

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	28/10/2024 15:59 (SGT)
Reported by	Actual Driver
Date of Accident	26/10/2024 23:40 (SGT)
Exact Location of Accident	545 Pasir Panjang Rd, Singapore 118807
Additional Location Information	OPEN SPACE CARPARK
Country/State of Loss	Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SLR4495S
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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 - Claiming third party
Vehicle Category	Private car
Transmission	Auto
CC	1496
Vehicle Fuel	Petrol
First Registration Date	-
Chassis no	JM6BN22A8H0162151
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	BENJAMIN WEE JIAWEI
NRIC No	S9919455C
Date Of Birth	12/06/1999
Occupation	Outdoor
Driving Pass Date	13/02/2024
Driving License Pass Class	3
Driving License Validity	Valid
Driving experience	8 MONTHS
Gender	Male
Mobile Number	(Phone) +65-81002995
Alt. Phone Number	-
Email Address	lcrarc@lioncityrentals.com.sg
Address	341 SEMBAWANG CLOSE #10-65
Address complement	-
Postcode	750341
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	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)	2
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	ZU MEI
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 26/10/2024 AT ABOUT 2340HRS I WAS DRIVING VEHICLE (A) BEARING REGISTRATION NUMBER SLR4495S ENROUTE FROM 545 PASIR PANJANG RD OPEN SPACE CARPARK TO CLEMENTI MALL FOR PERSONAL PURPOSES. WHILE SLOWLY EXITING A CARPARK LOT IN 545 PASIR PANJANG RD OPEN SPACE CARPARK, I NOTICED VEHICLE (B) BEARING REGISTRATION NUMBER SNN1486K IN FRONT OF MY ON MY LEFT STARTED TO REVERSE AND I STOPPED TO GIVE WAY. SHORTLY AFTER, THE REAR LEFT OF VEHICLE (B) HIT ONTO THE FRONT OF MY VEHICLE. NOBODY WAS INJURED.

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	SNN1486K
Vehicle Manufacturer	Subaru
Vehicle Model	IMPREZA 5DR 2.5 STI AWD 6MT ABS
Vehicle Variant	-
Vehicle Colour	-
Vehicle Category	Private car
Name of Driver	MOHAMED ISMAIL BIN MOHAMMAD
NRIC No	S9939188Z
Contact Number	(Phone) +65-85126915
Address	-
Address complement	-
Postcode	-
Insurance Company Name	-
Nature Of Damage	-
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 involvedisclosure 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

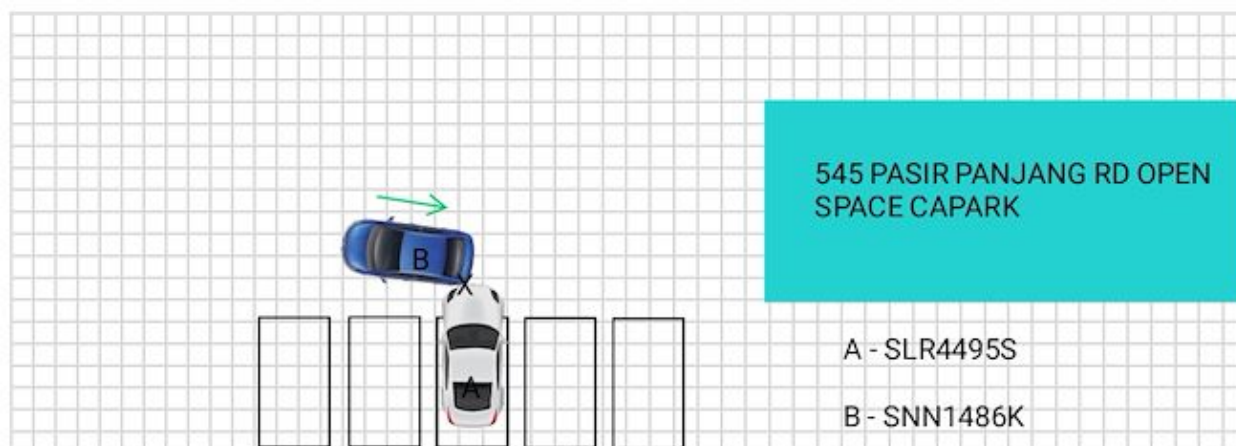
Driver's Signature (If driver is not the policyholder) / Date & Time

