

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	02/08/2024 13:10 (SGT)
Reported by	Actual Driver
Date of Accident	01/08/2024 16:20 (SGT)
Exact Location of Accident	Singapore
Additional Location Information	DOWNSHEND ROAD
Country/State of Loss	Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SLN8873D
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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	-

VEHICLE PARTICULARS

Manufacturer	Toyota
Model	Prius
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 car
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

DRIVER

Name of Driver	ADDY YIP WAI LUN (ADDY YE WEILUN)
NRIC No	S8077081B
Date Of Birth	21/10/1980
Occupation	Outdoor
Driving Pass Date	29/08/2006
Driving License Pass Class	3
Driving License Validity	Valid
Driving experience	18 YEARS
Gender	Male
Mobile Number	(Phone) +65-86862862
Alt. Phone Number	-
Email Address	lcrarc@lioncityrentals.com.sg
Address	APT BLK 341 CLEMENTI AVENUE 5 #10-168
Address complement	-
Postcode	120341
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 - Head on 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	2
Was anybody injured in the Accident?	Yes
Was any injured conveyed to hospital by ambulance?	Yes
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	Clementi Neighbourhood Police Centre
Police Station Phone No	(Phone) +65-18008729999
Alt. Police Station Phone No	(Fax) +65-68728039
Police Station Address	No. Singapore 129858
Was notice of intended Prosecution given?	No
If yes, against whom?	-

CIRCUMSTANCES OF ACCIDENT

REFER TO POLICE REPORT

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	SNG535X
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)	-

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?	SNG535X
Were seat belts worn?	-
Was this injured conveyed to hospital by ambulance?	-

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/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

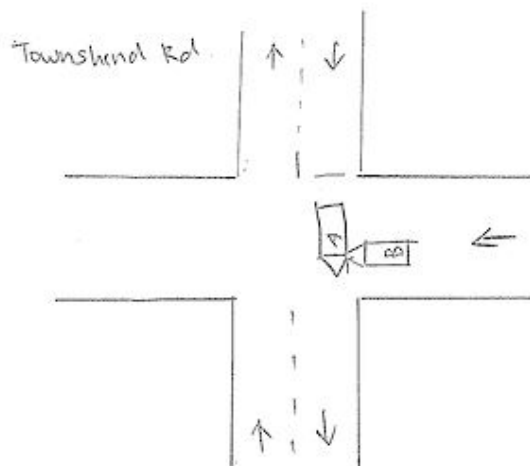
[Signature]

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



Witnessed by Reporting Centre Personnel

Sketch Plan



Vehicle A - SLN 8673D

Vehicle B - 5N9535X


Describe Circumstances of the Accident

Refer to police report

Declaration

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


Witnessed by Reporting Centre Personnel















**SINGAPORE
POLICE FORCE**



T/20240802/2006

Police Station Of Origin:
Clementi N.P.C
6 Lempeng Drive SINGAPORE 128496
Tel No: 1800-8729999

1 of 3

Report No. T/20240802/2006

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 02/08/2024 02:03		Vide Report No.: A/20240801/0113	Station Diary No.: 14
Informant's Particulars			
Name of Informant: ADDY YIP WAI LUN		Address: 341 CLEMENTI AVENUE 5 #10-168 SINGAPORE 120341	
ID Type / ID No.: NRIC NO / S8077081B		Contact No.: Home/Office: Mobile: 86862862	
Nationality: SINGAPORE CITIZEN		Email:	
Sex: Male	Age: 43	Date of Birth: 21/10/1980	Type of Informant: Driver
Race: Chinese		Language: Chinese	
Occupation: PRIVATE HIRE DRIVER		Driving Licence Information: Class: 2B,3,4 Date of Expiry:	

General Information of the Accident				
Type of Accident:	Injury Conveyed By Ambulance	Drink Drive: No	Date/Time of Accident: 01/08/2024 16:20	Type of Location: X-Junction
Location: TOWNSHEND ROAD				
Weather: Clear		Road Surface: Dry		
Traffic Flow: Two Way		Traffic Control: Not Controlled		Traffic Volume: Light
Type of Collision: Between Moving Vehicles - Head To Side				Anyone conveyed by ambulance: No

Details of Vehicle Involved						
Vehicle No.	Type	Make	Model	Color	Conditio	No of Passenger
SLN8873D	Motor car				Slightly Damaged	0
SNG535X	Motor car				Slightly Damaged	1

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



**SINGAPORE
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T/20240802/2006

Police Station Of Origin:
Clementi N.P.C
6 Lempeng Drive SINGAPORE 128496
Tel No: 1800-8729999

2 of 3

Report No. T/20240802/2006

CONTINUATION OF REPORT

Driver			
Name	ADDY YIP WAI LUN	ID No.	S8077081B
Related Vehicle	SLN8873D (Motor car)	Contact No.	86862862
Hospital/Clinic	NIL	Class of Driving Licence & Expiry	Class: 2B,3,4 Date of Expiry: NIL
Date Treatment	NIL	Date Discharge	NIL
No. of Days granted Medical Leave	NIL	Degree of	NIL

Brief Details.

On 01/08/2024 at about 1620hrs, I was driving my vehicle with bearing no. SLN8873D a silver Toyota Prius along junction of Maude Road and Townshend Road. When I was approaching the intersection of the junction, I slowed down my vehicle and checked both my left and right of the road to look out for oncoming vehicle. While I was driving across the junction of Maude Road and Townshend Road, suddenly a vehicle with bearing plate no. SMG535X black Toyota Prius Plus hit onto left side of my vehicle. The left side of my vehicle bumper and front passenger's door was damaged. There was a passenger in the driver's vehicle (SMG353X).

Subsequently, Traffic police and ambulance were at scene and attended to me and the driver (SMG353X). I did not have any injury on me hence I did not wish to convey to the hospital. However, the driver was injured and was convey to the hospital, but the passenger did not convey.

I do not have the driver (SMG353X) particulars. Traffic Police attended to my incident and retrieve my vehicle (SLN8873D) micro-SD card. Reference to report no. A/20240801/0113.



**SINGAPORE
POLICE FORCE**

Police Station Of Origin:
Clementi N.P.C
6 Lempeng Drive SINGAPORE 128496
Tel No: 1800-8729999



T/20240802/2006

3 of 3

Report No. T/20240802/2006

CONTINUATION OF REPORT

Signature of Officer Recording The
D /
SGT 2 PAE ZHONG WEI

Signature Of Interpreter:
Not applicable

Officer In Charge Of Case:
TP / GIT /
SI MOHAMED SOPHIAN BIN MOHAMED AMIR
Contact No.: 91874317

NP168

Signature Of Informant:

Date/Time:
02/08/2024 02:03

Classification Of Case: