

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	01/11/2024 19:07 (SGT)
Reported by	Actual Driver
Date of Accident	31/10/2024 17:55 (SGT)
Exact Location of Accident	27 W Coast Hwy, Singapore 117867
Additional Location Information	-
Country/State of Loss	Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SLQ4872S
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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	Mazda
Model	3
Variant	SEDAN 1.5 AT EU6
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
First Registration Date	-
Chassis no	JM6BN22A8H0160540
Effective Date/Time of Ownership	-

INSURANCE COMPANY

Name of Insurance Company	India International Insurance Pte Ltd
Policy Number / Cover Note Number	D23MFL0002582_01

DRIVER

Name of Driver	WANG HUAIYU
NRIC No	S8462253B
Date Of Birth	15/02/1984
Occupation	Outdoor
Driving Pass Date	06/12/2016
Driving License Pass Class	3
Driving License Validity	Valid
Driving experience	7 YEARS AND 10 MONTHS
Gender	Male
Mobile Number	(Phone) +65-915463333
Alt. Phone Number	-
Email Address	lcrarc@lioncityrentals.com.sg
Address	33 JURONG WEST ST 41#07-46
Address complement	-
Postcode	649413
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 - Opening Door of Vehicle
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)	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?	No
Was notice of intended Prosecution given?	No
If yes, against whom?	-

CIRCUMSTANCES OF ACCIDENT

ON THE 31/10/2024 AT ABOUT 17:55HRS I WAS DRIVING VEHICLE A BEARING REGISTRATION NUMBER (SLQ4872S) ALONG 27 WEST COAST HIGHWAY EN-ROUTE FROM JURONG EAST TOWARDS WEST COAST HIGHWAY ORTO TO PERSONAL PURPOSE, AS MY VEHICLE WAS STATIONARY AT CARPARK, WAITING FOR PICKING UP MY PASSENGER AND WHILE THE PASSENGER WAS GETTING IN VEHICLE A, WHEN VEHICLE B BEARING REGISTRATION NUMBER (SNR5061E) WHICH WAS AT THE LEFT SIDE LOT OF VEHICLE A, SUDDENLY WITHOUT NOTICE EXITING THE PARKING LOT AND COLLIDED ONTO VEHICLE A DOOR WHICH WAS OPEN. NO INJURIES WERE PRESENTED DURING THE COURSE OF COLLISION.

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	SNR5061E
Vehicle Manufacturer	Skoda
Vehicle Model	OCTAVIA STYLE 1.0 MHEV
Vehicle Variant	-
Vehicle Colour	Blue
Vehicle Category	Private car
Name of Driver	TAN CHONG YI, JOEY
NRIC No	S8333768J
Contact Number	(Phone) +65-90230083
Address	-
Address complement	-
Postcode	-
Insurance Company Name	-
Nature Of Damage	RIGHT HAND SIDE
Details of property damaged in accident	-
No. Of Passenger (Including Driver)	-

SKETCH PLAN**IMPORTANT NOTICE**

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7. 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)**

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

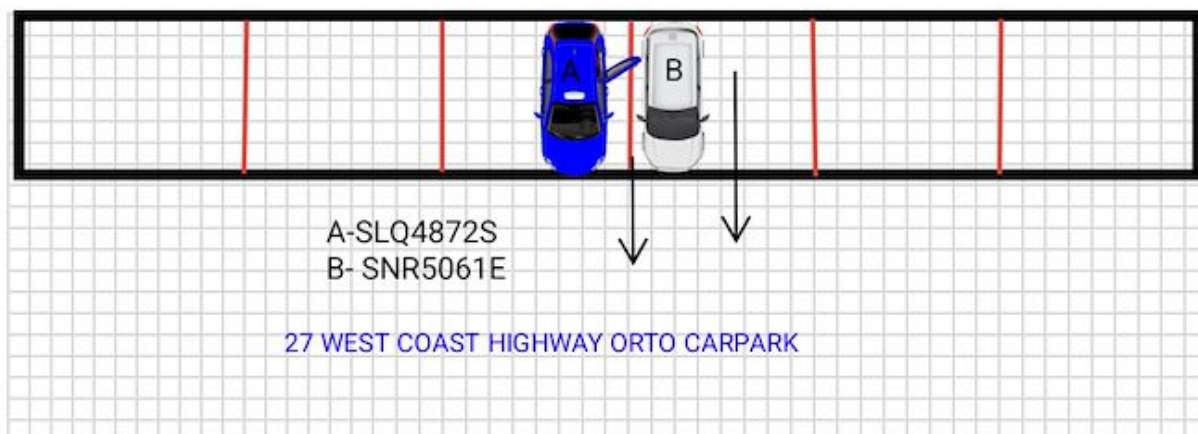
Sketch Plan

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

31/10/2024 – 19:30HRS



Witnessed by Reporting Centre Personnel



Describe Circumstances of the Accident

ON THE 31/10/2024 AT ABOUT 17:55HRS I WAS DRIVING VEHICLE A BEARING REGISTRATION NUMBER (SLQ4872S) ALONG 27 WEST COAST HIGHWAY EN-ROUTE FROM JURONG EAST TOWARDS WEST COAST HIGHWAY ORTO TO PERSONAL PURPOSE, AS MY VEHICLE WAS STATIONARY AT CARPARK, WAITING FOR PICKING UP MY PASSENGER AND WHILE THE PASSENGER WAS GETTING IN VEHICLE A, WHEN VEHICLE B BEARING REGISTRATION NUMBER (SNR5061E) WHICH WAS AT THE LEFT SIDE LOT OF VEHICLE A, SUDDENLY WITHOUT NOTICE EXITING THE PARKING LOT AND COLLIDED ONTO VEHICLE A DOOR WHICH WAS OPEN. NO INJURIES WERE PRESENTED DURING THE COURSE OF COLLISION.

Declaration

I/We declare the foregoing particulars are true in every respect.



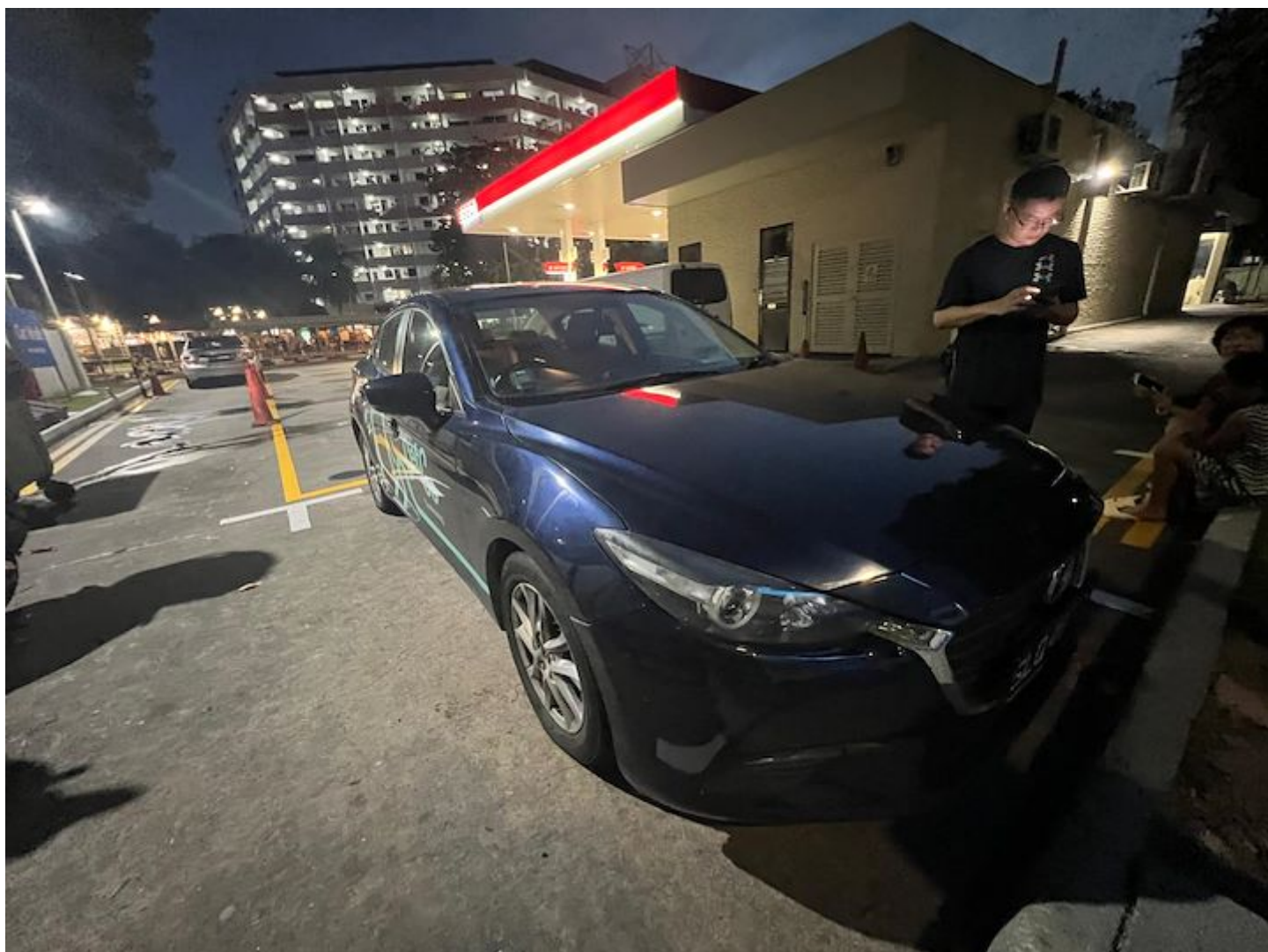
Policyholder's Signature / Date & Time

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

31/10/2024 -- 19:30HRS

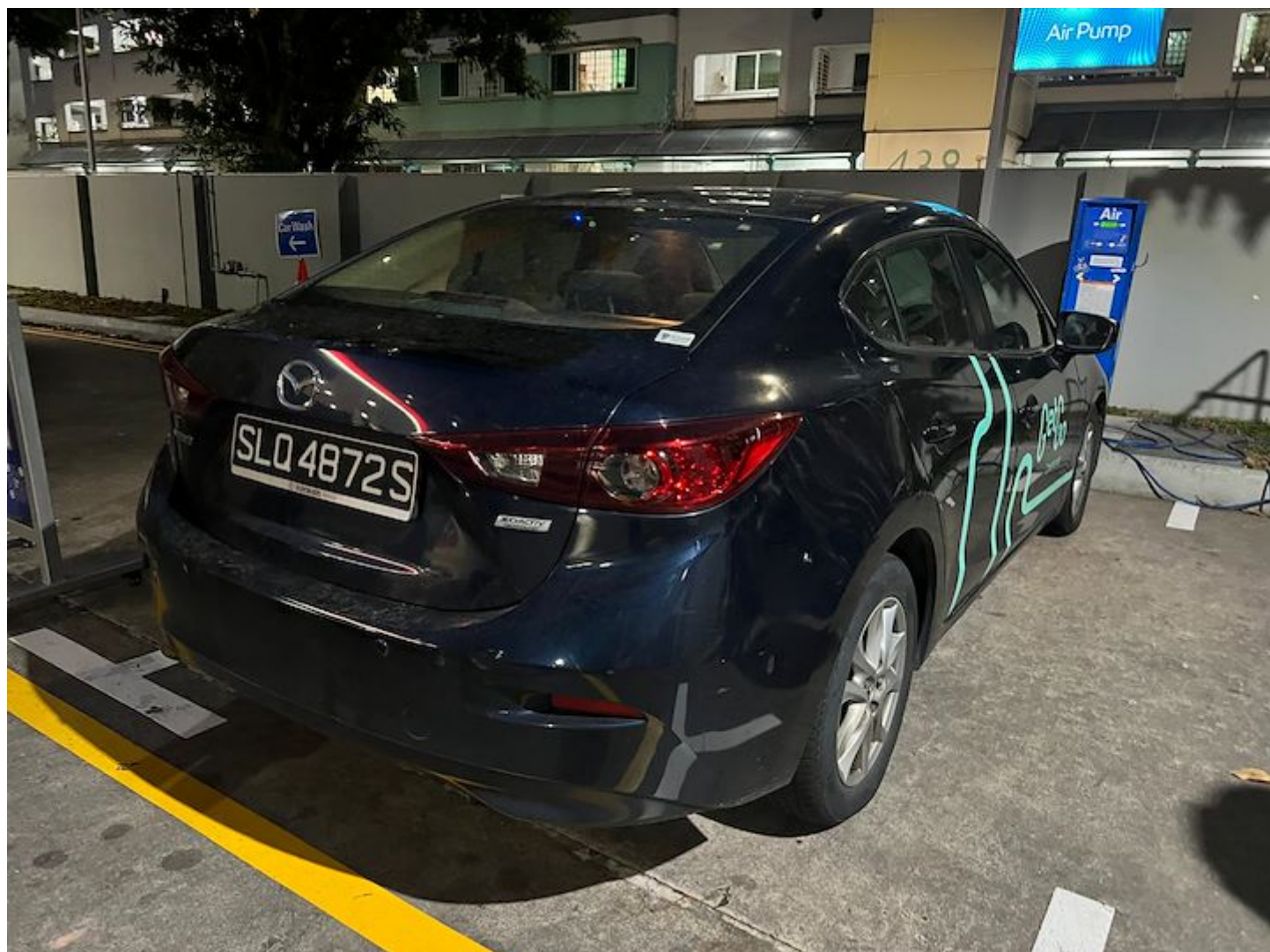


Witnessed by Reporting Centre Personnel





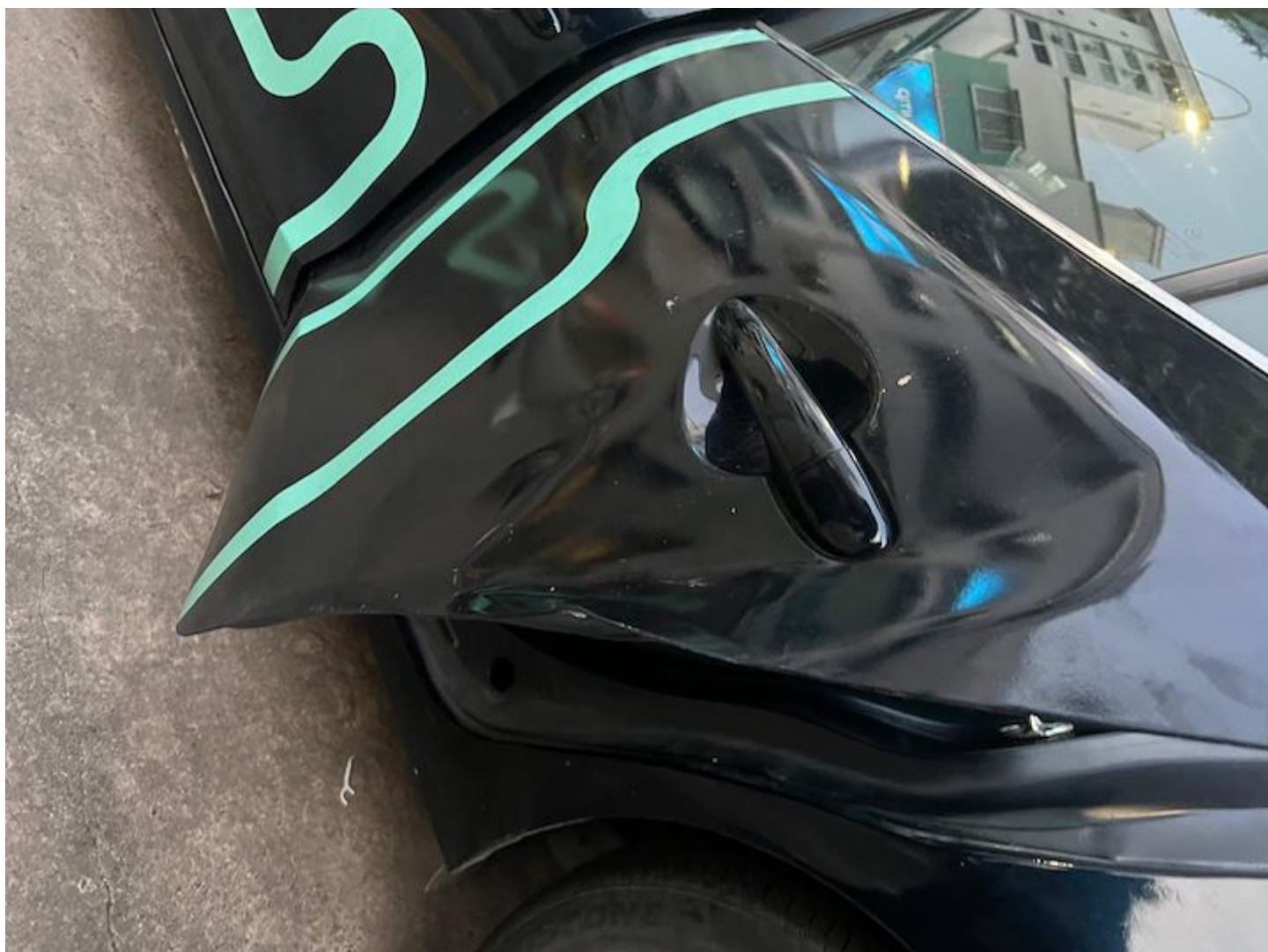




