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.

- 4. The issue and acceptance of this is form by instrained 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 25/04/2023 20:08 (SGT) Reported by Both Policyholder and Actual Driver Date of Accident 25/04/2023 10:30 (SGT) Exact Location of Accident PIE, Singapore Additional Location Information PIE (NEAR TOH GUAN) Country/State of Loss Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number SKW6777B

INSURED/POLICYHOLDER

Is company? No Name Of Registered Owner LIO HEE FONG NRIC No S1333227D Email Address JSOULIO@GMAIL.COM Mobile Phone No (Phone) +65-84446662 Alternative Phone No

VEHICLE PARTICULARS

Manufacturer Toyota Model Wish 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 car Transmission Auto CC 1798

INSURANCE COMPANY

Name of Insurance Company Income Insurance Limited Policy Number / Cover Note Number 5112551546-03

DRIVER

Name of Driver LIO HEE FONG NRIC No S1333227D Date Of Birth 07/06/1958 Occupation Outdoor

Date Of Driving Pass 21/01/1980 Driving experience 43 YEARS AND 3 MONTHS Gender Mobile Number (Phone) +65-84446662 Alt. Phone Number Email Address JSOULIO@GMAIL.COM Address BLK 416 HOUGANG AVE 10 #06-1284 Address complement Postcode SINGAPORE 530416 Is the driver the policyholder? Yes If No, Relationship of the Driver with the Insured 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 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? No Translator's name Translator's ID Translator's phone number Translator's email Original language used in the statement DETAILS OF POLICE ACTION Was the accident reported to the police? No Was notice of intended Prosecution given? Nο If yes, against whom? CIRCUMSTANCES OF ACCIDENT REFER TO THE SKETCH PLAN. 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 **SLF7373T** Vehicle Manufacturer Honda Vehicle Model Civic Vehicle Variant

Private car

Vehicle Colour
Vehicle Category

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)	1

DETAILS OF OTHER VEHICLE PROPERTY 2

Vehicle Manufacturer Lexus Vehicle Model Gs300 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) 1	Vehicle Registration Number	SLL877G
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 Manufacturer	Lexus
Vehicle Colour-Vehicle CategoryPrivate carName of Driver-Contact Number-Address-Address complement-Postcode-Insurance Company Name-Nature Of Damage-Details of property damaged in accident-	Vehicle Model	Gs300
Vehicle CategoryPrivate carName of Driver-Contact Number-Address-Address complement-Postcode-Insurance Company Name-Nature Of Damage-Details of property damaged in accident-	Vehicle Variant	-
Name of Driver - Contact Number - Address - Address - Company Name	Vehicle Colour	-
Contact Number - Address Address	Vehicle Category	Private car
Address - Address complement - Postcode - Insurance Company Name - Nature Of Damage - Details of property damaged in accident	Name of Driver	-
Address complement - Postcode - Insurance Company Name - Nature Of Damage - Details of property damaged in accident -	Contact Number	-
Postcode - Insurance Company Name - Nature Of Damage - Details of property damaged in accident	Address	-
Insurance Company Name - Nature Of Damage - Details of property damaged in accident -	Address complement	-
Nature Of Damage - Details of property damaged in accident -	Postcode	-
Details of property damaged in accident -	Insurance Company Name	-
, , , ,	Nature Of Damage	-
No. Of Passenger (Including Driver)	Details of property damaged in accident	-
	No. Of Passenger (Including Driver)	1

DETAILS OF OTHER VEHICLE PROPERTY 3

Vehicle Registration Number Vehicle Manufacturer Vehicle Model	SLQ1687E Subaru Brz
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)	1

SKETCH PLAN

IMPORTANT NOTICE

- Please report <u>correctly</u> 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.
- 5. 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 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.

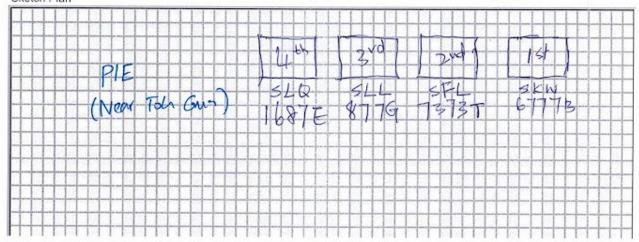
Singapore 417883
Tel: 6747 7397
Email: leesheng@singnet.com

Policyholder Signature / Date & Time

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

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

Sketch Plan



On 25/4/2023 at 10:30 am, I was travelling along PIE (Near Toh Guan Exit) in front of 4 other vehicles when the cars					
behind Suddenly collided onto my rear.					
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	14				
	100.04				
	- A				

