MLCR19142501 / Lion City Rentals Pte Ltd - HQ ENTRY DATE & TIME: 29/10/2019 11:15 SUBMITTED BY: Jean Tan Li Zhen



SINGAPORE ACCIDENT STATEMENT

IMPORTANT NOTICE

Occupation

Gender

Date Of Driving Pass

Driving Experience

Mobile Number

Fax Number
Contact Number

- 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

	ACCIDENT STATEMENT
Date Of Report	29/10/2019 11:15
Pate Of Accident	28/10/2019 11:15
exact Location Of Accident	3 ROSEWOOD DRIVE
	SINGAPORE
Country/State of Loss	DETAILS OF OWN VEHICLE
/ehicle Registration Number	SLE7638X
nsured/Policyholder	SLE7030X
	LIONOTY DENTAL S DIE LTD
lame Of Registered Owner	LIONCITY RENTALS PTE LTD
Co Reg No Email Address	201504621K
Inali Address Mobile Phone No	RENTALS@LIONCITYRENTALS.COM.SG
Atternative Phone No	OFFICE-31381884
/ehicle Particulars	OFFICE-3 130 1004
	HONDA
/lanufacturer	HONDA
/lodel	VEZEL-1.5 (A)
xact Purpose for which vehicle was being used at me of accident	PRIVATE HIRE
are you claiming under your own insurance policy or repair to your vehicle?	NO
No, Please state action to be taken	THIRD PARTY
ehicle Category	PRIVATE CAR
nsurance Company	
lame of Insurance Company	TOKIO MARINE INSURANCE SINGAPORE LTD
ype Of Coverage	THIRD PARTY
leet Policy	YES
Policy Number	19-MK000202-R00
Cover Note Number	
Driver	
lame of Driver	LIM JUN JIE
IRIC No	S8584009F
Date Of Birth	17/11/1985

OUTDOOR

02/08/2014

MALE

5 YEARS AND 2 MONTHS

(LOCAL) +65-91711114

Address

.

678C JURONG WEST STREET 84

#11-339

Postcode

643678

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

DRY

Other Information

Was any foreign vehicle involved in this accident?

NO

Number of vehicles (including own vehicle)

2

involved in the accident

Was any body injured in the Accident?

NO

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.

NO

Number of Passengers (Including Driver)

1

Details of Police Action

Was the accident reported to the police?

NO

If Yes, Please state which Police Station

Was notice of intended Prosecution given?

NO

If Yes, against whom?

Circumstances of Accident

REFER TO SKETCH

Attachment(s)

Are accident photos available for attachment?

YES

Was there any video captured by Car Camera?

NO

Was there any audio recorded?

NO

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number

SGV1338X

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)

Sketch Plan

SKETCH PLAN

RTANT NOTICE

2

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Consent under the Personal Data Protection Act (PDRA)

l understand, acknowledge, agree and consent than:

- (a) My insurer, my workshop and the General Insurance Association of Singapore ("GEA") may/are permitted to rolled, use, disclose and/or process my personal date/personal information set out in this (form) and any other personal information provided by me or postessed by my insurer (collectively the "Personal Information") and disclose and insurers such Personal Information to till insurer(s) who have insured vehicle(s) involved in this accident fail insurers (s) who have insured vehicle(s) involved in this accident shall be collectively referred to as the "Insurers"), the insurers (awyers/law firms, the Monetary Authority of Singapore and any televant government agency/authority (such as the police), for the purposets) of:
 - (i) processing, handling and/or iteating with my claims including the retilement of the claims and any necessary investigations relating to the claims;
 - (iii) investigating the accident and/or my claims:
 - (iii) carrying out and/or dealing with my instructions or responding to any enquiries by me
 - (14) administrating my stains lincheding the mailing of correspondence, statements, involves, reports of 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 smusloges/mail packages); and/or
 - complying with applicable law in administering, processing, handling and/or dealing with my tisins. (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 caims history for the purpose of fixed 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.





Low

Sketch Plan #2

SKETCH PLAN

	parting lot.	
	8	
_	100	
	> D	

A SLE 7638 X B SGV 1338 X

DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

I was in Rusewood Condo located at 3 Rusewood or on
28 Oct 2019 at 11.16 am for job parcenger prek up.
on the way to pick up the paccenger in rundominim
compound, and there so I was going straight. For B (ShV13382)
suddenly come out from the parlong lot, I prespect the horn
to alexy but the car still proceeding drive forward and hit
on my front paccenger sole area.

DECLARATION

I/We declare the foregoing pythoulars are true in every respect.

Policyholde Date & Time: Oriver's Signature

(If driver is not the policyholder)

Date & Time:

Reporting Centre Personnel's Signature

Mame:

NECTION No.: