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 <u>truthful and accurate</u> 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.
- 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

aforesaid.		
	ACCIDENT STATEMENT	
Date Of Report	29/08/2019 15:35	
Date Of Accident	28/08/2019 14:50	
Exact Location Of Accident	EXITING SGH	
Country/State of Loss	SINGAPORE	
DETAILS OF OWN VEHICLE		
Vehicle Registration Number	SLG2240G	
Insured/Policyholder		
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	
Vehicle Particulars		
Manufacturer	ТОУОТА	
Model	COROLLA-1.5 G AXIO HYBRID (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	
Insurance Company		
Name of Insurance Company	TOKIO MARINE INSURANCE SINGAPORE LTD	
Type Of Coverage	THIRD PARTY	
Fleet Policy	YES	
Policy Number	19-MK000204-R00	
Cover Note Number		
Driver		

Driver

Name of Driver ONG KIM GEOK
NRIC No S0024436H
Date Of Birth 29/07/1954
Occupation OUTDOOR
Date Of Driving Pass 31/08/1981

Driving Experience 37 YEARS AND 11 MONTHS

Gender MALE

Mobile Number (LOCAL) +65-97693796

Fax Number

Contact Number

EMail Address NOEMAIL

Address BLK159 BISHAN STREET 13

#01-60

Postcode 570159

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

insurance Company of Driver's Own Verlicle

General Information of the Accident

Type Of Accident COLLISION - CHANGE/CROSS LANE

2

NO

NO

1

NO

NO

Weather Conditions CLEAR
Road Surface DRY

Other Information

Was any foreign vehicle involved in this accident? NO

Number of vehicles (including own vehicle)

involved in the accident

Was any body injured in the Accident?

Was any injured conveyed to hospital by

ambulance?

Was any other material or property damaged? NO

I have been approached by unknown person(s) soliciting/offering accident claims assistance.

Number of Passengers (Including Driver)

Details of Police Action

Was the accident reported to the police?

If Yes, Please state which Police Station

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? NO

Was there any audio recorded?

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number SLA868R

Vehicle Make/Model/Colour

Details Of Properties

Vehicle Category PRIVATE CAR

Name of Driver

NRIC/Passport Number

Contact Number

Address

Postcode

Insurance Company Name

Nature Of Damage

No. Of Passenger (Including Driver)

Page 2 of 16

Sketch Plan

SKETCH PLAN

APORTANT NOTICE

Please report correctly the details of the accident to speed up the claims process.

- This Form must be completed by the Policyholder and/or the Authorised Driver.
- 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.
- . The issue and acceptance of this Form by insurance companies is not an admission of policy liability on the part of the insurance companies.
- . Any false reporting may be referred to the Police for investigation.
- 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 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:
 - 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:
 - 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:

Oriver's Signature (If driver is not the policyholder) Date & Time: Reporting Centre Personnel's Signature Name: Clau

NRIC/FIN No.:

Sketch Plan #2

CH PLAN	
	BSLA 868R
	B SLA 8KED
AB)	el.
AL VE	1/18hg SGH Colle
	BIL - ge
7/1/	(BIKT 594)
CRIBE CIRCUMSTANCES OF THE ACCIDENT	
On 28/8/19 around 2. 50pm I 5	to to 100 (5/623106) at 11
Junction to turn left to coll	load mad three was a hear
traffic so my car was stop.	
hit in to my stationing car R,	au side of you car
THE TO THE STATIONARY CONTRACT	The side of my sie.
4	
1 1/1	
DECLARATION	2/00
I/We declare the foregoing particulars are true in every respect.	
WILLIAM TO THE THE PARTY OF THE	
Policyholder's Signature	Sparting Castes Days - W. C.
Date & Time: Wideline is not the policy	Reporting Centre Personnel's Menature

Sketch Plan #3









PHV-REAR

