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

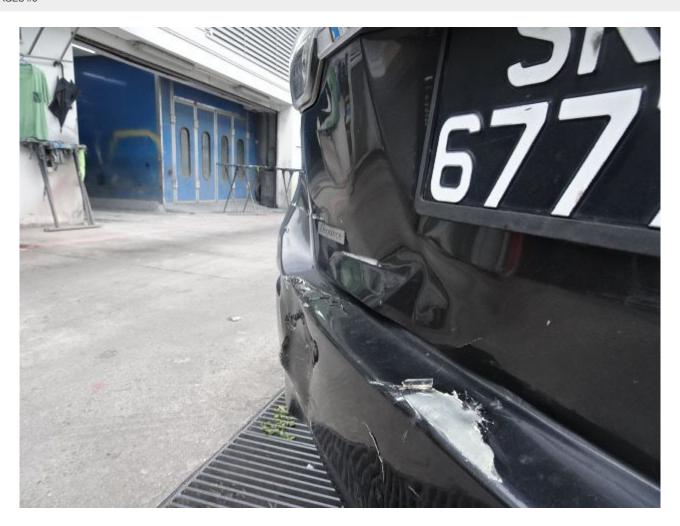
Policyholder's Synature / Date & Time Actual Driver's Signature (if driver is not the policyholder) Witnessed by Reporting Centre Personnel (Name as in NRIC/ID card)

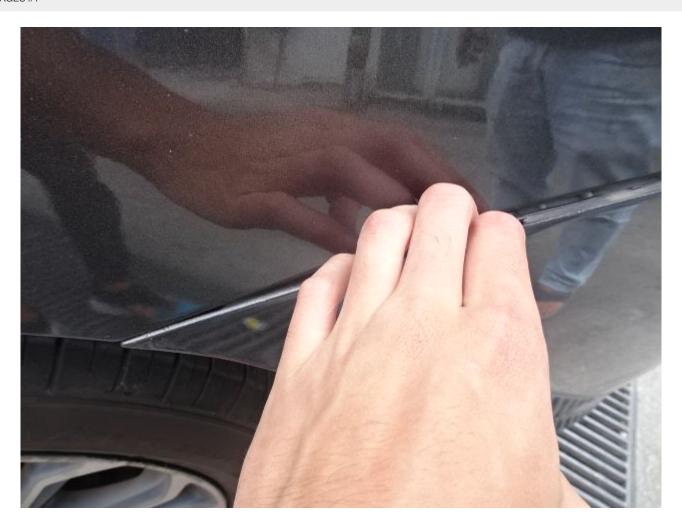
LEE SHENG AUTO PTE LTD

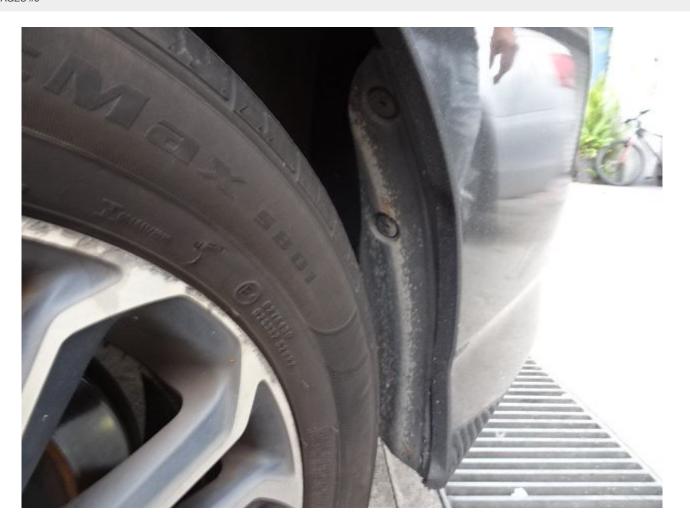
1, Kaki Bukit Ave 5 #01-50
Singapore 417893
Tel: 6747 7397
Anail: leesheng@singnet.com.sg

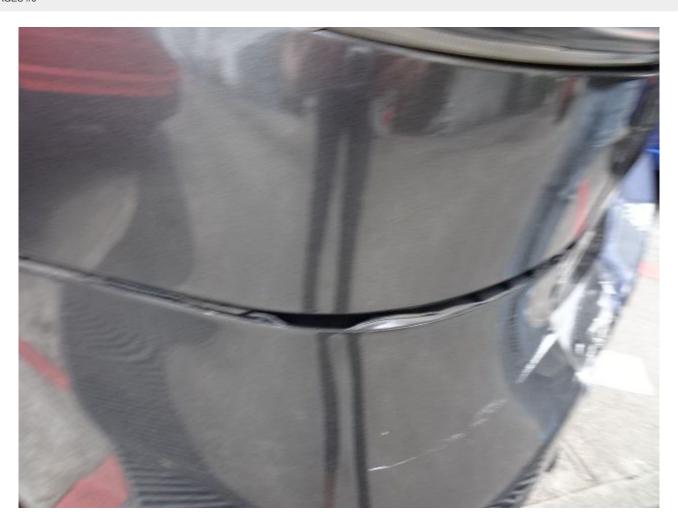


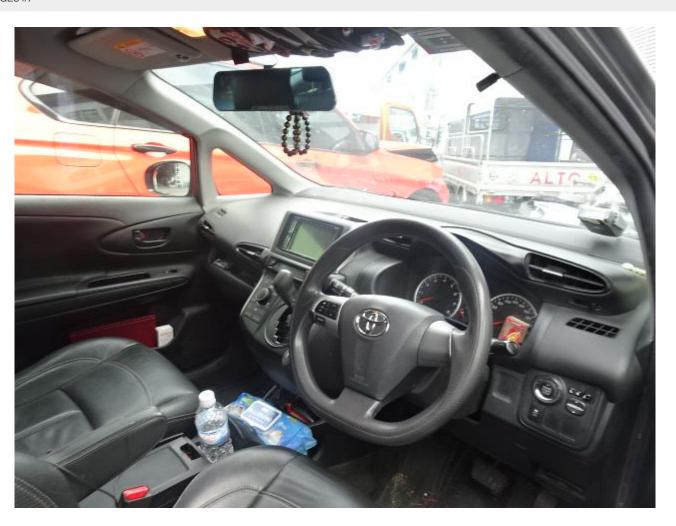






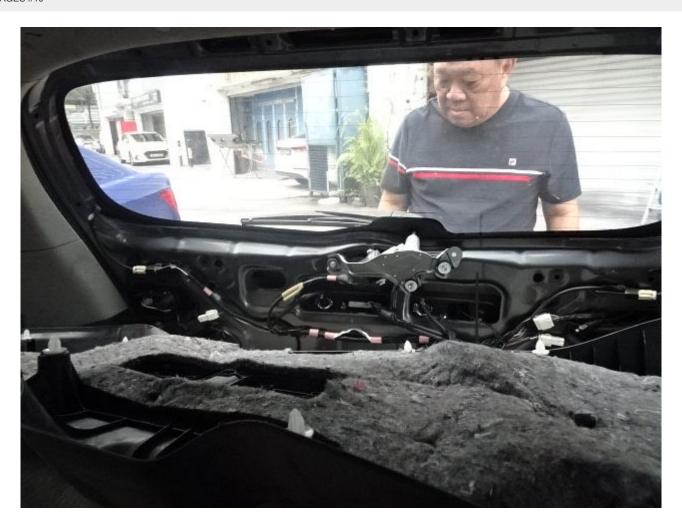




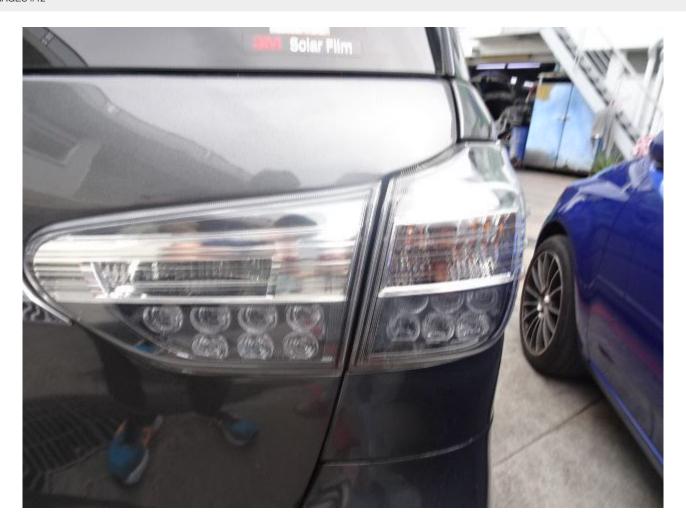


















IMPORTANT NOTE: Please submit the completed Addendum form to the <u>same</u> Accident Reporting Centre with whom you submitted the Original Report.

ADDENDUM (A) PARTICULARS OF PERSON MAKING THE AMENDMENTS: Original Report No: Name (as shown in NRIC): (*Vehicle Driver/Policyholder) (*) Please delete as appropriate Contact (Tel): Email Address: Date of Accident: Time of Accident: Place of Accident: Insurance Company: (B) ADDITIONAL INFORMATION / AMENDMENTS: I have made a report on the above-mentioned accident and would like to include additional information or make the following amendments: Policyholder / Actual Driver's Signature Reporting Centre Personnel's Signature Date: Name (as in NRIC/ID card): Date:

v3un2022