

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	09/09/2024 09:46 (SGT)
Reported by	Both Policyholder and Actual Driver
Date of Accident	05/09/2024 15:40 (SGT)
Exact Location of Accident	Singapore
Additional Location Information	ALONG ROAD 1 LORON G 5 TOA PAYOH BETWEEN BLK 51 AND BLK52
Country/State of Loss	Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SLG2938C
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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	-

VEHICLE PARTICULARS

Manufacturer	Honda
Model	Shuttle
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 your vehicle?	No - Reporting only
Vehicle Category	Private hire
Transmission	Auto
CC	1500
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_01

DRIVER

Name of Driver	AZMAN BIN MD YASIN
NRIC No	S6822298B
Date Of Birth	17/07/1968
Occupation	Outdoor
Driving Pass Date	14/12/1992
Driving License Pass Class	3
Driving License Validity	Valid
Driving experience	31 YEARS AND 9 MONTHS
Gender	Male
Mobile Number	(Phone) +65-96834886
Alt. Phone Number	-
Email Address	DCOOLINK@GMAIL.COM
Address	21 TEBAN GARDENS ROAD #03-119
Address complement	-
Postcode	600021
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?	No
Was any injured conveyed to hospital by ambulance?	-
Was any other vehicle or property damaged?	Yes
Number of Passengers (Including Driver)	1
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	Clementi Neighbourhood Police Centre
Police Station Phone No	(Phone) +65-18008729999
Alt. Police Station Phone No	(Fax) +65-68728039
Police Station Address	No. Singapore 129858
Was notice of intended Prosecution given?	No
If yes, against whom?	-

CIRCUMSTANCES OF ACCIDENT

REFER TO 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	SME6706C
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

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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' law yers/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' law yers/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 law yers/law firms), which may be sited outside of Singapore, for one or more of the above Purposes.



Policyholder's Signature / Date & Time

[Handwritten Signature]

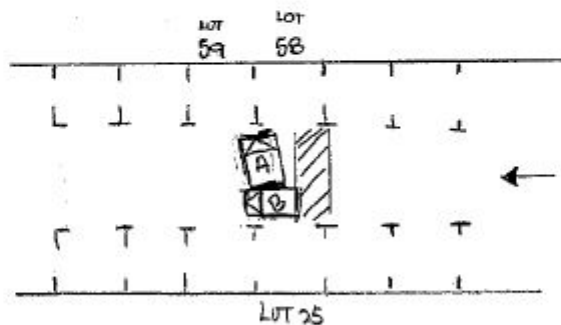
Driver's Signature (If driver is not the policyholder) / Date & Time



Witnessed by Reporting Centre Personnel

Sketch Plan

Along Road 1
Joining 5 Tan Pagar
open-spaced carpark between
Blk 51 and 52.



A-SLG 2938C

B-SME 6706C

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Declaration

We declare the foregoing particulars are true in every respect.



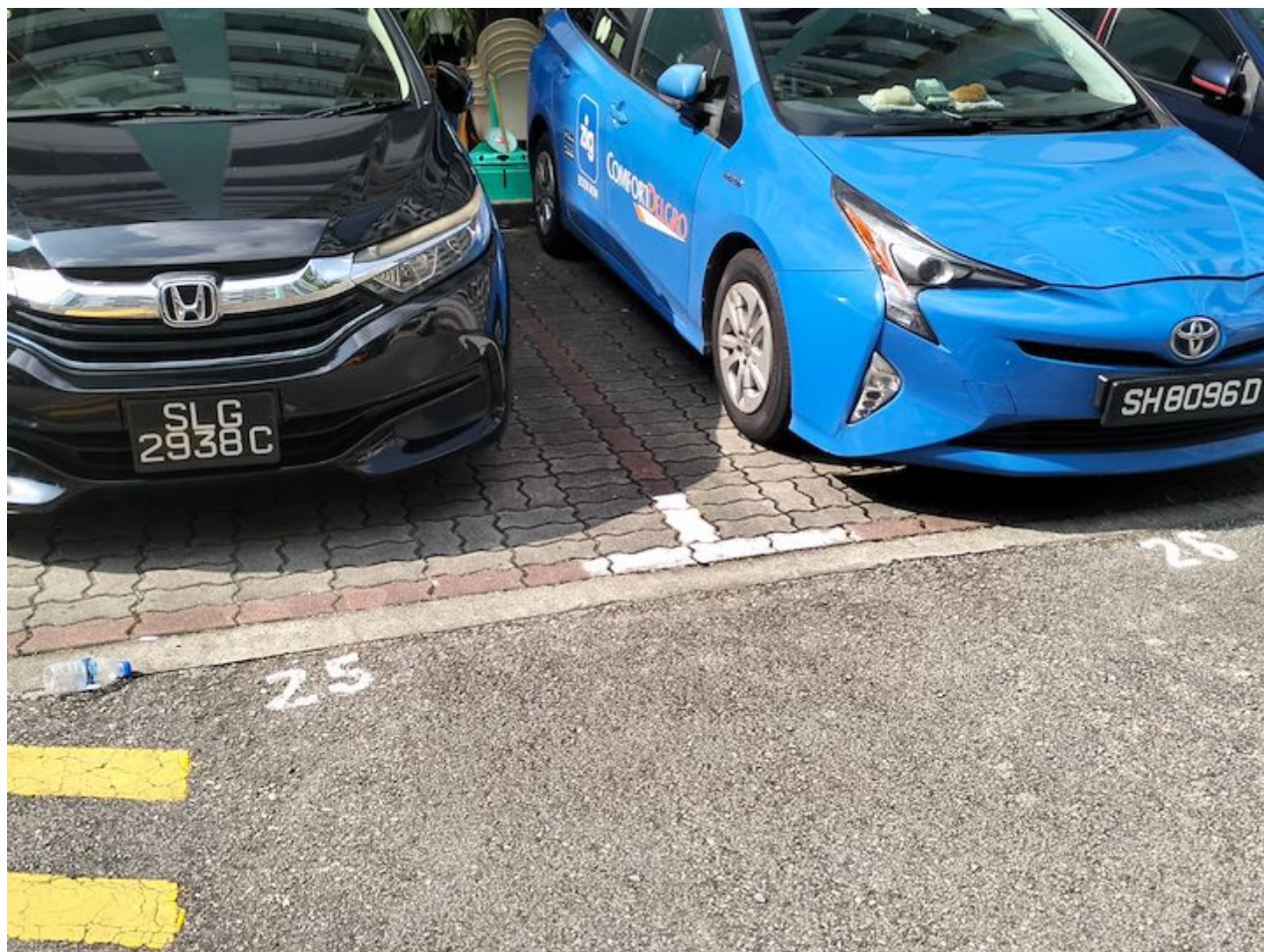
Driver's Signature (if driver is not the policyholder) / Date & Time



