

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 First Submission	02/09/2024 16:22 (SGT)
Reported by	Actual Driver
Date of Accident	01/09/2024 16:45 (SGT)
Exact Location of Accident	North Bridge Rd, Singapore
Additional Location Information	-
Country/State of Loss	Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SLK4171M
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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	Honda
Model	Vezele
Variant	HYBRID 1.5X AUTO
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 - Reporting only
Vehicle Category	Private car
Transmission	Auto
CC	1496
Vehicle Fuel	-
First Registration Date	-
Chassis no	-
Effective Date/Time of Ownership	-

INSURANCE COMPANY

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

DRIVER

Name of Driver	PUVANESH S/O SHANMUGAM
NRIC No	S9127669J
Date Of Birth	14/08/1991
Occupation	Outdoor
Driving Pass Date	12/07/2012
Driving License Pass Class	3
Driving License Validity	Valid
Driving experience	12 YEARS AND 2 MONTHS
Gender	Male
Mobile Number	(Phone) +65-86086121
Alt. Phone Number	-
Email Address	lcrarc@lioncityrentals.com.sg
Address	11 SENGKANG EAST AVE 11-01
Address complement	-
Postcode	544804
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	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	UNKNOWN
Gender	Male

PASSENGER 2

Name	VEERASHINI
Gender	Female

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 01/09/2024 AT ABOUT 1645HRS I WAS DRIVING VEHICLE A(SLK4171M) ALONG NORTH BRIDGE ROAD WHERE I WAS GOING BACK TO THE GETGO HOMELOT TO RETURN THE VEHICLE. I WAS DRIVING ALONG NORTH BRIDGE ROAD ON THE 3RD LANE AND WHICH I SAW THE VEHICLE MOVING ON MY RIGHT SO I PROCEED FORWARD AND WHICH ACTUALLY VEHICLE B(PC5278C) WAS STATIONARY STATIONARY INFRONT OF ME BY THE TIME I SAW VEHICLE B I GOT NO TIME TO BRAKE AND WHICH CAUSE TO HIT THE REAR OF VEHICLE B. MY WIFE SUFFERED LEFT KNEE BRUISES AND ON THE LEFT CHIN TOO.

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 PC5278C
 Vehicle Manufacturer Toyota
 Vehicle Model HIACE COMMUTER GL 3.0 AUTO
 Vehicle Variant -
 Vehicle Colour -
 Vehicle Category Commercial vehicle
 Name of Driver PRITPAL SINGH GILL S/O JAGAT SINGH
 NRIC No S8342029D
 Contact Number (Phone) +65-91069506
 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 VEERASHINI
 Gender Female
 Phone No -
 Address -
 Address Complement -
 Post Code -
 Approximate Age Years Old -
 Injuries Sustained SUFFERED LEFT KNEE BRUISES AND LEFT CHIN.
 Injured person in which vehicle? -
 Were seat belts worn? -
 Was this injured conveyed to hospital by ambulance? -

SKETCH PLAN

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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.



Policyholder's Signature / Date & Time

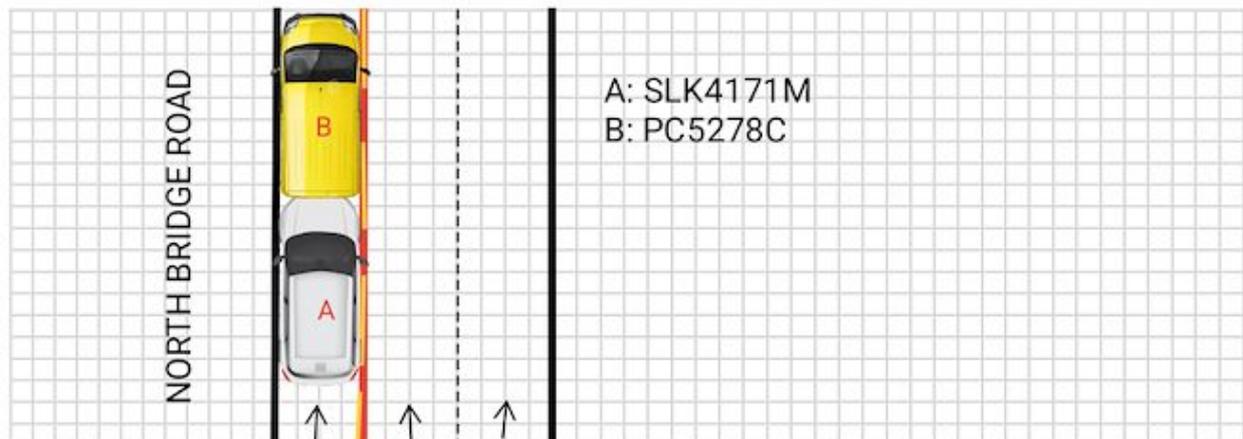
Sketch Plan

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

01/09/2024
1900hrs



Witnessed by Reporting Centre Personnel



Describe Circumstances of the Accident

ON 01/09/2024 AT ABOUT 1645HRS I WAS DRIVING VEHICLE A(SLK4171M) ALONG NORTH BRIDGE ROAD WHERE I WAS GOING BACK TO THE GETGO HOMELOT TO RETURN THE VEHICLE. I WAS DRIVING ALONG NORTH BRIDGE ROAD ON THE 3RD LANE AND WHICH I SAW THE VEHICLE MOVING ON MY RIGHT SO I PROCEED FORWARD AND WHICH ACTUALLY VEHICLE B(PC5278C) WAS STATIONARY STATIONARY INFRONT OF ME BY THE TIME I SAW VEHICLE B I GOT NO TIME TO BRAKE AND WHICH CAUSE TO HIT THE REAR OF VEHICLE B. MY WIFE SUFFERED LEFT KNEE BRUISES AND ON THE LEFT CHIN TOO.

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

01/09/2024
1900hrs



Witnessed by Reporting Centre Personnel

