

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 | 23/09/2024 14:53 (SGT) |
| Reported by | Actual Driver |
| Date of Accident | 22/09/2024 10:35 (SGT) |
| Exact Location of Accident | Singapore |
| Additional Location Information | TAMPINES STREET ST 21 |
| Country/State of Loss | Singapore |

DETAILS OF OWN VEHICLE

| | |
|-----------------------------------|----------|
| Vehicle Registration Number | SLK6347K |
|-----------------------------------|----------|

INSURED/POLICYHOLDER

| | |
|--------------------------------|-------------------------------|
| Is company? | Yes |
| Name Of Registered Owner | LION CITY RENTALS PTE. LTD. |
| Company Reg No | 2XXXXX621K |
| Email Address | lcrarc@lioncityrentals.com.sg |
| Mobile Phone No | (Phone) +65-62525525 |
| Alternative Phone No | - |

VEHICLE PARTICULARS

| | |
|--|---------------------------|
| Manufacturer | Honda |
| Model | Vezel |
| Variant | - |
| Exact purpose for which vehicle was being used at time of accident | - |
| Are you claiming under your own insurance policy for repair to your vehicle? | No - Claiming third party |
| 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 | WOO SOON HWA |
| NRIC No | SXXXX227J |
| Date Of Birth | 31/12/1957 |
| Occupation | Outdoor |
| Driving Pass Date | 15/03/2011 |
| Driving License Pass Class | 3 |
| Driving License Validity | Valid |
| Driving experience | 13 YEARS AND 6 MONTHS |
| Gender | Male |
| Mobile Number | (Phone) +65-89511991 |
| Alt. Phone Number | - |
| Email Address | WOOSOONHWA3112@GMAIL.COM |
| Address | 217 TAMPINES STREET 23 #09-09 |
| Address complement | - |
| Postcode | 520217 |
| 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 | Hit and run / Vandalism / Damaged whilst parked |
| 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 | 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

REFER TO POLICE REPORT NO: T/20240922/7024

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 | SMW8381Y |
| 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 | HIT AND RUN |
| No. Of Passenger (Including Driver) | - |

Declaration

[We declare the foregoing particulars are true in every respect.



Witnessed by Reporting Centre
Personnel

SKETCH PLAN

IMPORTANT NOTICE

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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.
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.
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.



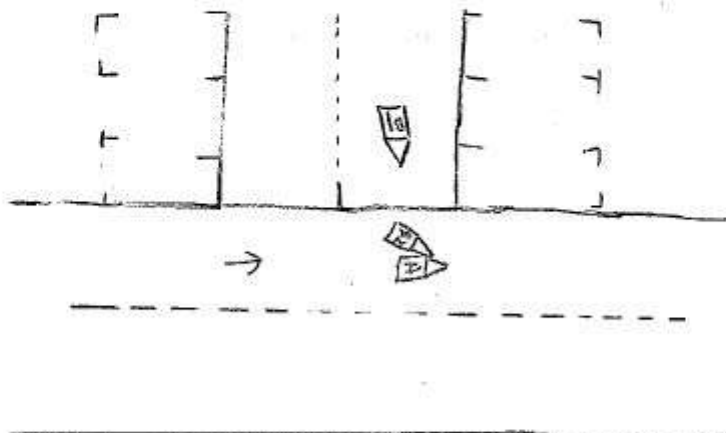
Policyholder's Signature / Date & Time

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



Witnessed by Reporting Centre Personnel

Sketch Plan



A-7 SLK 6374K

B-7 SHW 8381Y



**SINGAPORE
POLICE FORCE**



T/20240922/7024

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

1 of 3
Report No. T/20240922/7024

REPORT OF A TRAFFIC ACCIDENT

| | | | | | |
|--|------|------------------|--|--------------------|--|
| Date/Time Report Made: 22/09/2024 12:38 | | Vide Report No.: | | Station Diary No.: | |
| Informant's Particulars | | | | | |
| Name of Informant: Woo Soon Hwa | | | Address: 23 Blk 217 Tampines St #09-09 SINGAPORE 520217 | | |
| ID Type / ID No.: NRIC NO / S1277227J | | | Contact No.: Home/Office: Mobile: 83893868 | | |
| Nationality: SINGAPORE CITIZEN | | | Email: guiluanz94@gmail.com | | |
| Sex: Male | Age: | Date of Birth: | Type of Informant: Driver | | |
| Race: Chinese | | | Language: English | | |
| Occupation: Private-hire car driver | | | Driving Licence Information: Class: Date of Expiry: | | |

| | | | | |
|---|---------------------------|------------------------------------|--|--|
| General Information of the Accident | | | | |
| Type of Accident: | Non-Injury Hit and Run | Drink Drive: No | Date/Time of Accident: 22/09/2024 10:35 | Type of Location: Car Park |
| Location: TAMPINES STREET 21 | | | | |
| Weather: Clear | | Road Surface: Dry | | |
| Traffic Flow: Dual Carriage Way | | Traffic Control: Not Controlled | | Traffic Volume: No Traffic |
| Type of Collision: Between Moving Vehicles - Head On | | | | Anyone conveyed by ambulance: No |

| Details of Vehicle Involved | | | | | | |
|------------------------------------|-----------|------|-------|-------|-----------|-----------------|
| Vehicle No. | Type | Make | Model | Color | Condition | No of Passenger |
| SLK6347K | Motor car | | | | | 0 |

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



**SINGAPORE
POLICE FORCE**



T/20240922/7024

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

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Report No. T/20240922/7024

CONTINUATION OF REPORT

| Driver | | | |
|--|----------------------|--|-----------------------------------|
| Name | Woo Soon Hwa | ID No. | S1277227J |
| Related Vehicle | SLK6347K (Motor car) | Contact No. | 83893868 |
| Hospital/Clinic | NIL | Class of Driving Licence & Expiry Date | Class: NIL Date of Expiry: NIL |
| Date Treatment | NIL | Date Discharge | NIL |
| No. of Days granted Medical Leave (MC) | NIL | Degree of Injury | NIL |

Brief Details.

At blk 267 carpark, when i was about to left turn, there's vehicle coming from my left to turn right, his direction got stop line before turning right, but he failed to stop on time, causing his car to knock on my car's left front bumper. The driver was a young male guy and the car that he is driving belongs to his mother. I noticed there is a P plate sticker pasted on his car. He was alone in the car when the accident happens. After the accident happen, he immediately called his mum and uncle for help. When I ask for the driver's driving license details, his mother refused to give and insist of giving her details instead. The mother mentioned that the car belongs to her. Private settlement was unsuccessful as the driver refused to show his driving particulars, and I decided to report as hit and run and claim insurance.



**SINGAPORE
POLICE FORCE**

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



T/20240922/7024

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Report No. T/20240922/7024

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: 22/09/2024 12:38 |
| Officer In Charge Of Case: TP / HRT / MOHAMMAD ABDILLAH BIN PALIL Contact No.: 65476902 | Classification Of Case: |

NP168