SJ0G236K0010 / JP Knights Pte Ltd ENTRY DATE & TIME: 20/06/2023 18:58 (SGT) SUBMITTED BY: Weine Chieng VERSION: 1 (20/06/2023 18:58 (SGT))

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 20/06/2023 18:58 (SGT) Reported by **Actual Driver** Date of Accident 15/05/2023 22:30 (SGT) Exact Location of Accident Marina Blvd, Singapore Additional Location Information Country/State of Loss Singapore

DETAILS OF OWN VEHICLE

Mazda

1496

Vehicle Registration Number **SLP9640S**

INSURED/POLICYHOLDER

Is company? Yes Name Of Registered Owner LION CITY RENTALS PTE LTD Company Reg No 201504621K Email Address lcrarc@lioncityrentals.com.sg Mobile Phone No (Phone) +65-62525525 Alternative Phone No (Office) +65-62525525

VEHICLE PARTICULARS

Manufacturer

Model 3 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 No - Reporting only your vehicle? Vehicle Category Private hire Transmission Auto

INSURANCE COMPANY

Name of Insurance Company India International Insurance Pte Ltd Policy Number / Cover Note Number D23MFL0002571

DRIVER

CC

Name of Driver MUHAMMAD FAZLI BIN ARIS NRIC No S8101689E Date Of Birth 18/01/1981 Occupation Outdoor

Date Of Driving Pass 14/01/2008 Driving experience 15 YEARS AND 4 MONTHS Gender Mobile Number (Phone) +65-98637062 Alt. Phone Number Email Address lcrarc@lioncityrentals.com.sg Address BLK 704 BEDOK RESERVOIR ROAD #11-3618 Address complement Postcode 470704 Is the driver the policyholder? No If No, Relationship of the Driver with the Insured Hirer Does Driver Own Other Vehicles? Nο 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 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? 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? If yes, against whom? CIRCUMSTANCES OF ACCIDENT PLEASE REFER TO POLICE REPORT T/20230516/7033 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 SNA2438L

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) | _ |

SKETCH PLAN

IMPORTANT NOTICE

- 1. Please correctly report the details of the accident to speed up the claims process.
- 2. This Form must be completed by the Policyholder and/or the Authorized Driver.
- 3. Information provided must be as <u>truthful and accurate as possible</u>. Any willful misrepresentation or withholding of material facts may allow insurance companies to <u>repudiate policy liability</u>.
- 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.
- By the lodgment of this report to the insurers, you hereby consent to the archiving of this report at the center and to copies of the report being made available aforesaid.
- 8. Consent under the Personal Data Protection Act (PDPA)

Lunderstand, 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.
- (ii) 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

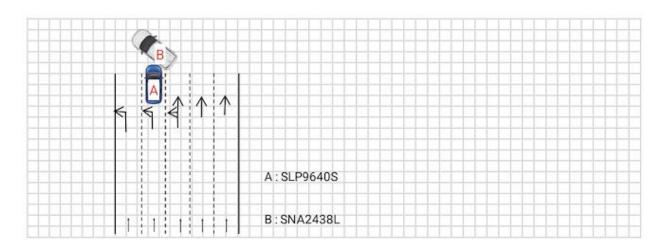
Driver's Signature (if driver is not the policyholder) / Date & Time

Witnessed by Reporting Centre Personnel

FLASH ACCIDENT REPORTING OFFICER
Mamad

Sketch Plan

20/06/2023 1055HRS



| C | Describe Circumstances of the Accident |
|---|--|
| | PLEASE REFER TO POLICE REPORT: T/20230516/7033 |
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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

