MLCR19125233 / Lion City Rentals Pte Ltd - HQ ENTRY DATE & TIME: 21/09/2019 17:04 SUBMITTED BY: Kaviraj S/O Rajandran

## SINGAPORE ACCIDENT STATEMENT

## IMPORTANT NOTICE

**Driving Experience** 

Mobile Number

Fax Number Contact Number

Gender

- 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 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.

Date Of Accident 20/09/2019 19:00 Exact Location Of Accident SCOTTS ROAD SINGAPORE  DETAILS OF OWN VEHICLE  Vehicle Registration Number SLM8718A  Insured/Policyholder  Name Of Registered Owner LION CITY RENTALS PTE LTD Co Reg No 201504621K Email Address NOEMAIL  Wobile Phone No Alternative Phone No Vehicle Particulars  Manufacturer KIA Model CERATO K3-1.6 (A)  Exact Purpose for which vehicle was being used at lime of accident accid	<ol><li>By the lodgement of this report to the insurers, you hereby constrones.</li></ol>	sent to the archiving of this report at the centre and to copies of the report being made available
Date Of Accident 20/09/2019 19:00 Exact Location Of Accident SCOTTS ROAD SINGAPORE  DETAILS OF OWN VEHICLE  SLM8718A  Insured/Policyholder  Vehicle Registration Number LION CITY RENTALS PTE LTD Co Reg No 201504621K Email Address NOEMAIL  Wobile Phone No Alternative Phone No  Vehicle Particulars  Wanufacturer KIA  Model CERATO K3-1.6 (A)  Exact Purpose for which vehicle was being used at lime of accident  Imperatory or repair to your vehicle?  In No.	THE STATE OF THE STATE OF THE STATE OF	ACCIDENT STATEMENT
Exact Location Of Accident Country/State of Loss  DETAILS OF OWN VEHICLE  Vehicle Registration Number Insured/Policyholder Name Of Registered Owner Co Reg No Country/State of Loss  NOEMAIL  Wobile Phone No Alternative Phone No  Vehicle Particulars  Manufacturer Wodel Exact Purpose for which vehicle was being used at time of accident Are you claiming under your own insurance policy or repair to your vehicle?  If No, Please state action to be taken  THIRD PARTY Commander  Vehicle Category  Nomarine Company  Name of Insurance Company  Name of Insurance Company  TOKIO MARINE INSURANCE SINGAPORE LTD  THIRD PARTY  Type Of Coverage  THIRD PARTY  Type	Date Of Report	21/09/2019 17:04
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Mehicle Registration Number  Insured/Policyholder  Name Of Registered Owner  Co Reg No  201504621K  NOEMAIL  Mobile Phone No  Alternative Phone No  Alternative Phone No  Wehicle Particulars  Manufacturer  Manufacturer  Manufacturer  Are you claiming under your own insurance policy or repair to your vehicle?  If No, Please state action to be taken  THIRD PARTY  /ehicle Category  No  TOKIO MARINE INSURANCE SINGAPORE LTD  THIRD PARTY  Yes  Policy Number  TOKIO MARINE INSURANCE SINGAPORE LTD  THIRD PARTY  THIRD PARTY  THIRD PARTY  Yes  Policy Number  19-MK000190-R00  ST511467B  JON 1900 ST511467B  JON 20150 ART SINGAPORE LTD  TOKIO MARINE SYED OMAR ALHABSHEE  ST511467B  JON 20150 Birth  DOCUPATION  DOCUPATION  DOCUPATION  DOCUPATION  AND 1900 ST511467B  JON 20150 ART SINGAPORE  JON 20150 ART SHEIKHA BINTE SYED OMAR ALHABSHEE  ST511467B  JON 20150 BIRTH  DOCUPATION  DOCUPATION  JON 20150 ART SHEIKHA BINTE SYED OMAR ALHABSHEE  ST511467B  JON 20150 BIRTH  JON 20150 ART SHEIKHA BINTE SYED OMAR ALHABSHEE  JON 20150 BIRTH  JON 20150 BIRT	Country/State of Loss	SINGAPORE
Insured/Policyholder  Name Of Registered Owner  Co Reg No  201504621K  NOEMAIL  Mobile Phone No  Alternative Phone No  OFFICE-62525525  Wanufacturer  Model  CERATO K3-1.6 (A)  Exact Purpose for which vehicle was being used at lime of accident  Are you claiming under your own insurance policy or repair to your vehicle?  If No, Please state action to be taken  THIRD PARTY  COMMERCIAL VEHICLE  Insurance Company  Name of Insurance Company  TOKIO MARINE INSURANCE SINGAPORE LTD  Type Of Coverage  THIRD PARTY  Policy Number  Policy Number  TOKIO MARINE INSURANCE SINGAPORE LTD  THIRD PARTY  Policy Number  THIRD PARTY  See Insurance Company  See Insurance Company  TOKIO MARINE INSURANCE SINGAPORE LTD  Type Of Coverage  THIRD PARTY  Policy Number  See Insurance Company  See Insura		DETAILS OF OWN VEHICLE
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Mobile Phone No Alternative Phone No OFFICE-62525525  Wehicle Particulars  Manufacturer Model CERATO K3-1.6 (A) CERATO K	Co Reg No	201504621K
Alternative Phone No Vehicle Particulars  Manufacturer  Model  CERATO K3-1.6 (A)  CERATO	Email Address	NOEMAIL
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Occupation OUTDOOR	NRIC No	S7511467B
	Date Of Birth	30/04/1975
Date Of Driving Pass 23/06/2009	Occupation	OUTDOOR
	Date Of Driving Pass	23/06/2009

