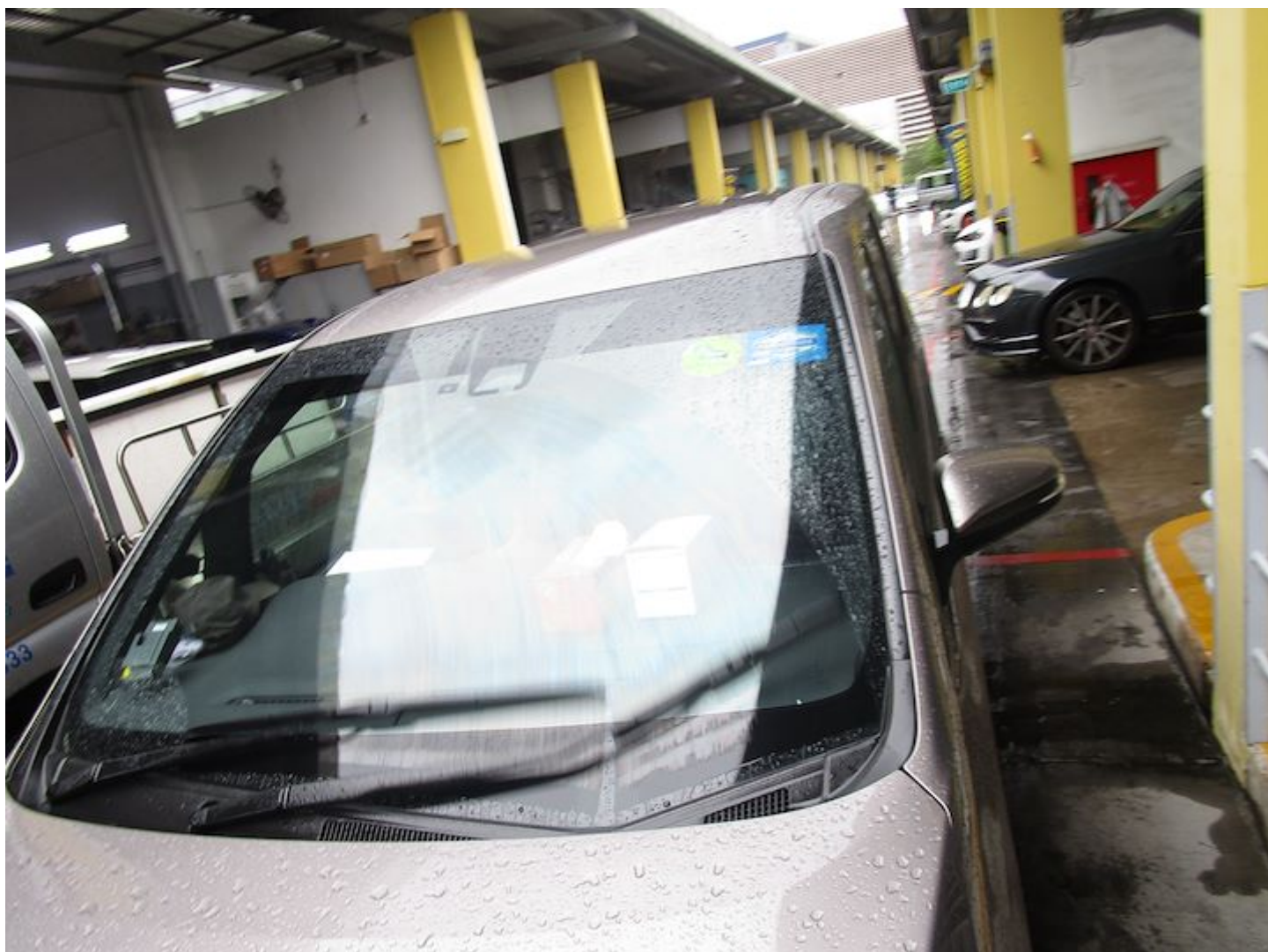














Certificate of Insurance

MOTOR VEHICLES (THIRD PARTY RISKS AND COMPENSATION) ACT (CHAPTER 189)
 MOTOR VEHICLES (THIRD PARTY RISKS AND COMPENSATION) RULES, 1960
 ROAD TRANSPORT ACT, 1987 (MALAYSIA)
 ROAD TRANSPORT (AMENDMENT) ACT, 2019 (MALAYSIA)
 MOTOR VEHICLES (THIRD PARTY RISKS) RULES, 1959 (MALAYSIA)

Certificate Number: 5119742081-02-000053

Cover : drive PREMIUM

1. Index mark and Registration Number of Vehicle : **SNG944Z**
 Chassis Number : **ZWR800511192**
2. Name of Policyholder : **PRIME CAR LIMO PTE LTD**
3. Effective Date of Insurance : **15 Oct 2022**
4. Expiry Date of Insurance : **14 Oct 2023**
5. 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.
 Provided that the person driving is permitted in accordance with the licensing or other laws or regulations to drive the Motor Vehicle or has been so permitted and is not disqualified by order of a Court of Law or by reason of any enactment or regulation in that behalf from driving the Motor Vehicle.
6. Limitations as to Use#
 (a) Use for social domestic and pleasure purposes and in connection with the Policyholder's or Hirer's business.