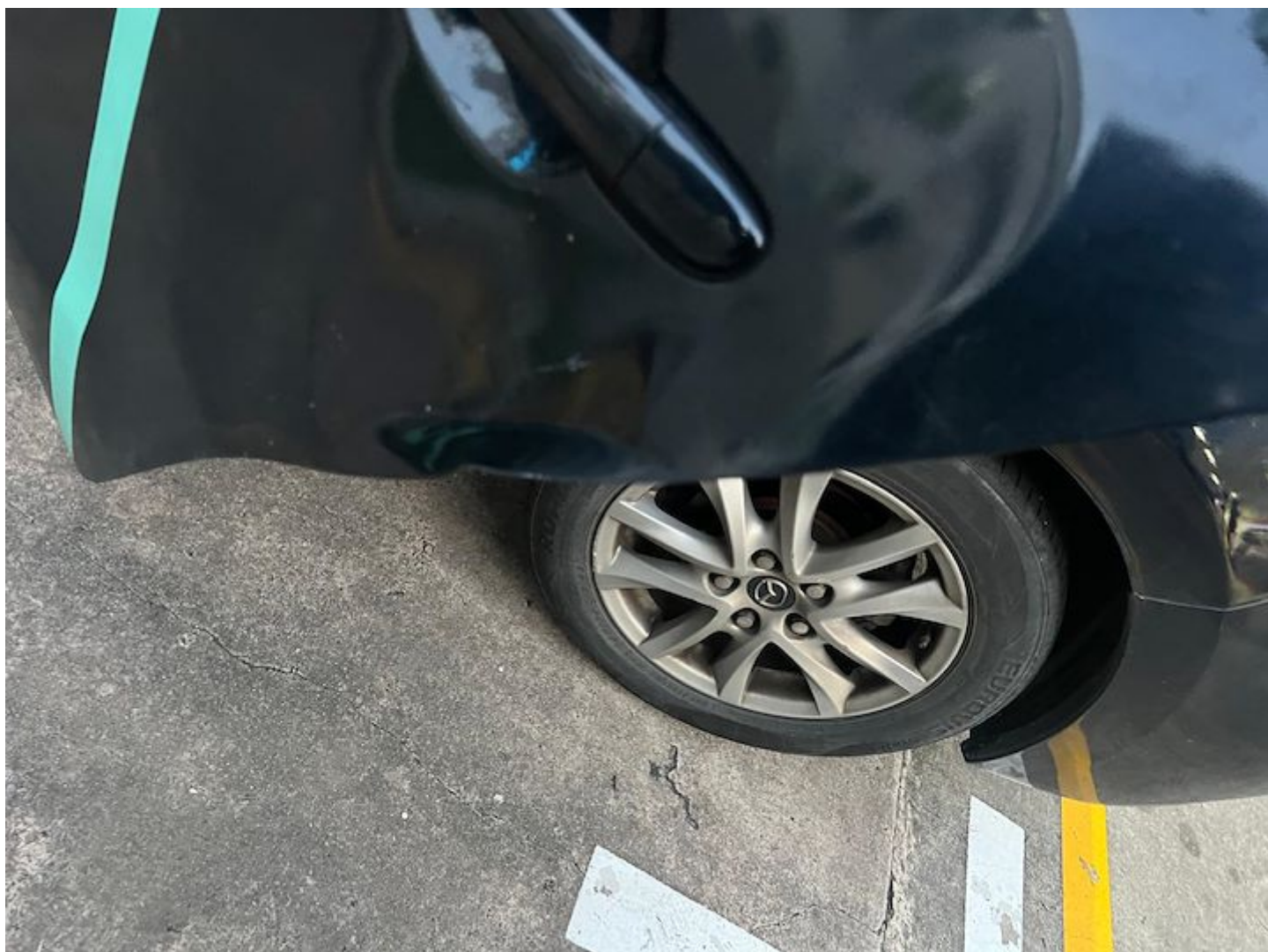


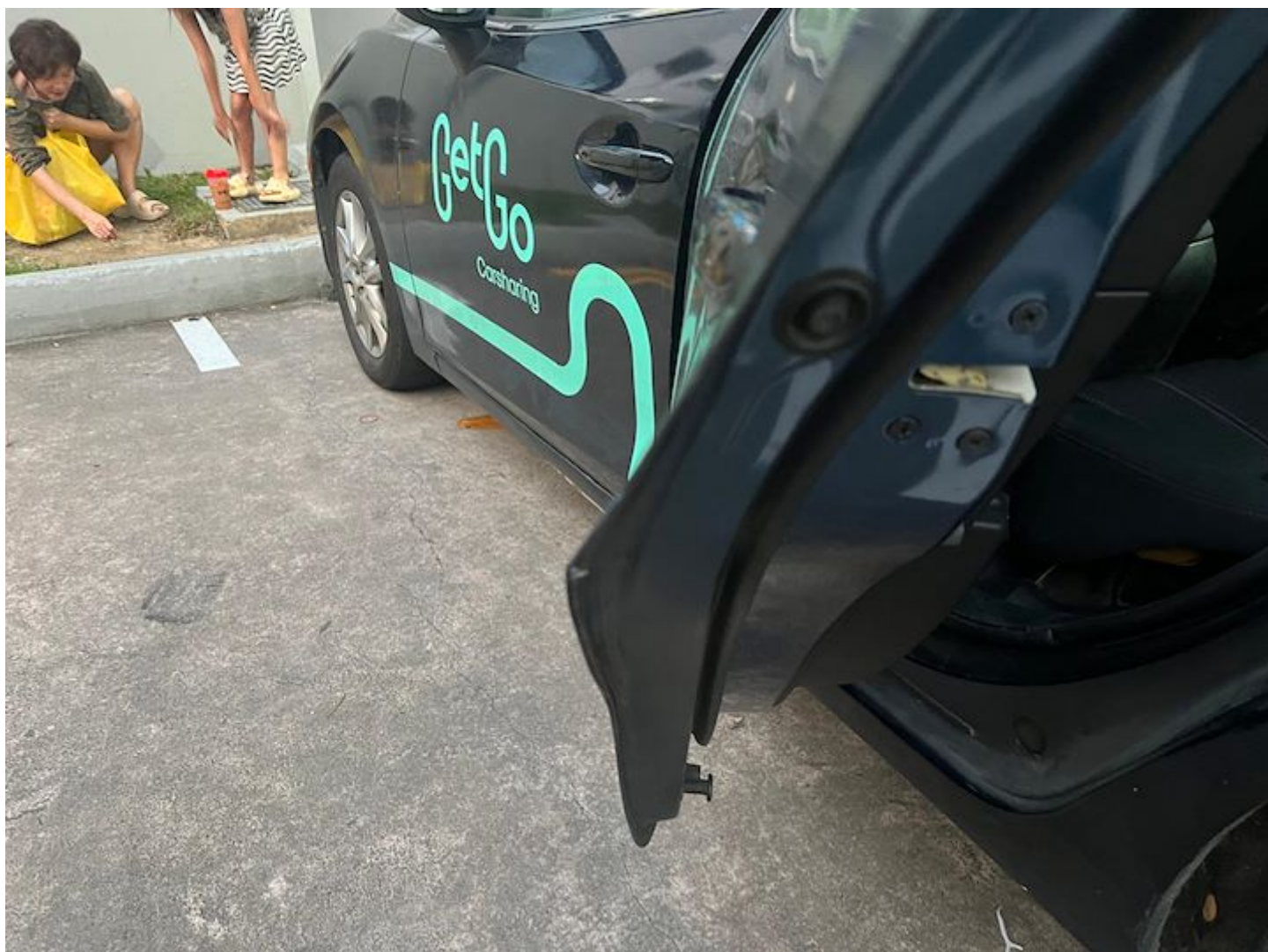


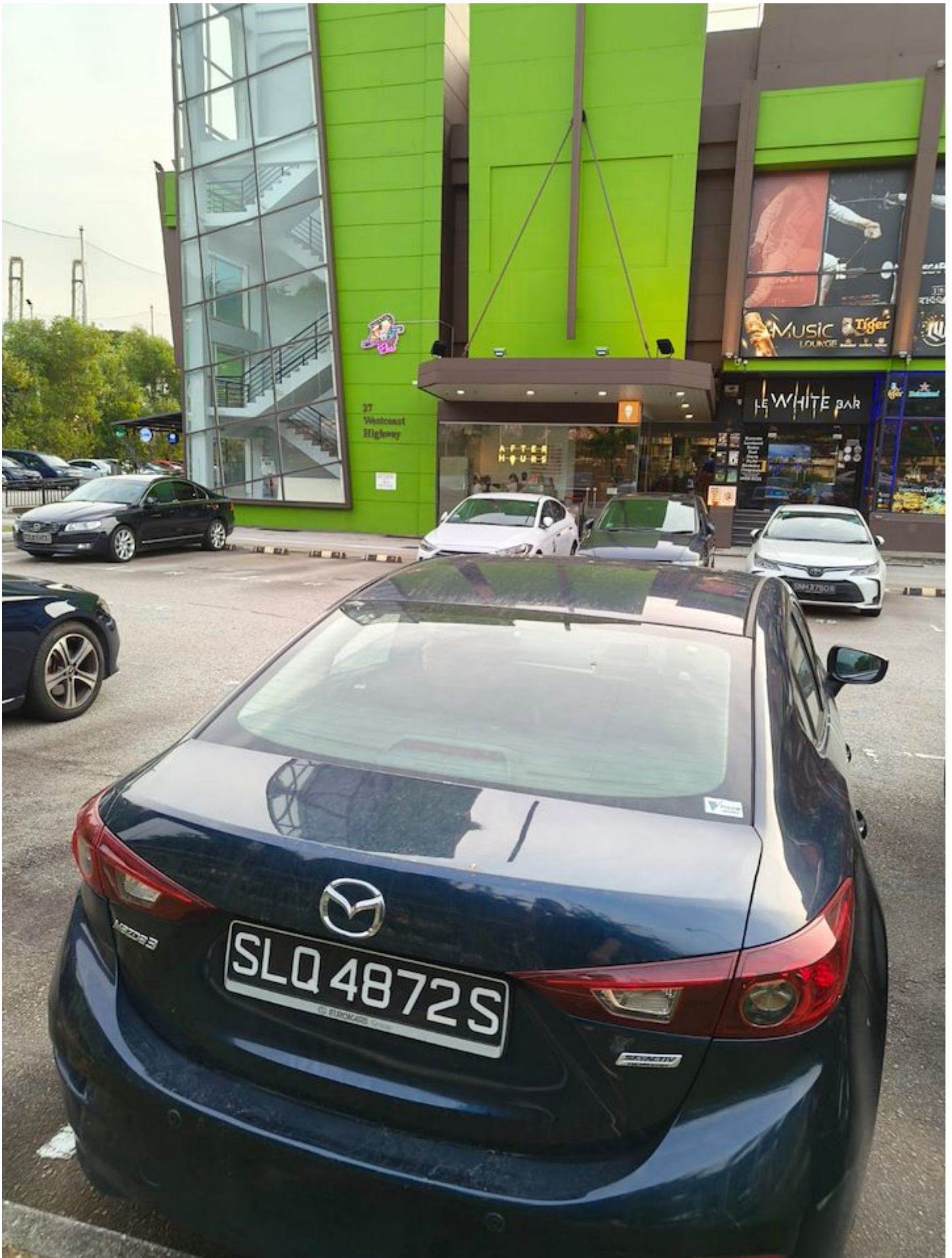












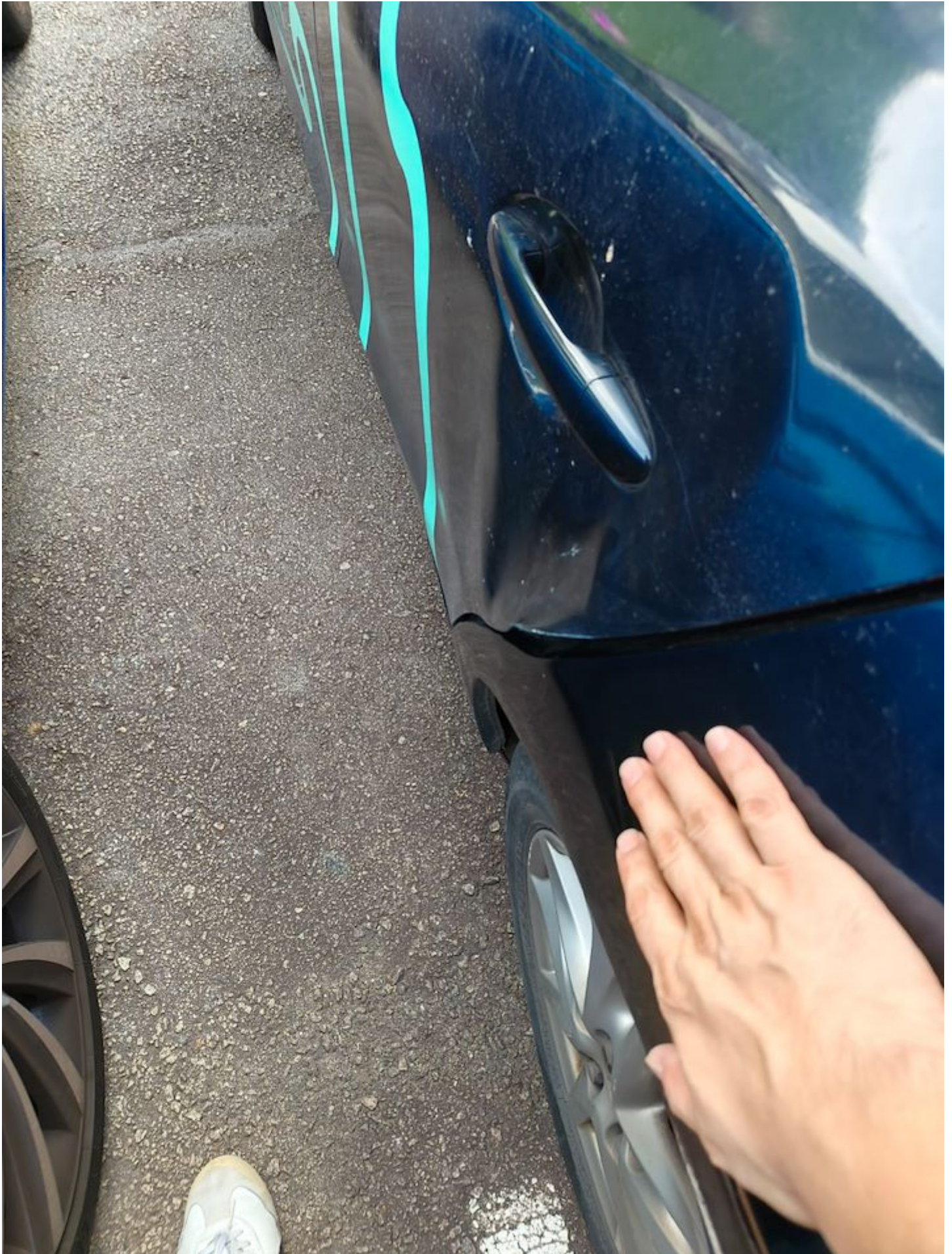




