

## 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 Authorised 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 Report	09/07/2019 16:48
Date Of Accident	08/07/2019 17:15
Exact Location Of Accident	BALESTIER RD TOWARDS MOULMEIN RD
Country/State of Loss	SINGAPORE

### DETAILS OF OWN VEHICLE

Vehicle Registration Number	SLK1085Z
<b>Insured/Policyholder</b>	
Name Of Registered Owner	LION CITY RENTALS PTE LTD
Co Reg No	201504621K
Email Address	RENTALS@LIONCITYRENTALS.COM.SG
Mobile Phone No	
Alternative Phone No	OFFICE-31381884
<b>Vehicle Particulars</b>	
Manufacturer	TOYOTA
Model	PRIUS-1.8 5DR HATCHBACK (A)
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
If No, Please state action to be taken	THIRD PARTY
Vehicle Category	PRIVATE CAR
<b>Insurance Company</b>	
Name of Insurance Company	TOKIO MARINE INSURANCE SINGAPORE LTD
Type Of Coverage	THIRD PARTY
Fleet Policy	YES
Policy Number	19-MK000196-R00
Cover Note Number	
<b>Driver</b>	
Name of Driver	CHOO CHIEN HSING, CLARENCE
NRIC No	S8815752D
Date Of Birth	30/04/1988
Occupation	OUTDOOR
Date Of Driving Pass	13/07/2010
Driving Experience	8 YEARS AND 11 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-84681915
Fax Number	
Contact Number	
Email Address	CLARENCE.C@GMAIL.COM

Address	BLK 996A BUANGKOK CRESCENT #10-877
Postcode	531996
Was driver an employee of the Insured's Company	NO
If No, Relationship of the Driver with the Insured	OTHER - HIRER
Vehicle Registration Number of Driver's Own Vehicle	-
	-
	-
Insurance Company of Driver's Own Vehicle	-
	-
	-

#### General Information of the Accident

Type Of Accident	COLLISION - HEAD TO REAR
Weather Conditions	CLEAR
Road Surface	WET

#### Other Information

Was any foreign vehicle involved in this accident?	NO
Number of vehicles (including own vehicle) involved in the accident	2
Was any body injured in the Accident?	YES
Was any injured conveyed to hospital by ambulance?	NO
Was any other material or property damaged?	NO
I have been approached by unknown person(s) soliciting/offering accident claims assistance.	NO
Number of Passengers (Including Driver)	1

#### Details of Police Action

Was the accident reported to the police?	YES
If Yes, Please state which Police Station	
Police Station Name	THOMSON NPP 25 SIN MING ROAD
Police Station Address	ROAD: 25 SIN MING ROAD #01-180 , POSTCODE: 570025 , COUNTRY: SINGAPORE
Police Station Contact	TEL NO: - FAX NO:
Was notice of intended Prosecution given?	NO
If Yes, against whom?	

#### Circumstances of Accident

REFER POLICE REPORT

#### Attachment(s)

Are accident photos available for attachment?	NOT AVAILABLE DUE TO CIRCUMSTANCES OF ACCIDENT
Was there any video captured by Car Camera?	NO
Was there any audio recorded?	NO

#### DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	GBG1572Z
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	COMMERCIAL VEHICLE
Name of Driver	
NRIC/Passport Number	
Contact Number	
Address	
Postcode	
Insurance Company Name	
Nature Of Damage	

No. Of Passenger (Including Driver)

**DETAILS OF INJURED PERSON 1**

Name	CHOO CHIEN HSING,CLARENCE
Approximate Age	
Injuries Sustain	
Injured person in which vehicle?	SLK1085Z
Were seat belts worn?	YES
Was this injured conveyed to hospital by ambulance?	NO
Address	
Postcode	

## Sketch Plan


### SKETCH PLAN


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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.
7. By the lodgment 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' 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
- (d) my Personal Information will also be collected and used to compile claims history for the purpose of fraud detection, investigation and management in present and all future claims
- (e) the information so collected under (d) above may be shared / disclosed:
- (i) to all Insurers and/or any other third parties that assist in evaluating, investigating, controlling or managing fraud, regulators, law enforcement and government agencies as reasonably required for the purposes stated, or
  - (ii) for complying with requirements under any regulations, laws or court orders.

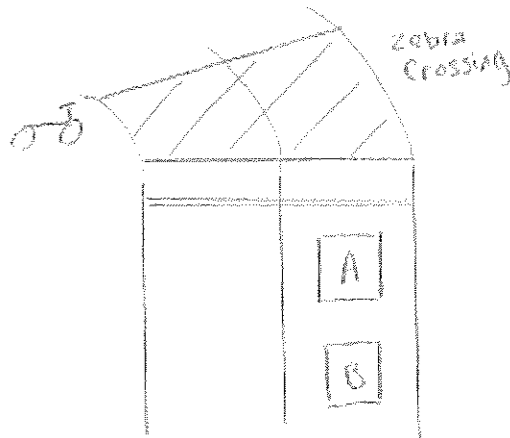
  
Policyholder's Signature  
Date & Time:

  
Driver's Signature  
(If driver is not the policyholder)  
Date & Time: 9/2/19  
1600

  
Reporting Centre Personnel's Signature  
Name: Henry NG  
NAIC/FIN No: 7308528A

## Sketch Plan #2

### SKETCH PLAN



### DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

Refer Police Report

### 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: 08/07/19  
1100

Reporting Centre Personnel's Signature  
Name: Henry NG  
NRIC/ID No: 4308328A

POLICE REPORT Pg. 1



**SINGAPORE  
POLICE FORCE**



T/20190709/2072

2 of 3

Report No. T/20190709/2072

Police Station Of Origin:  
Thomson NPP  
25 Sin Ming Road #01-180 SINGAPORE  
570025  
Tel No: 1800-4529999

CONTINUATION OF REPORT

Driver		ID No.	
Name	CHOO CHIEN HSING, CLARENCE	ID No.	S8815752D
Related Vehicle	SLK1085Z (Car)	Contact No.	84681915
Hospital/Clinic	MOUNT ALVERNIA HOSPITAL	Class of Driving Licence & Expiry Date	Class: 2B,3 Date of Expiry: NIL
Date Treatment	09/07/2019	Date Discharge	09/07/2019
No. of Days granted Medical Leave	05	Degree of Injury	Slight
Driver		ID No.	
Name	TEH CHEE WEE	ID No.	S7038568F
Related Vehicle	NIL	Contact No.	93377080
Hospital/Clinic	NIL	Class of Driving Licence & Expiry Date	Class: NIL Date of Expiry: NIL
Date Treatment	NIL	Date Discharge	NIL
No. of Days granted Medical Leave	NIL	Degree of Injury	NIL

**Brief Details.**

On the above mentioned date and time, I was driving my car (SLK1085Z) from Balestier Road towards Moulmein Road slip road on the right lane. As there was a zebra crossing ahead and there was a cyclist that was cycling at the zebra crossing, I stopped my vehicle before the zebra crossing.

While my vehicle was stationary, I felt an impact coming from the rear of my vehicle. I saw a van (GBG 1572Z) had collided to the rear of my vehicle. I exited my vehicle to make a check. He mentioned that he could not stopped in time as he was checking the cars by his side and also the car behind him. My rear bumper was damaged and the rear boot cannot be closed. Subsequently, we both exchanged particulars.

On the 09/07/2019, I felt pain at my neck and upper back of my body and went to Mount Alvernia Hospital. I received 5 days MC from 09/07/2019 until 13/07/2019.



**SINGAPORE  
POLICE FORCE**



T/20190709/2072

3 of 3

Police Station Of Origin:  
Thomson NPP  
25 Sin Ming Road #01-180 SINGAPORE  
570025  
Tel No: 1800-4529999


Report No. T/20190709/2072

**CONTINUATION OF REPORT**

**Sketch Plan**

Informant is not able to provide sketch plan

**IMPORTANT:** Please attach a copy of your vehicle's Insurance Certificate to this report. If you don't have the certificate with you now, please fax a copy to 65474885 stating the report number as reference.

Signature Of Officer Recording The Report: E / Sgt 2 MUHAMMAD TAUFIQ BIN ISHAK	Signature Of Informant:
Signature Of Interpreter: Not applicable	Date/Time: 09/07/2019 13:17
Officer In Charge Of Case: TP / AEIT / Sgt 3 KOH CHEE SENG, Contact No.: 65472073	Classification Of Case:  SN 070
Authentication Stamp NP168	 SINGAPORE POLICE FORCE SIGNATURE