

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	11/05/2023 10:15 (SGT)
Reported by	Actual Driver
Date of Accident	06/05/2023 01:30 (SGT)
Exact Location of Accident	TPE, Singapore
Additional Location Information	-
Country/State of Loss	Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SLS2739Y
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INSURED/POLICYHOLDER

Is company?	Yes
Name Of Registered Owner	SUPERTEC LIMOUSINE PTE. LTD.
Company Reg No	2XXXXX332H
Email Address	report.gt@gmail.com
Mobile Phone No	(Phone) +65-96998181
Alternative Phone No	-

VEHICLE PARTICULARS

Manufacturer	Kia
Model	Niro
Variant	-
Exact purpose for which vehicle was being used at time of accident	Private use
Are you claiming under your own insurance policy for repair to your vehicle?	No - Claiming third party
Vehicle Category	Private hire
Transmission	Auto
CC	1580

INSURANCE COMPANY

Name of Insurance Company	India International Insurance Pte Ltd
Policy Number / Cover Note Number	D22MFL0009578

DRIVER

Name of Driver	LIM GUO YONG ERIC
NRIC No	SXXXX302I
Date Of Birth	14/11/1987
Occupation	Outdoor

Date Of Driving Pass	08/04/2016
Driving experience	7 YEARS AND 1 MONTH
Gender	Male
Mobile Number	(Phone) +65-97851015
Alt. Phone Number	-
Email Address	latestshow1987@gmail.com
Address	BLK 321 ANG MO KIO AVE AVENUE 1 #05-1553
Address complement	-
Postcode	560321
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	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	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)	3
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	QUAH BOON HOCK ALVIN
Gender	Male

PASSENGER 2

Name	AARON LIM GUO CHENG
Gender	Male

DETAILS OF POLICE ACTION

Was the accident reported to the police?	Yes
Police Station Name	Ang Mo Kio South Neighbourhood Police Centre
Police Station Phone No	(Phone) +65-18004519999
Alt. Police Station Phone No	(Fax) +65-65535679
Police Station Address	81 Ang Mo Kio Ave 3 Singapore 569929
Was notice of intended Prosecution given?	No
If yes, against whom?	-

CIRCUMSTANCES OF ACCIDENT

PLEASE REFER TO POLICE REPORT T/20230506/2016

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	SMX1428M
Vehicle Manufacturer	-
Vehicle Model	-
Vehicle Variant	-
Vehicle Colour	-
Vehicle Category	Private car
Name of Driver	JUANI HAIKAL BIN MOHAMMED KAMARUDDIN
NRIC No	TXXXX380G
Contact Number	(Phone) +65-87152442
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	LIM GUO YONG ERIC
Gender	Male
Phone No	(Phone) +65-97851015
Address	-
Address Complement	-
Post Code	-
Approximate Age Years Old	-
Injuries Sustained	SLIGHT INJURY
Injured person in which vehicle?	SLS2739Y
Were seat belts worn?	Yes
Was this injured conveyed to hospital by ambulance?	-

INJURED 2

Name of injured person	QUAH BOON HOCK ALVIN
Gender	Male
Phone No	-
Address	-
Address Complement	-
Post Code	-
Approximate Age Years Old	-
Injuries Sustained	SLIGHT INJURY
Injured person in which vehicle?	SLS2739Y
Were seat belts worn?	Yes
Was this injured conveyed to hospital by ambulance?	No

INJURED 3

Name of injured person	AARON LIM GUO CHENG
Gender	Male
Phone No	-
Address	-
Address Complement	-
Post Code	-
Approximate Age Years Old	-
Injuries Sustained	SLIGHT INJURY
Injured person in which vehicle?	SLS2739Y
Were seat belts worn?	Yes
Was this injured conveyed to hospital by ambulance?	No

SKETCH PLAN

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5. Any false reporting may be referred to the Traffic Police Department for investigation.
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7. By the lodgement of this report to the Insurers, you hereby consent in the archiving of this report at the centre and to copies of the report being made available aforesaid.

6. 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.

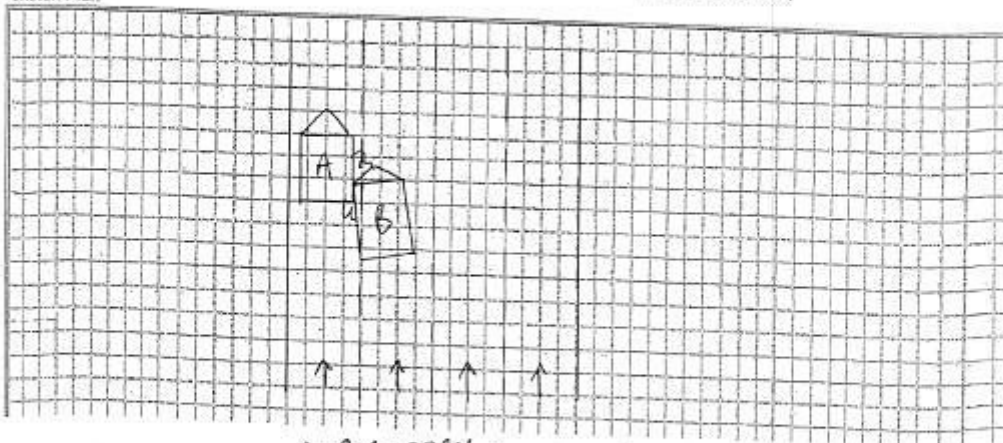


Policyholder's Signature / Date & Time

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: SL6 2739Y
B: SMX1428M

Tampines Expressway.

