

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	23/12/2024 09:58 (SGT)
Reported by	Actual Driver
Date of Accident	22/12/2024 12:55 (SGT)
Exact Location of Accident	Singapore
Additional Location Information	SHEARES AVE TOWARDS
Country/State of Loss	Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SLJ2499L
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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	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 - 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	YONG GUAN TIONG
NRIC No	SXXXX631D
Date Of Birth	28/12/1966
Occupation	Outdoor
Driving Pass Date	04/11/1987
Driving License Pass Class	3
Driving License Validity	Valid
Driving experience	37 YEARS AND 1 MONTH
Gender	Male
Mobile Number	(Phone) +65-81011299
Alt. Phone Number	-
Email Address	lcrarc@lioncityrentals.com.sg
Address	606 ANG MO KIO AVE 5 #03-2751
Address complement	-
Postcode	560606
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	Chain Collision
Weather Conditions	Clear
Road Surface	Dry

OTHER INFORMATION

Was any foreign vehicle involved in the accident?	No
Number of vehicles involved in the accident	3
Was anybody injured in the Accident?	Yes
Was any injured conveyed to hospital by ambulance?	No
Was any other vehicle or property damaged?	Yes
Number of Passengers (Including Driver)	5
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	Male

PASSENGER 3

Name	UNKNOWN
Gender	Male

PASSENGER 4

Name	UNKNOWN
Gender	Male

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

REFER TO SKETCH PLAN

ATTACHMENT(S)

Are accident photos available for attachment? Yes
 Was there any video captured by Car Camera? Yes
 Reasons for not uploading a video of the accident VIDEO FILE EXCEEDS 50MB

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number SLZ6384Z
 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) -

DETAILS OF OTHER VEHICLE PROPERTY 2

Vehicle Registration Number SMQ6040B
 Vehicle Manufacturer -
 Vehicle Model -
 Vehicle Variant -
 Vehicle Colour -
 Vehicle Category Private hire
 Name of Driver EMMANUEL ROSSADO RUFUS EBENEZER RUFUS
 NRIC No SXXXX226E
 Contact Number (Phone) +65-87536376
 Address -
 Address complement -
 Postcode -
 Insurance Company Name -
 Nature Of Damage -
 Details of property damaged in accident -
 No. Of Passenger (Including Driver) -

INJURED PERSONS DETAILS

INJURED 1

Name of injured person -
 Gender -
 Phone No -
 Address -
 Address Complement -
 Post Code -
 Approximate Age Years Old -
 Injuries Sustained -
 Injured person in which vehicle? SLJ2499L
 Were seat belts worn? -
 Was this injured conveyed to hospital by ambulance? No

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' 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/rail 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

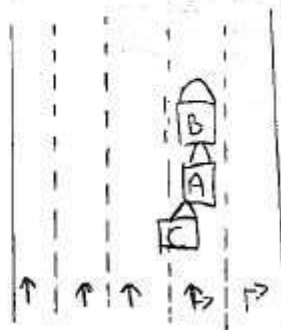
[Signature] 23/12/2024

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



Witnessed by Reporting Centre Personnel

Sketch Plan



A → SLJ 2499L
B → SLZ 6384Z
C → SMA 6040B

Describe Circumstances of the Accident

ON 22nd Dec 2024 I was driving along Sheares Ave towards Rochor Road. I had stop at the junction of Marina Blvd & Sheares Ave. I was hit behind by another vehicle (SMA 6040 B) the force is so great than cause me to hit the vehicle in front of me (SIZ 63842). The damage to the front vehicle was slight damage to the boot. My vehicle damage was on the left back, my back screen was shattered & left side glass was shattered too. The date was 22nd Dec 2024 and the time was around 12.55 pm. And I had 4 passenger in my car.

Declaration

We declare the foregoing particulars are true in every respect.



Policyholder's Signature / Date & Time

[Signature] 23/12/2024

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



Witnessed by Reporting Centre Personnel









