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 witholding 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.

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 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 09/11/2024 15:40 (SGT) Reported by **Actual Driver** Date of Accident 08/11/2024 17:59 (SGT) Exact Location of Accident Singapore Additional Location Information KJE(SENJA FLYOVER)TOWARDS SENJA RD Country/State of Loss Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number SI F1637H

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

Toyota Model Sienta Variant Exact purpose for which vehicle was being used at time of Private hire accident Are you claiming under your own insurance policy for repair to No - Reporting only your vehicle? Vehicle Category Private hire Transmission Auto CC 1489 Vehicle Fuel First Regisration 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 NRIC No Date Of Birth Occupation Driving Pass Date Driving License Pass Class Driving License Validity Driving experience Gender Mobile Number Alt. Phone Number Email Address Address Address Address Address complement Postcode Is the driver the policyholder? If No, Relationship of the Driver with the Insured Does Driver Own Other Vehicles? Vehicle Registration Number of Other Vehicle Owned by Driver	ZHANG ZHIHAO \$8814925D 04/05/1988 Outdoor 22/06/2010 3 Valid 14 YEARS AND 5 MONTHS Male (Phone) +65-91704356 - DYLAN.ZHANG_ZH@HOTMAIL.COM 276C JURONG WEST ST 25 #14- 15 - 643276 No Hirer No
GENERAL INFORMATION OF THE ACCIDENT	
Type of Accident Weather Conditions Road Surface	Collision - Change/cross lane Clear Dry
OTHER INFORMATION	
Was any foreign vehicle involved in the accident? Number of vehicles involved in the accident Was anybody injured in the Accident? Was any injured conveyed to hospital by ambulance? Was any other vehicle or property damaged? Number of Passengers (Including Driver) Has the driver been approached by unknown person(s) soliciting/offering accident claims assistance? Translator's name Translator's ID Translator's phone number Translator's email Original language used in the statement	No 2 No - Yes 1 No
DETAILS OF POLICE ACTION	
Was the accident reported to the police? Was notice of intended Prosecution given? If yes, against whom?	No No -
CIRCUMSTANCES OF ACCIDENT	
REFER TO SKETCH PLAN	
ATTACHMENT(S)	
Are accident photos available for attachment? Was there any video captured by Car Camera? Reasons for not uploading a video of the accident	Yes Yes FILE TO BIG
DETAILS OF OTHER	

SNL905K

C Accident report SL0V24B90002

Vehicle Registration Number

Vehicle Manufacturer	
Vehicle Model	<u>-</u>
Vehicle Variant	<u>-</u>
Vehicle Colour	-
Vehicle Category	Private car
Name of Driver	N PRIYA
NRIC No	S9333471Z
Contact Number	(Phone) +65-92330471
Address	` '
Address complement	-
Postcode	. <u>-</u>
Insurance Company Name	<u>-</u>
Nature Of Damage	-
Details of property damaged in accident	-
No. Of Passenger (Including Driver)	. <u>-</u>

SKETCH PLAN

IMPORTANT NOTICE

- 1. Please report correctly the details of the accident to speed up the claims process.
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- 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. 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.
- 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' 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 invoive 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.....

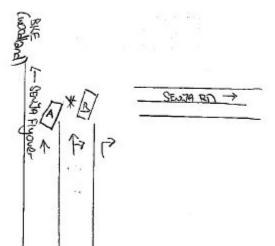


Policyholder's Signature / Date & Time Driver's Signature (If driver is not the policy holder) / Date

Witnessed by Reporting Centre Personnel

Sketch Plan

KJE (SENJA FLYDJER) TOWARD SENJA RO.



4 - SLF 1637H

3- SNL 905 K

A - DWNER

B- THIRD FARTY

Describe Circumstances of the Accident
on 08 navember 2024, I was driving on Senta Flynner toward sonta RD on the LAGT. If was Red Light at the traffic Inction, My Car was Station on the 2RD LAWE. but known I'm not aware that it had changed to two Pight Thro LAWE only AS It was THREE Right Turn the last time I drove past this AREA LAST MONTH.
It was And light at the traffic Juction, My Car was Station on the 2RD LANGE.
but known I'm not aware that it had alranged to two PIGUATURIO LAWE ONLY AS
If was THREE Right Tupo the last time I drove past this AREA LAST MONTH.
AS I NOTICE IN At the wrong LAWE For Turning Right + I Signal my Right and Logge Slowly Plifer to the By Second LAWE IN order to Turn Right to Senda PD, but the third party, appear at my Right which I filterover and Logy Car has Impact. Suchenly And Hit the Side door of the third party MR.
Slowly fliter to the By second LANE Worder to Turn RIGHT to Senda PD.
but the third party appear at my right which I fitteriouer and born car
was impet. Sudenly
And HIT the Side day of the third party MAX.

Declaration

We declare the foregoing particulars are true in every respect.

Policyholder's Sighature / Date &

Driver's Signature (If driver is not the policyholder) / Date & Time SHITALS AND LINE OF THE PARTY O

Witnessed by Reporting Centre Personnel