FEMALE

10 YEARS AND 2 MONTHS

(LOCAL) +65-97694779

Address

"BLK 725 BEDOK RESERVOIR ROAD #03-5200 SINGAPORE 470725"

Postcode

Was driver an employee of the Insured's Company NO

If No, Relationship of the Driver with the Insured

Vehicle Registration Number of Driver's Own

Vehicle

OTHER - HIRER

Insurance Company of Driver's Own Vehicle

General Information of the Accident

Type Of Accident **COLLISION - CROSS JUNCTION** 

Weather Conditions CLEAR Road Surface DRY

Other Information

Was any foreign vehicle involved in this accident?

Number of vehicles (including own vehicle)

involved in the accident

NO 2

NO

NO

NO

NO

1

Was any body injured in the Accident?

Was any injured conveyed to hospital by

ambulance?

Was any other material or property damaged?

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?

NO

NO

If Yes, Please state which Police Station

Was notice of intended Prosecution given?

If Yes, against whom?

Circumstances of Accident

REFER TO SKETCH

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

SMM4554U

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

## PORTANT 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 Oriver.

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The report will be forwarded by the insurers of the GIA Records Management Centre established by the General inpurance 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 ladgment of this report to the insurers, you hereby consent to the exchiving of this report at the centre and to copies of the report being made available aforesaid.
- Consent under the Personal Data Protection Act (PDPA)

I understand, acknowledge, agree and consent that:

- (b) My insurer, my workshop and the General Insurance Association of Singapors ("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 webitle(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 this rest lowyers/law firms, the Monetary Authority of Singapore and any relevant government agency/authority (such as the police), for the purpose(s) of singapore.
  - 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 seriain personal data about me to bring about delivery of the same as well at 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 finns, 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 hand, 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.

PTE POST

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CH PLAN



A - SLM8718A B - SMM4554U

SCRIBE CIRCUMSTANCES OF THE ACCIDENT

Itered into the right lane, which had no car and was fully	
the lane when the other party side swiped my car from	
right lane. The other car was from the right most lane	
d filtering into the middle lane but was further back from	121
y car.	
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	-
	_
LARATION	

I/We declared to the true in every respect

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