

## 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 .....        | 21/08/2024 14:38 (SGT)       |
| Reported by .....                     | Actual Driver                |
| Date of Accident .....                | 14/08/2024 18:10 (SGT)       |
| Exact Location of Accident .....      | Jurong Gateway Rd, Singapore |
| Additional Location Information ..... | -                            |
| Country/State of Loss .....           | Singapore                    |

### DETAILS OF OWN VEHICLE

|                                   |          |
|-----------------------------------|----------|
| Vehicle Registration Number ..... | SLR1172T |
|-----------------------------------|----------|

#### INSURED/POLICYHOLDER

|                                |                               |
|--------------------------------|-------------------------------|
| Is company? .....              | Yes                           |
| Name Of Registered Owner ..... | LION CITY RENTALS PTE LTD     |
| Company Reg No .....           | D23MFL0002571                 |
| Email Address .....            | lcrarc@lioncityrentals.com.sg |
| Mobile Phone No .....          | (Phone) +65-62525525          |
| Alternative Phone No .....     | (Office) +65-62525525         |

#### VEHICLE PARTICULARS

|                                                                                    |                     |
|------------------------------------------------------------------------------------|---------------------|
| Manufacturer .....                                                                 | Honda               |
| Model .....                                                                        | Grace               |
| Variant .....                                                                      | HYBRID 1.5DX A      |
| 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 .....                                                                 | Petrol-Electric     |
| First Registration Date .....                                                      | -                   |
| Chassis no .....                                                                   | GM41105390          |
| 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 .....                                               | SUDEVAN SUSMITHA              |
| Passport No/FIN .....                                              | G1646196U                     |
| Date Of Birth .....                                                | 20/07/1989                    |
| Occupation .....                                                   | Outdoor                       |
| Driving Pass Date .....                                            | 30/04/2024                    |
| Driving License Pass Class .....                                   | 3                             |
| Driving License Validity .....                                     | Valid                         |
| Driving experience .....                                           | 4 MONTHS                      |
| Gender .....                                                       | Female                        |
| Mobile Number .....                                                | (Phone) +65-96574018          |
| Alt. Phone Number .....                                            | -                             |
| Email Address .....                                                | lcrarc@lioncityrentals.com.sg |
| Address .....                                                      | 723B JURONG WEST AVE 3#02-29  |
| Address complement .....                                           | -                             |
| Postcode .....                                                     | 642273                        |
| 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 .....   | Collided into Parked Vehicle |
| 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? .....                                                                | No  |
| Was any injured conveyed to hospital by ambulance? .....                                                  | -   |
| 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 ..... | Female  |

#### PASSENGER 2

|              |         |
|--------------|---------|
| Name .....   | UNKNOWN |
| Gender ..... | Female  |

#### 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? ..... | No                               |
| If yes, against whom? .....                     | -                                |

#### CIRCUMSTANCES OF ACCIDENT

ON 14 AUG 2024 AT ABOUT 1810HRS I WAS DRIVING WITH VEHICLE A BEARING REGISTRATION NUMBER SLR1172T ENROUTE FROM JURONG WEST AVE 3 TOWARDS JURONG GATEWAY ROAD FOR PERSONAL PURPOSE, WHILE TRYING TO PARK VEHICLE A I ACCIDENTALLY SIDESWIPE FRONT PORTION OF VEHICLE B BEARING REGISTRATION NUMBER SKN9039P. NOBODY WAS INJURED DURING THE ACCIDENT.

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 .....             | SLN9039P           |
| Vehicle Manufacturer .....                    | Mazda              |
| Vehicle Model .....                           | 3 SEDAN 1.5 AT EU6 |
| 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) .....     | -                  |

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## Describe Circumstances of the Accident

ON 14 AUG 2024 AT ABOUT 1810HRS I WAS DRIVING WITH VEHICLE A BEARING REGISTRATION NUMBER SLR1172T ENROUTE FROM JURONG WEST AVE 3 TOWARDS JURONG GATEWAY ROAD FOR PERSONAL PURPOSE, WHILE TRYING TO PARK VEHICLE A I ACCIDENTALLY SIDESWIPE FRONT PORTION OF VEHICLE B BEARING REGISTRATION NUMBER SKN9039P. NOBODY WAS INJURED DURING THE ACCIDENT.

## Declaration

We declare the foregoing particulars are true in every respect.



Policyholder's Signature / Date & Time

*Susmitha . d*

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

21 AUG 2024  
1200HRS

*ARAVINDAN*

Witnessed by Reporting Centre Personnel













**SINGAPORE  
POLICE FORCE**



T/20240903/7031

Police Station Of Origin:  
Traffic Police  
10 Ubi Avenue 3 SINGAPORE 408865  
Tel No: 65470000