Describe Circumstance of the Accident

Refer to police report F/20230506/2016

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

Witnessed by Reporting Centre Personnel









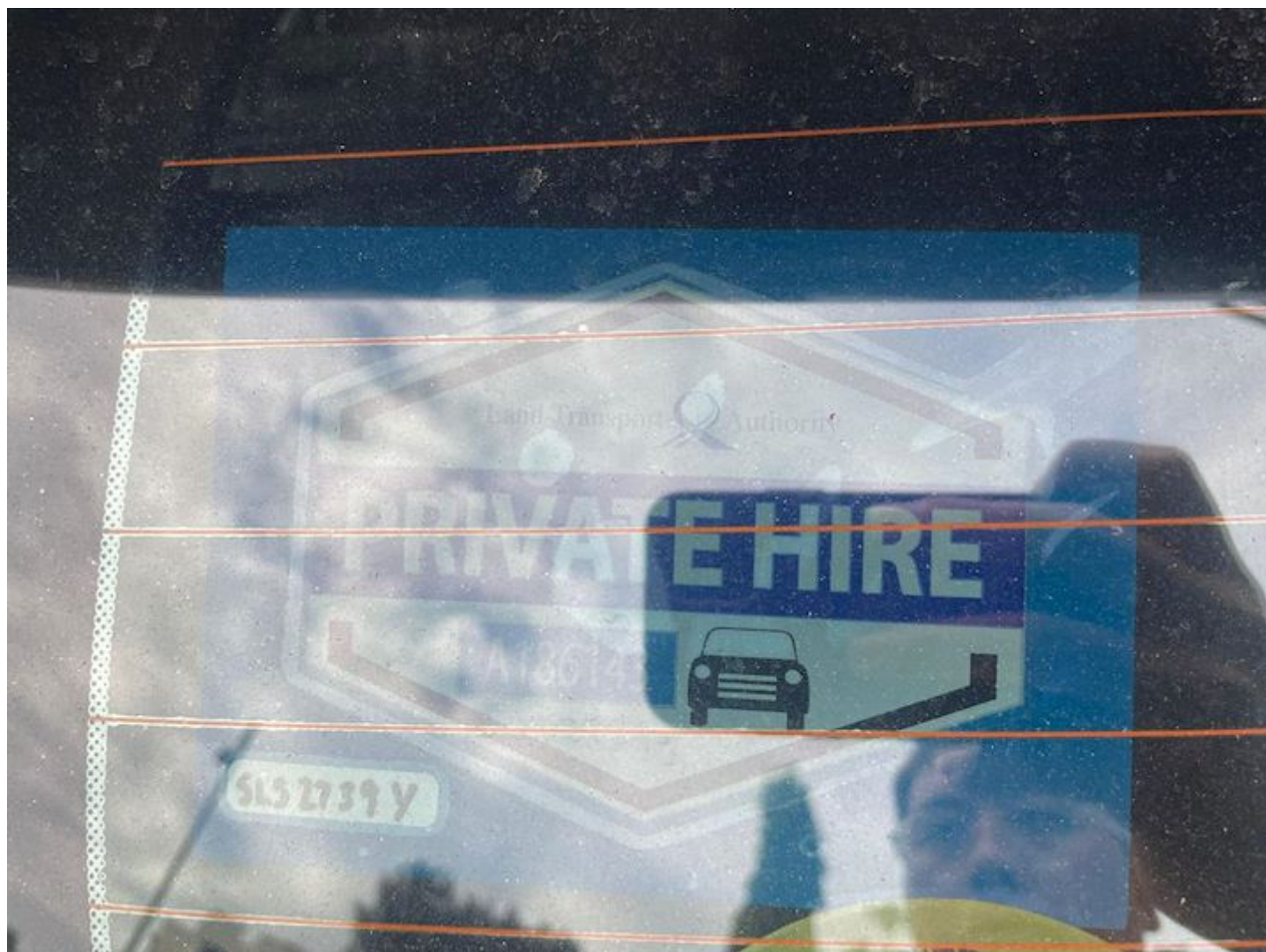















**SINGAPORE
POLICE FORCE**


T/20230506/2016

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Report No. T/20230506/2016

Police Station Of Origin:
Ang Mo Kio South N.P.C
81 Ang Mo Kio Avenue 3 SINGAPORE
569929
Tel No: 1800-4519999

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 06/05/2023 03:37	Video Report No.:	Station Diary No.: 14
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Informant's Particulars