This Policy does not cover

- (a) Use for racing, pace-making, reliability trial or speed-testing.
- (b) Use for the carriage of goods (other than samples) in connection with any trade or business.
- (c) Use for any purpose in connection with the Motor Trade.

Limitations rendered inoperative by Section 8 of the Motor Vehicle (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.

This Policy, the Schedule, Endorsement and the Certificate of Insurance are to be read together as one document.

EXCESS (ALL CLAIMS)	: \$51,500
WINDSCREEN EXCESS	: \$5100
ADDITIONAL EXCESS (ALL CLAIMS)	: N/A
REPAIR AT OWNER'S PREFERRED WORKSHOP	: YES
INSURE WITH COE	: YES
NCD PROTECTION	: NO
TRANSPORT ALLOWANCE	: NO
EXCESS WAIVER	: NO
PRIMARY DRIVER	: N/A
NAMED DRIVER (1)	: N/A
NAMED DRIVER (2)	: N/A
HIRE PURCHASE COMPANY	: PRIME CAR TRADERS PTE. LTD.
SUM INSURED	: MARKET VALUE OF INSURED VEHICLE AT TIME OF LOSS

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)

Agency : **HL SUNTEK INSURANCE BROKERS PTE. LTD. (00000690672)**
 Date of Issue : **29 Oct 2022 14:39 hrs**

For INCOME INSURANCE LIMITED

Chief Executive



PRIME CAR LIMO

Advance

61 Ubi Avenue 2 #01-03
Automobile Magamart, Singapore 408898.
Tel: 6747 9400 Fax: 6444 3900
BRN: 201826883W

NO: 0447

VEHICLE NO		MAKE/MODEL		CC	CHECK OUT/ IN DATES	
SNG 444Z		Toyota Noah Hybrid		1.8A		
HIRER / DRIVER'S PARTICULARS					VEHICLE DATE OUT	
NAME: Lim Kai San					16/7/22	
ADDRESS: BIK 245 Punggol Central					VEHICLE ACTUAL DATE IN	
#10-511 S820295					AGREED DATE OF RETURN	
(S)					COLLISION DAMAGE WAIVER	
					NOTE: FURTHER EXCESS OF S\$2000.00 SHALL APPLY IN ADDITION TO THE AMOUNT STATED IN THIS AGREEMENT SHOULD THE NAMED DRIVER BE ANY PERSON WHO IS LESS THAN 25 OR MORE THAN 65 YEARS OF AGE WITH LESS THAN 3 YEARS OF DRIVING EXPERIENCE	
OME NO.					NON-WAIVERABLE EXCESS PER INCIDENT	
D.O.B.					SINGAPORE	
MOBILE					\$ 2,500.00	
IC NO.					MALAYSIA	
COUNTRY					\$ 3,500.00	
LICENSE NO.					TOTAL LOSS	
EXPIRY DATE					\$ 10,000.00	
SIGNATURE					SIGNATURE	
ADDITIONAL DRIVER					PERSONAL ACCIDENT INSURANCE (PAI)	
NAME:					ACCEPTS PAI	
ADDRESS:					PREMIUM:	
(S)					DECLINES PAI [X]	
HOME NO.					SIGNATURE	
D.O.B.					SIGNATURE	
MOBILE					RENTAL CHARGES	
IC NO.					DAILY @ S\$ 95.12 x NO OF DAYS A MTH	
COUNTRY					MONTHLY @ S\$	
LICENSE NO.					PETROL	
EXPIRY DATE					PARKING	
REMARKS					GST @ 7%	
* Front windscreen excess \$200					TOTAL	
* Daily rental of \$95 + \$2 (excess reduction)					DEPOSIT S\$	
* Contract of 01 year					PRE-PAYMENT S\$	
(start: 17/7/22 End: 16/7/23)					MODE OF PAYMENT	
* 07 days rental-free days.					CREDIT CARD []	
PREPARED BY					CASH []	
ATTENDED BY					NETS []	
SIGNATURE OF HIRER					OTHERS []	
					NAME	
					CARD NUMBER	
					EXPIRY DATE	
					CVV:	

I HEREBY AGREE TO ABIDE BY THE TERMS AND CONDITIONS STATED ON THIS AGREEMENT AND THE ACCOMPANYING VEHICLE RENTAL CONTRACT

FULL LIABILITY WILL BE IMPOSED ON THE HIRER SHOULD THE VEHICLE BE DRIVEN TO MALAYSIA WITHOUT OUR KNOWLEDGE. VEHICLE MUST NOT BE USED FOR ANY ILLEGAL OR IMMORAL ACTIVITIES.

SIGNATURE OF HIRER

PRIME CAR LIMO PTE LTD