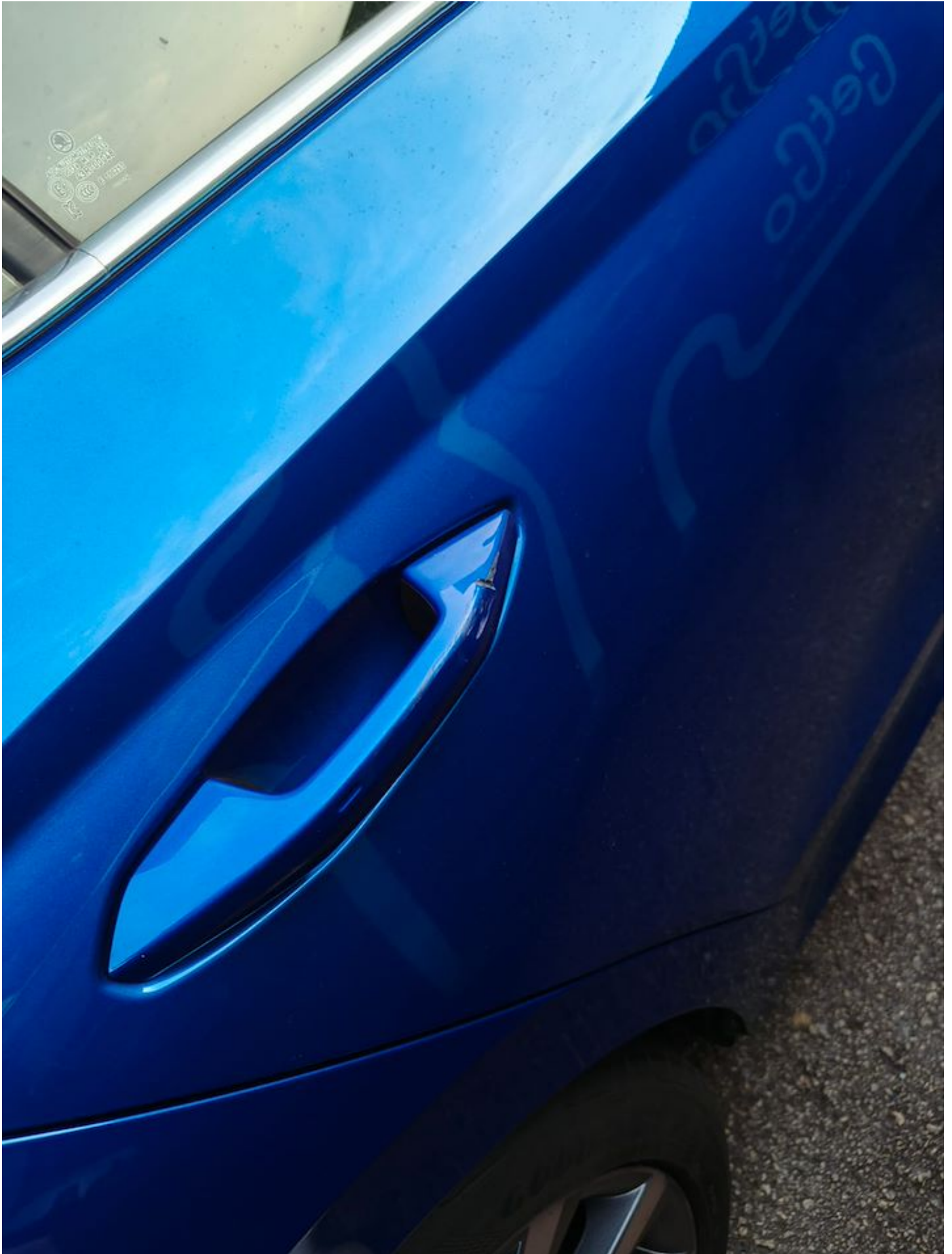




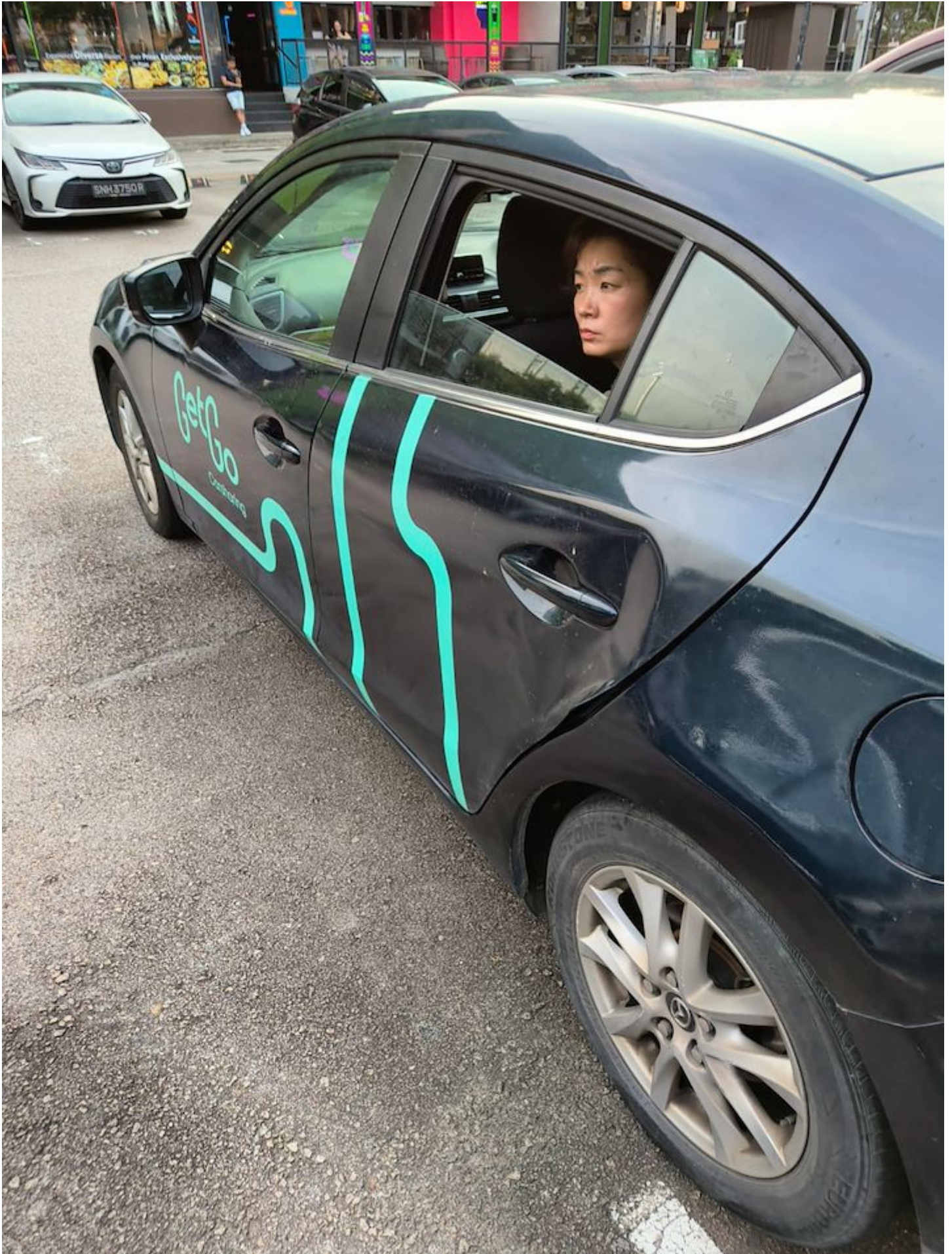
















IMPORTANT NOTE: Please submit the completed Addendum form to the same Accident Reporting Centre with whom you submitted the Original Report.

ADDENDUM

(A) PARTICULARS OF PERSON MAKING THE AMENDMENTS:

Original Report No: SJ0G24B10011 Vehicle Registration No: SLQ4872S
 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: 31/10/2024 Time of Accident: 17:55
 Place of Accident: 27 W Coast Hwy, Singapore 117867
 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:

UPDATE CLAIM STATUS



Policyholder / Driver's Signature
Date:



Reporting Centre Personnel's Signature
Name:
NRIC/FIN No.:
Date: 04.11.2024