27/10/2024 0230HRS



Jun Rong

Witnessed by Reporting Centre Personnel



Describe Circumstances of the Accident

ON 26/10/2024 AT ABOUT 2340HRS I WAS DRIVING VEHICLE (A) BEARING REGISTRATION NUMBER SLR4495S ENROUTE FROM 545 PASIR PANJANG RD OPEN SPACE CARPARK TO CLEMENTI MALL FOR PERSONAL PURPOSES. WHILE SLOWLY EXITING A CARPARK LOT IN 545 PASIR PANJANG RD OPEN SPACE CARPARK, I NOTICED VEHICLE (B) BEARING REGISTRATION NUMBER SNN1486K IN FRONT OF MY ON MY LEFT STARTED TO REVERSE AND I STOPPED TO GIVE WAY. SHORTLY AFTER, THE REAR LEFT OF VEHICLE (B) HIT ONTO THE FRONT OF MY VEHICLE. NOBODY WAS INJURED.

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

27/10/2024 0230HRS



Jun Rong

Witnessed by Reporting Centre Personnel

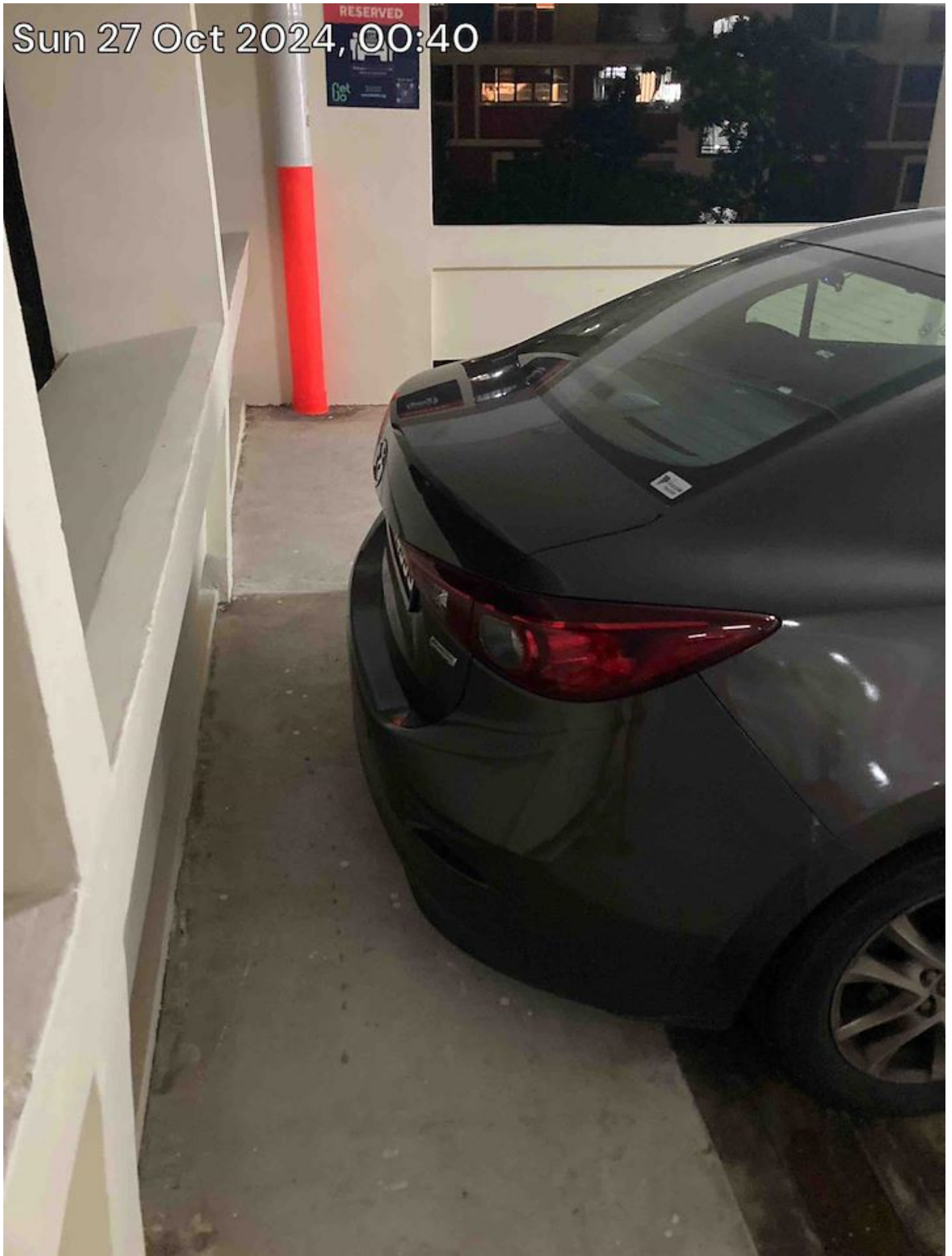








Sun 27 Oct 2024, 00:40

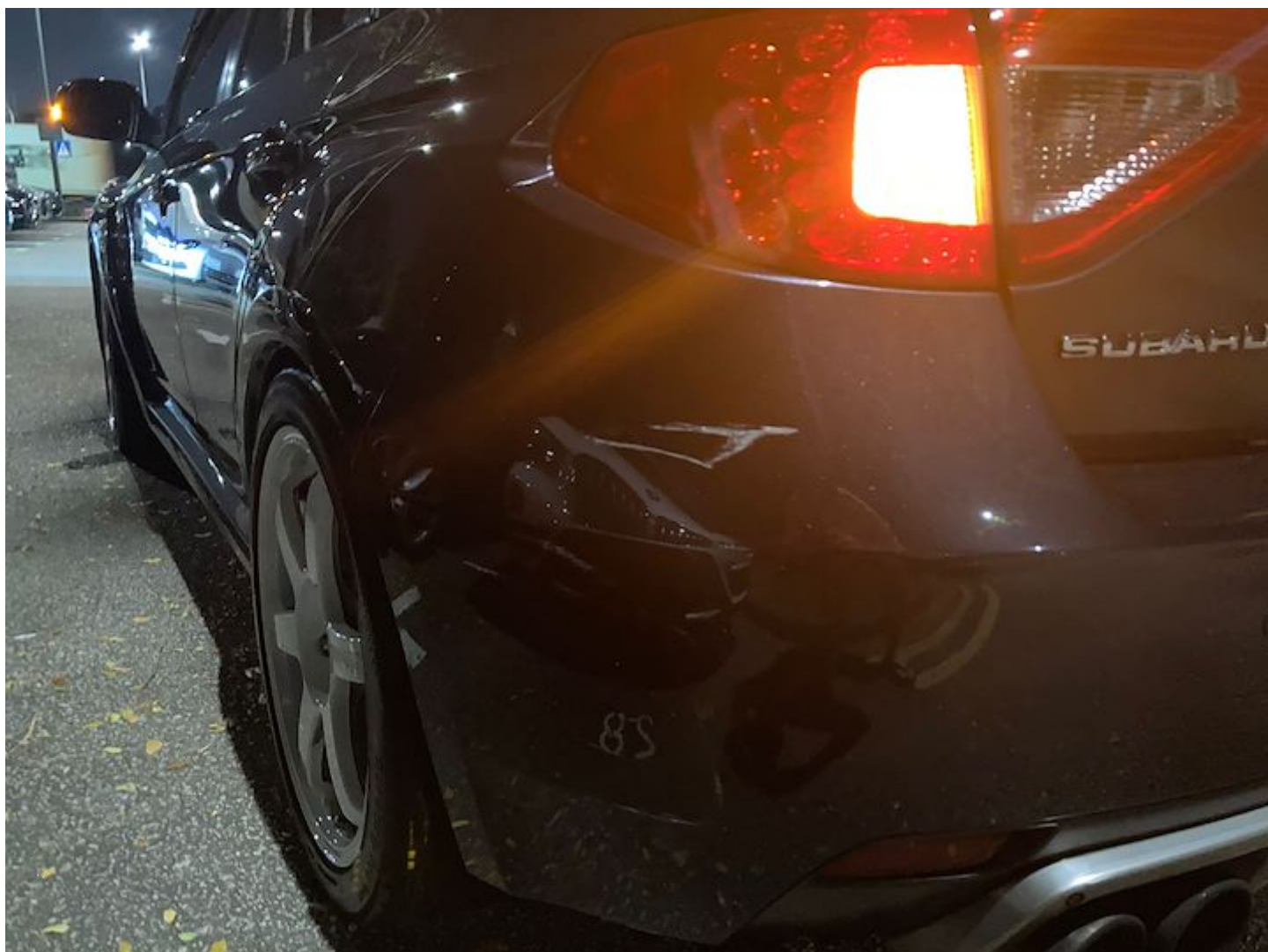




Sun 27 Oct 2024, 00:39



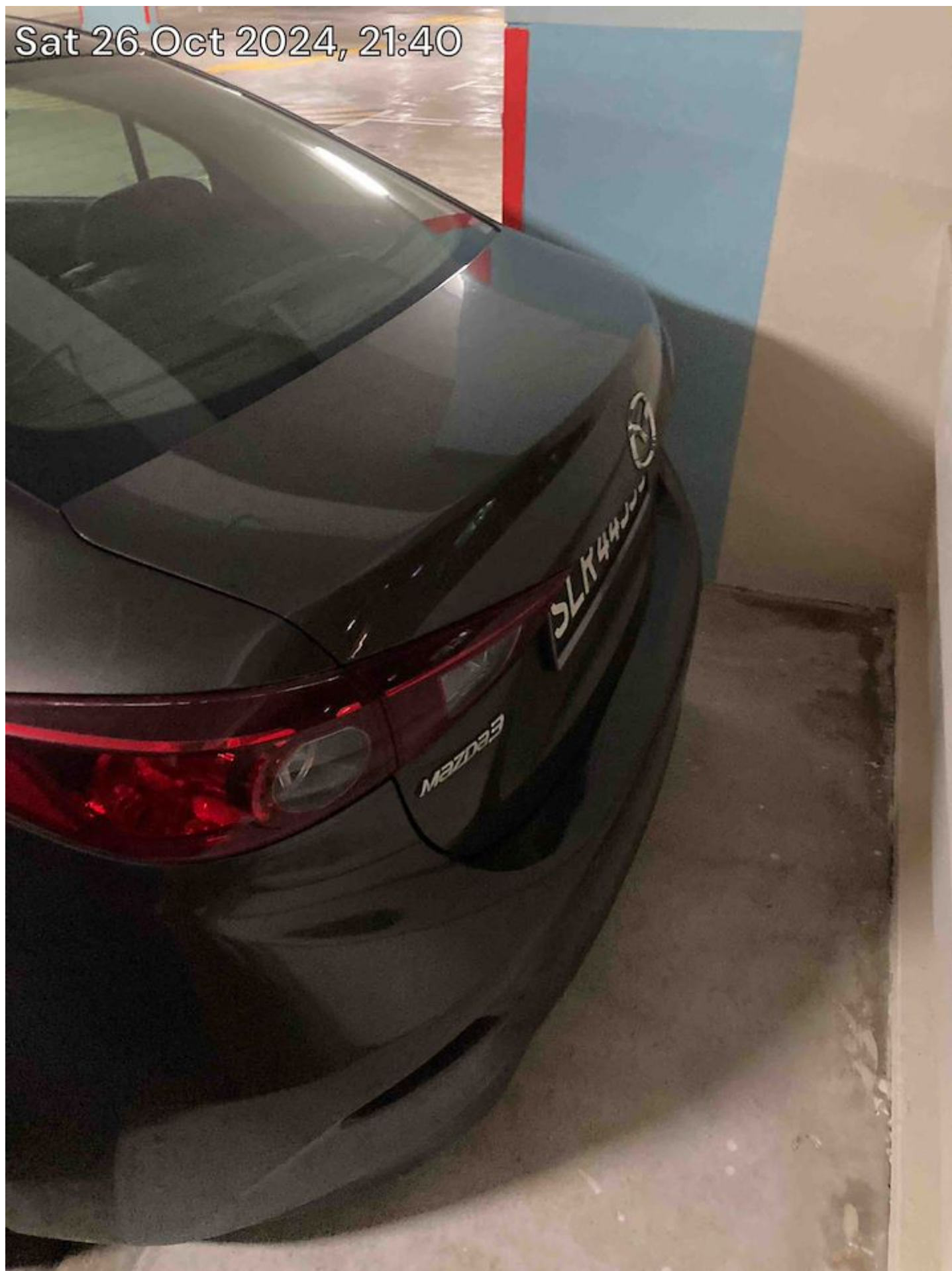








Sat 26.Oct 2024, 21:40



Sat 26 Oct 2024, 21:40





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: SJ0G24AS0015 Vehicle Registration No: SLR4495S
 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: SLR4495S Time of Accident: 23:40
 Place of Accident: 545 Pasir Panjang Rd, Singapore 118807
 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:

ATTACH VIDEO FOOTAGE



Policyholder / Driver's Signature
Date:



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