Witnessed by Reporting Centre
Personnel

















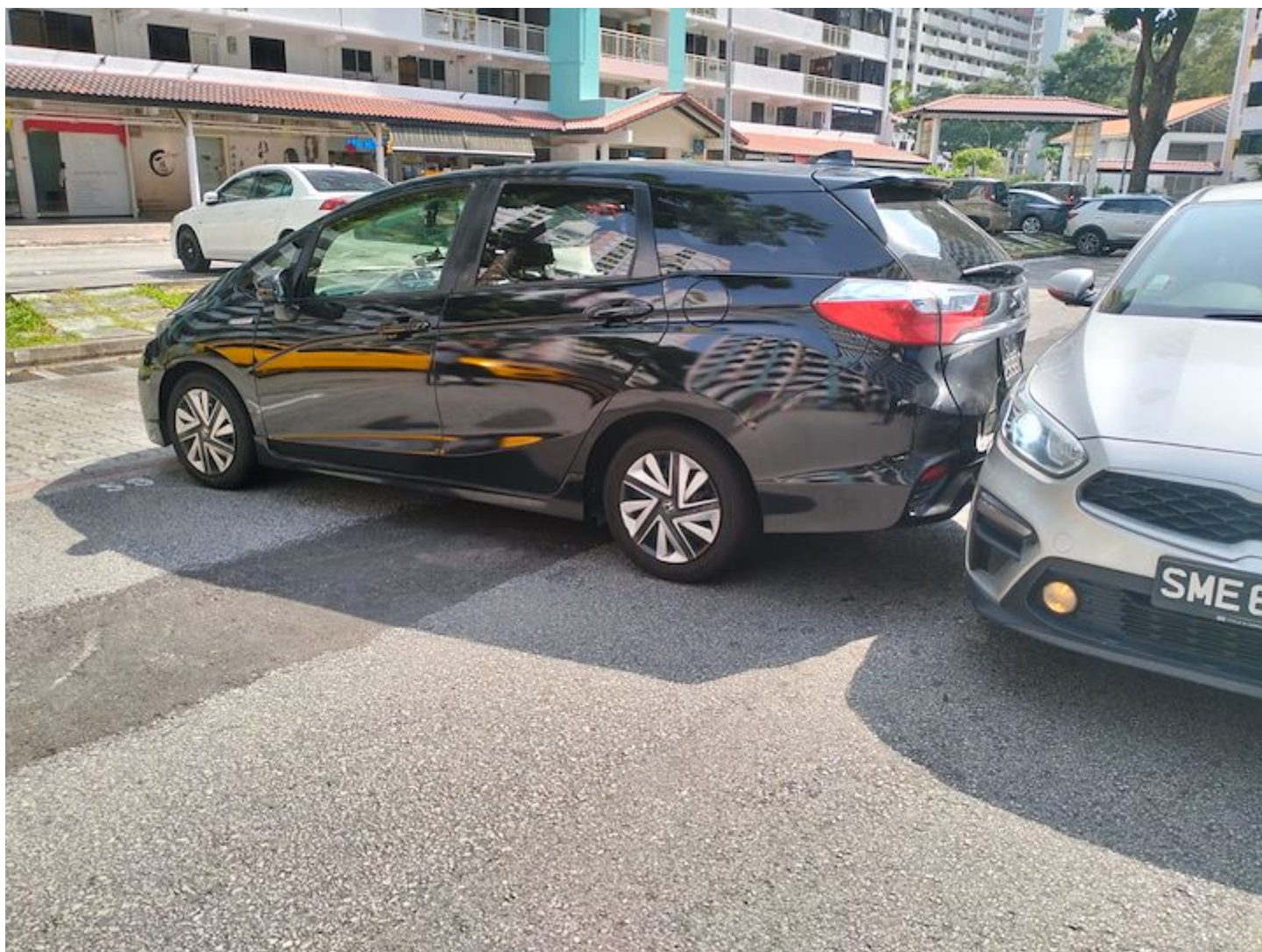














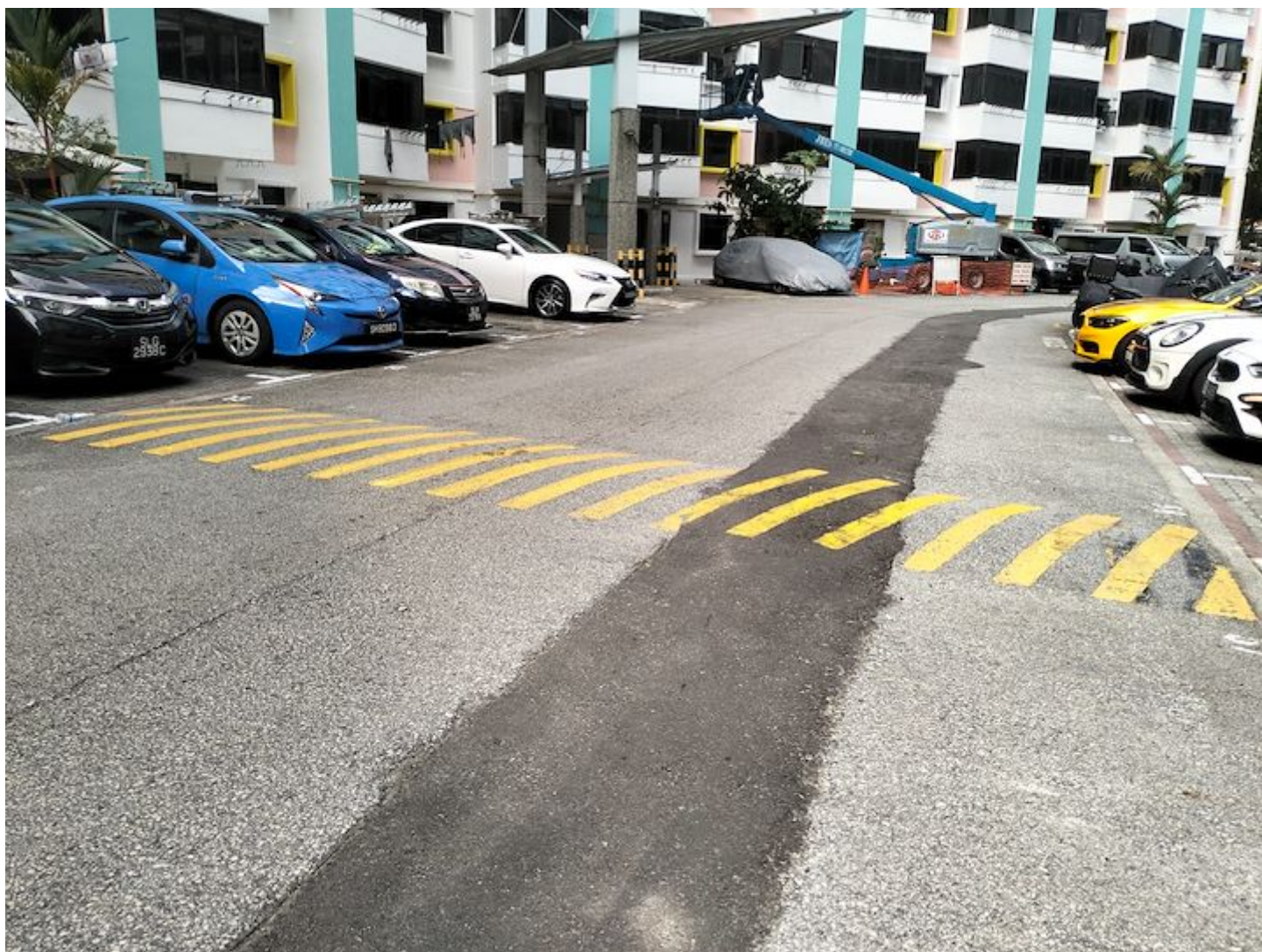






































**SINGAPORE
POLICE FORCE**

Police Station Of Origin:
Clementi N.P.C
6 Lempeng Drive SINGAPORE 128496
Tel No: 1800-8729999



T/20240905/2067

1 of 3

Report No. T/20240905/2067

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 05/09/2024 18:46	Vide Report No.:	Station Diary No.: 79
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Informant's Particulars

Name of Informant: AZMAN BIN MD YASIN			Address: 21 TEBAN GARDENS ROAD #03-119 SINGAPORE 600021	
ID Type / ID No.: NRIC NO / S6822298B			Contact No.:	Mobile: 96834886
Nationality: SINGAPORE CITIZEN			Home/Office:	
			Email:	
Sex: Male	Age: 56	Date of Birth: 17/07/1968	Type of Informant: Driver	
Race: Malay			Language:	
Occupation: FOOD STALL			Driving Licence Information: Class: 3,4,5	Date of Expiry:

General Information of the Accident

Type of Accident:	Non-Injury	Drink Drive: No	Date/Time of Accident: 05/09/2024 15:40	Type of Location: Car Park
Location: Along Road 1 LORONG 5 TOA PAYOH				
Open-spaced carpark between Blk 51 and 52.				
Weather: Sunny	Road Surface: Dry			
Traffic Flow: One Way	Traffic Control: Not Controlled		Traffic Volume: Light	
Type of Collision: Between Moving Vehicles - Head To Rear				Anyone conveyed by ambulance: No

Details of Vehicle Involved

Vehicle No.	Type	Make	Model	Color	Conditio	No of Passenger
SLG2938C	Motor car				Slightly Damaged	0
SME6706C	Motor car					0

Details of Person Involved

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



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6 Lempeng Drive SINGAPORE 128496
Tel No: 1800-8729999



T/20240905/2067

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Report No. T/20240905/2067

CONTINUATION OF REPORT

Signature of Officer Recording The
D /
SGT 2 LOO WAN YING

Signature Of Interpreter:
Not applicable

Officer In Charge Of Case:
TP / GIA /
SUPT (1) PHNG KAR SOON
Contact No.: 65476439

Signature Of Informant:

Date/Time:
05/09/2024 18:46

Classification Of Case:

NP168



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POLICE FORCE**

Police Station Of Origin:
Clementi N.P.C
6 Lempeng Drive SINGAPORE 128496
Tel No: 1800-8729999



T/20240905/2067

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Report No. T/20240905/2067

CONTINUATION OF REPORT

Driver			
Name	Ng Soo Yong		ID No. S0196300G
Related Vehicle	NIL		Contact No. NIL
Hospital/Clinic	NIL		Class of Driving Licence & Expiry Class: 2B,2A,2,3 Date of Expiry: NIL
Date Treatment	NIL	Date Discharge	NIL
No. of Days granted Medical Leave	NIL	Degree of	NIL
Driver			
Name	AZMAN BIN MD YASIN		ID No. S6822298B
Related Vehicle	NIL		Contact No. 96834886
Hospital/Clinic	NIL		Class of Driving Licence & Expiry Class: 3,4,5 Date of Expiry: NIL
Date Treatment	NIL	Date Discharge	NIL
No. of Days granted Medical Leave	NIL	Degree of	NIL

Brief Details.

On the above-mentioned date, time and location, there is a vehicle coming from my rear when I was parking my vehicle and it hit the rear of my vehicle. No one was injured. There is witness available if required. I do not have CCTV footage for my rear of vehicle.

I wish to state that I was going very slow and I did check my blind spot before reversing my vehicle to park.