Name of Informant: LIM GUO YONG, ERIC	Address: APT BLK 321 ANG MO KIO AVENUE 1 #05-1553 SINGAPORE 560321		
ID Type / ID No.: NRIC NO / S87373021	Contact No.: Home/Office: Mobile: 97851015		
Nationality: SINGAPORE CITIZEN	Email:		
Sex: Male	Age: 35	Date of Birth: 14/11/1987	Type of Informant: Driver
Race: Chinese	Language: Chinese		
Occupation: Grab Driver	Driving Licence Information: Class: Date of Expiry:		

General Information of the Accident

Type of Accident:	Non-Injury Others	Drink Drive: No	Date/Time of Accident: 06/05/2023 01:30	Type of Location: Expressway
Location: TAMPINES EXPRESSWAY				
Weather: Clear		Road Surface: Dry		
Traffic Flow: Dual Carriage Way		Traffic Control: Not Controlled		Traffic Volume: Light
Type of Collision: Between Moving Vehicles - Side Swipe - Same Direction				Anyone conveyed by ambulance: No

Details of Vehicle Involved

Vehicle No.	Type	Make	Model	Color	Condition	No of Passenger
SLS2739Y	Car				Slightly Damaged	2
SMX1428M	Car				Slightly Damaged	1

Details of Person Involved

Any Pedestrian Involved: No	
No. of Pedestrians Injured: NIL	Use of Pedestrian Crossing: NA


**SINGAPORE
POLICE FORCE**

Police Station Of Origin:
Ang Mo Kio South N.P.C
81 Ang Mo Kio Avenue 3 SINGAPORE
569929
Tel No: 1800-4519999



T/20230506/2016

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Report No, T/20230506/2016

CONTINUATION OF REPORT

Driver			
Name	LIM GUO YONG, ERIC		ID No. S8737302I
Related Vehicle	SLS2739Y (Car)		Contact No. 97851015
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	Juani Halkal Bin Mohammed Kamaruddin		ID No. T0201380G
Related Vehicle	SMX1428M (Car)		Contact No. 87152442
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 06/05/2023 at about 0130hrs, I was driving my car SLS2739Y along TPE towards Changi before Elias exit on lane 4. Another car SMX1428M on lane 3 collided into the rear right of my car and moved alongside my car for a distance after he had tried to overtake another vehicle ahead of him. There is a front and rear facing camera in my car. I am lodging this report for my car rental company action.

**SINGAPORE
POLICE FORCE**

Police Station Of Origin:
Ang Mo Kio South N.P.C
81 Ang Mo Kio Avenue 3 SINGAPORE
569929
Tel No: 1800-4519999




T/20230506/2016

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Report No. T/20230506/2016

CONTINUATION OF REPORT

Signature of Officer Recording The Report: F / SR STAFF SGT YEO WEE KIAT	Signature Of Informant: 
Signature Of Interpreter: Not applicable	Date/Time: 06/05/2023 03:37
Officer In Charge Of Case: TP / GIA / SR STAFF SGT MUHAMMAD NOOR BIN ABDUL RAHMAN Contact No.: 65476219	Classification Of Case:

NP168





SUPERTEC LIMOUSINE PTE LTD

UCPI-200911332H

280 WOODLANDS INDUSTRIAL PARK E5
#02-13 S[757322]

Tel: 96998181
Fax: 66107493
Email: superteclimo@gmail.com
Facebook: facebook.com/supertec.limo.5

No: ST 612 /2022

CAR RENTAL AGREEMENT

Date: 04/04/2022

HIRER'S PARTICULARS	
Name: LIM GUO YONG, ERIC	NRIC/Passport No./Driving License No.: SXXXX302I
Address: BLK 321 ANG MO KIO AVENUE 1 #05-1553 Singapore 560321	Mailing Address (if different from NRIC):
Mobile No.: 97851015	Email: latestshow1987@gmail.com
Date of Birth: 14/11/1987	Class(es) Of License: 3

AUTHORISED DRIVER'S PARTICULARS	
Name:	NRIC/Passport No./Driving License No.:
Address:	Mailing Address (if different from NRIC):
Mobile No.:	Email:
Date of Birth:	Class(es) Of License:

Vehicle Registration No.: SLS2739Y		Make/Model/Color: KIA NIRO HYBRID 1.6A WHITE							
Minimum Rental Period (Days/Weeks/Months): 60 WEEKS		Rate: 68.00							
Rental Start Date: 04/04/2022		Rental End Date: 29/05/2023							
Collision Damage Waiver: 0	Date / Time / Mileage Out: 04/04/2022 14:40 314820KM		Date / Time / Mileage In:						
Fuel Indication Out:	Empty	1/8	1/4	3/8	1/2	5/8	3/4	7/8	FULL
Fuel Indication In:	Empty	1/8	1/4	3/8	1/2	5/8	3/4	7/8	FULL

I have read and understood the contractual obligation and I hereby agree to be bound by it.

Deposit: \$ 500

Amount paid (Excluding deposit): \$ 0

Failure to fulfill contract obligation may result in forfeiture of deposit at owner's discretion.

Signature of Hirer

Signature of Owner