20/06/2023 1055HRS

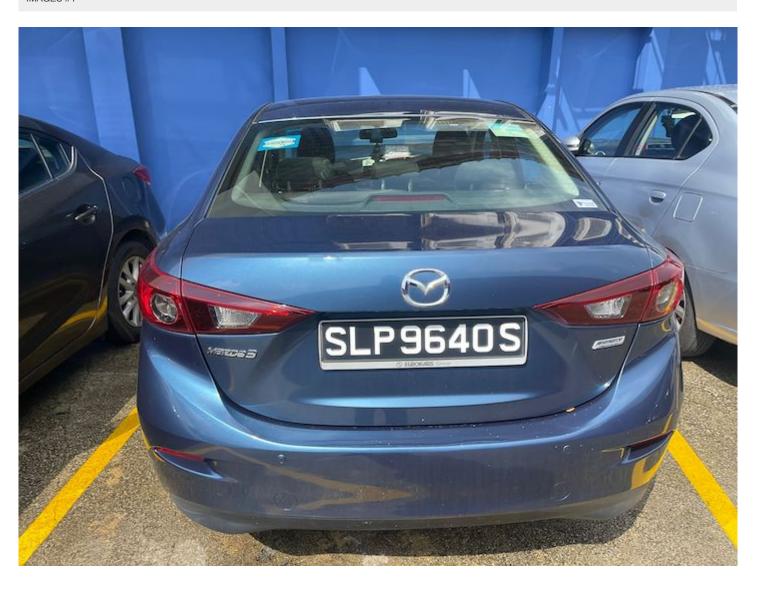
FLASH ACCIDENT
REPORTING OFFICER
Mamad

Witnessed by Reporting Centre Personnel















Police Station Of Origin:

Traffic Police

10 Ubi Avenue 3 SINGAPORE 408865

Tel No: 65470000

1 of 3 Report No. T/20230516/7033

REPORT OF A TRAFFIC ACCIDENT

| Date/Time Report Made: 16/05/2023 13:16 | | | Vide Report No.: A/20230515/0134 | Station Diary No.: | | |
|--|-------------|-------------------------------|---|---------------------------|--|--|
| Informa | nt's Partic | ulars | | | | |
| Name of Informant: MUHAMMAD FAZLI BIN ARIS | | | Address: 704 BEDOK RESERVOIR ROAD #11-3618 SINGAPORE 470704 | | | |
| ID Type / ID No.: NRIC NO / S8101689E | | | Contact No.: Home/Office: | Mobile: 98637062 | | |
| Nationality: SINGAPORE CITIZEN | | Email: FAZER4024@GMAIL.COM | | | | |
| Sex: Age: Date of Birth: Male 42 18/01/1981 | | Type of Informant: Driver | | | | |
| Race: Malay Occupation: Private-hire car driver | | | Language: English | | | |
| | | | Driving Licence Information Class: | ation: Date of Expiry: | | |

| Type of Accident: | Non-Injury Others | | Date/Time of Accident: 15/05/2023 22:30 | Type of Location T-Junction |
|------------------------------------|----------------------|-------------------------|---|---|
| Location: MARINA BOU | JLEVARD | | | |
| | | Road Surface: | | |
| Weather: Clear Traffic Flow: | | Dry Traffic Control: | din a | Traffic Volume: |
| Clear | | Dry | rking | Traffic Volume: Moderate Anyone conveyed by |

| Details of Vehicle Involved | | | | | | |
|-----------------------------|------|------|-------|-------|-----------|-----------------|
| Vehicle No. | Туре | Make | Model | Color | Condition | No of Passenger |
| SLP9640S | Car | | | | | 0 |

| Details of Person Involved | | |
|---------------------------------|--------------------------------|--|
| Any Pedestrian Involved: No | | |
| No. of Pedestrians Injured: NIL | Use of Pedestrian Crossing: NA | |





Police Station Of Origin: Traffic Police 10 Ubi Avenue 3 SINGAPORE 408865 Tel No: 65470000 2 of 3 Report No. T/20230516/7033

CONTINUATION OF REPORT

| Driver | | | | | |
|---------------------------------------|-------------------------|--|----------|--|-----------------------------------|
| Name | MUHAMMAD FAZLI BIN ARIS | | | ID No. | S8101689E |
| Related Vehicle | SLP9640S (Car) | | | Contact No | 98637062 |
| Hospital/Clinic | NIL | | | Class of Driving Licence & Expiry | Class: NIL Date of Expiry: NIL |
| Date | NIL Date | | Date | NIL | |
| No. of Days granted Medical Leave NIL | | | Degree o | f NIL | |

Brief Details.

Traveling towards Garden By The Bay by Marina Blvd

At T-Junction before turning left to Sheares Ave...I was on stationary due to traffic light on red when traffic light turns green & I about to moved my car...A car on my right side suddenly came fast & make sharp left turn to Sheares Ave.

I was shocked & step on my brake hard...

I did not noticed or feel any collision..

So I keep continue my driving to pickup passenger...





Police Station Of Origin: Traffic Police 10 Ubi Avenue 3 SINGAPORE 408865 Tel No: 65470000 3 of 3 Report No. T/20230516/7033

CONTINUATION OF REPORT

| Signature Of Officer Recording The Report: Not applicable | Signature Of Informant: The identity of the person making this report has been authenticated by Singpass. No signature is required. |
|---|---|
| Signature Of Interpreter: Not applicable | Date/Time: 16/05/2023 13:16 |
| Officer In Charge Of Case: TP / TPIB / TAY CHUN KEEN Contact No.: 65476436 | Classification Of Case: |
| NP168 | |