1 of 3

Report No. T/20240903/7031

REPORT OF A TRAFFIC ACCIDENT

|                                            |            |                                                                             |                              |                    |
|--------------------------------------------|------------|-----------------------------------------------------------------------------|------------------------------|--------------------|
| Date/Time Report Made:<br>03/09/2024 12:42 |            | Vide Report No.:                                                            |                              | Station Diary No.: |
| <b>Informant's Particulars</b>             |            |                                                                             |                              |                    |
| Name of Informant:<br>SUDEVAN SUSMITHA     |            | Address:<br>273B JURONG WEST AVENUE 3 #02-29 SINGAPORE 642273               |                              |                    |
| ID Type / ID No.:<br>FIN NO / G1646196U    |            | Contact No.:<br>Home/Office:                      Mobile: 96574018          |                              |                    |
| Nationality:<br>INDIAN                     |            | Email:<br>SUSMITHA_SUDEVAN@YAHOO.COM                                        |                              |                    |
| Sex:<br>Female                             | Age:<br>35 | Date of Birth:<br>20/07/1989                                                | Type of Informant:<br>Driver |                    |
| Race:<br>Indian                            |            | Language:<br>English                                                        |                              |                    |
| Occupation:<br>Biologist                   |            | Driving Licence Information:<br>Class:                      Date of Expiry: |                              |                    |

|                                                               |                           |                                    |                                            |                                        |
|---------------------------------------------------------------|---------------------------|------------------------------------|--------------------------------------------|----------------------------------------|
| <b>General Information of the Accident</b>                    |                           |                                    |                                            |                                        |
| Type of Accident:                                             | Non-Injury<br>Hit and Run | Drink Drive:<br>No                 | Date/Time of Accident:<br>14/08/2024 18:10 | Type of Location:<br>Car Park          |
| Location:<br><br>JURONG GATEWAY ROAD                          |                           |                                    |                                            |                                        |
| Weather:<br>Cloudy                                            |                           | Road Surface:<br>Dry               |                                            |                                        |
| Traffic Flow:<br>One Way                                      |                           | Traffic Control:<br>Not Controlled |                                            | Traffic Volume:<br>Moderate            |
| Type of Collision:<br>Moving Vehicle Against - Parked Vehicle |                           |                                    |                                            | Anyone conveyed by<br>ambulance:<br>No |

| <b>Details of Vehicle Involved</b> |           |      |       |       |           |                 |
|------------------------------------|-----------|------|-------|-------|-----------|-----------------|
| Vehicle No.                        | Type      | Make | Model | Color | Condition | No of Passenger |
| SLR1172T                           | Motor car |      |       |       |           | 0               |

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



**SINGAPORE  
POLICE FORCE**



T/20240903/7031

Police Station Of Origin:  
Traffic Police  
10 Ubi Avenue 3 SINGAPORE 408865  
Tel No: 65470000

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Report No. T/20240903/7031

CONTINUATION OF REPORT

| Driver                                 |                      |                                        |                                   |
|----------------------------------------|----------------------|----------------------------------------|-----------------------------------|
| Name                                   | SUDEVAN SUSMITHA     | ID No.                                 | G1646196U                         |
| Related Vehicle                        | SLR1172T (Motor car) | Contact No.                            | 96574018                          |
| Hospital/Clinic                        | NIL                  | Class of Driving Licence & Expiry Date | Class: NIL<br>Date of Expiry: NIL |
| Date Treatment                         | NIL                  | Date Discharge                         | NIL                               |
| No. of Days granted Medical Leave (MC) | NIL                  | Degree of Injury                       | NIL                               |

**Brief Details.**

on 14th August 2024 at 6.11pm I took a Getgo rental car- SLR1172T to along Jurong Gate road. The weather was cloudy, hence it was hard for me to judge the slot. I accidentally grazed the parked car in the slot (SLN9039P). There was no one in the car and I was in a hurry to attend a class hence I couldn't leave a note. There was no injuries and kindly accept my apology for not reporting on time.



**SINGAPORE  
POLICE FORCE**

Police Station Of Origin:  
Traffic Police  
10 Ubi Avenue 3 SINGAPORE 408865  
Tel No: 65470000



T/20240903/7031

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Report No. T/20240903/7031

CONTINUATION OF REPORT

Signature Of Officer Recording The Report:  
Not applicable

Signature Of Interpreter:  
Not applicable

Officer In Charge Of Case:  
TP / HRT /  
SUFYAN BIN KHAIRI  
Contact No.: 65476148

NP168

Signature Of Informant:  
The identity of the person making this report has been  
authenticated by Singpass. No signature is required.

Date/Time:  
03/09/2024 12:42

Classification Of Case:



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

### ADDENDUM

**(A) PARTICULARS OF PERSON MAKING THE AMENDMENTS:**

Original Report No: SJ0G248L000H Vehicle Registration No: SLR1172T

Name (as shown in NRIC): LION CITY RENTALS PTE LTD NRIC/FIN/Passport No: 201504621K

(\*Vehicle Driver/Vehicle Owner) (\*) Please delete as appropriate

Address: \_\_\_\_\_ Singapore ( )

Contact (Tel): \_\_\_\_\_ Mobile No.: 6252 5525

Email Address: \_\_\_\_\_

Date of Accident: 14/08/2024 Time of Accident: 18:10

Place of Accident: Jurong Gateway Rd,

Insurance Company: INDIA INTERNATIONAL INSURANCE PTE LTD

**(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:

ATTACHED POLICE REPORT

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_



Policyholder / Driver's Signature  
Date:



Reporting Centre Personnel's Signature  
Name:  
NRIC/FIN No.:  
Date: 03.09.2024