

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	20/02/2020 11:33
Date Of Accident	12/02/2020 06:10
Exact Location Of Accident	QUEENSWAY/COMMONWEALTH AVE
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SLQ8060S
Insured/Policyholder	
Name Of Registered Owner	LION CITY RENTALS PTE LTD
Co Reg No	2XXXXX621K
Email Address	RENTALS@LIONCITYRENTALS.COM.SG
Mobile Phone No	
Alternative Phone No	Office-31381884

Vehicle Particulars

Manufacturer	HONDA
Model	VEZEL-1.5 HYBRID (A)

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

If No, Please state action to be taken REPORTING ONLY

Vehicle Category PRIVATE HIRE

Insurance Company

Name of Insurance Company	TOKIO MARINE INSURANCE SINGAPORE LTD
Type Of Coverage	THIRD PARTY
Fleet Policy	YES
Policy Number	19-MK000195-R00
Cover Note Number	

Driver

Name of Driver	FAUDZEY BIN ABDULLAH
NRIC No	SXXXX924C
Date Of Birth	05/05/1970
Occupation	OUTDOOR
Date Of Driving Pass	31/01/1998
Driving Experience	22 YEARS AND 0 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-96359224

Fax Number
 Contact Number
 EMail Address NOEMAIL
 Address 424 TAMPINES STREET 41 #02-182 S 520424
 Postcode
 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) involved in the accident 2
 Was any body injured in the Accident? YES
 Was any injured conveyed to hospital by ambulance? YES
 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 TAMPINES NEIGHBOURHOOD POLICE CENTRE
 Police Station Address **ROAD:** 6 TAMPINES AVE 4 , **POSTCODE:** 529682 , **COUNTRY:** SINGAPORE
 Police Station Contact **TEL NO:** 1800-5871999 - **FAX NO:** 65871699
 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 SHC5608Y
 Vehicle Make/Model/Colour
 Details Of Properties
 Vehicle Category TAXI
 Name of Driver
 NRIC/Passport Number

3/24/2020

E-FILE

Contact Number

Address

Postcode

Insurance Company Name

Nature Of Damage

No. Of Passenger (Including Driver)

Sketch Plan

SKETCH PLAN

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. 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:

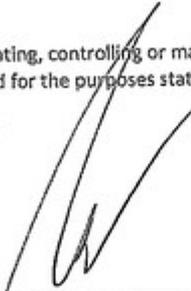
- (a) My insurer, my workshop and the General Insurance Association of Singapore ("GIA") may/are permitted to collect, use, disclose and/or process my personal data/personal information set out in this [form] and any other personal information provided by me or possessed by my insurer (collectively the "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:



 Reporting Centre Personnel's Signature
 Name:
 NRIC/FIN No.:



VOCATIONAL LICENCE

Licence No : S7024924C
Name : FAUDZEY BIN ABDULLAH

Please visit www.lta.gov.sg to check the status of this vocational licence

Licence Number: **S7024924C**
 Name: **FAUDZEY BIN ABDULLAH**
 Birth Date: **05 May 1970**
 Issue Date: **23 Dec 2002**

000055699C

REPUBLIC OF SINGAPORE
IDENTITY CARD NO. S7024924C



FAUDZEY BIN ABDULLAH

Race: **MALAY**
Date of Birth: **05-05-1970** Sex: **M**
Country of Birth: **SINGAPORE**

This card is not transferable and is the property of the Land Transport Authority (LTA). It must be surrendered to LTA on request. If found, please return to LTA, 10 Sin Ming Drive, Singapore 575701.

YOU ARE LICENSED TO DRIVE VEHICLES IN THE FOLLOWING CLASSES:

Class	Description	PASS DATE
Class 3	Motor Cars and Motor Tractors the weight of which unladen does not exceed 2500 kilograms	31 Jan 1998

Type	Description	Issue Date
13	PRIVATE HIRE CAR VL	21/03/2018
03	BUS VL	30/10/2018
04	BUS ATTENDANT	30/10/2018



NP428A



2511255



NRIC No. S7024924C



Blood Group: **A+** Date of issue: **26-10-1994**

APT BLK 424 TAMPINES STREET 41 #02-182
SINGAPORE 520424

NRIC No: S7024924C Date: 04/05/2010 No: 6468539

POLICE REPORT


**SINGAPORE
POLICE FORCE**


T/20200213/2134

1 of 3

Police Station Of Origin:
Tampines North NPP
461 Tampines Street 44 #01-56 SINGAPORE
520461
Tel No: 1800-7818999

Report No. T/20200213/2134

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 13/02/2020 20:51		Vide Report No.: D/20200212/0023		Station Diary No.: 36	
Informant's Particulars					
Name of Informant: FAUDZEY BIN ABDULLAH			Address: APT BLK 424 TAMPINES STREET 41 #02-182 SINGAPORE 520424		
ID Type / ID No.: NRIC NO / S7024924C			Contact No.: Home/Office: Mobile: 96359224		
Nationality: SINGAPORE CITIZEN			Email:		
Sex: Male	Age: 49	Date of Birth: 05/05/1970	Type of Informant: Driver		
Race: Malay			Language:		Institution / School Name:
Occupation: GRAB DRIVER			Driving Licence Information: Class: 3 Date of Expiry:		

General Information of the Accident				
Type of Accident:	Injury Attended by Police	Drink Drive: No	Date/Time of Accident: 12/02/2020 06:10	Type of Location: X-Junction
Location: Junction of Road 1 and Road 2 QUEENSWAY COMMONWEALTH AVENUE				
Weather: Clear		Road Surface: Dry		Road Speed Limit:
Traffic Flow:		Traffic Control:		Traffic Volume: Light
Type of Collision:				Anyone conveyed by ambulance: Yes

Details of Vehicle Involved						
Vehicle No.	Type	Make	Model	Color	Condition	No of Passenger
SHC5608Y	TAXI				Seriously Damaged	1
SLQ8060S	Car				Seriously Damaged	0

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

POLICE REPORT



**SINGAPORE
POLICE FORCE**



T/20200213/2134

Police Station Of Origin:
Tampines North NPP
461 Tampines Street 44 #01-56 SINGAPORE
520461
Tel No: 1800-7818999

2 of 3

Report No. T/20200213/2134

CONTINUATION OF REPORT

Driver			
Name	FAUDZEY BIN ABDULLAH		ID No. S7024924C
Related Vehicle	SLQ8060S (Car)		Contact No. 96359224
Hospital/Clinic	NATIONAL UNIVERSITY HOSPITAL		Class of Driving Licence & Expiry Date Class: 3 Date of Expiry: NIL
Date Treatment	12/02/2020	Date Discharge	13/02/2020
No. of Days granted Medical Leave	07	Degree of Injury	NIL

Brief Details.

On 12/02/2020 at about 0610hrs, I was driving my vehicle, one Honda Vezel bearing plate number SLQ8060S along Commonwealth Avenue. At that time, traffic was light and road surface was dry. I did not have any passenger on board my vehicle.

At that time, I was feeling groggy. I was driving on the second lane of Commonwealth Avenue and at the junction of Commonwealth Avenue and Queensway, I did not pay attention to the vehicle in front, V1, bearing plate number SHC5608Y. I did not notice that V1 had braked, and I did not manage to stop in time. My vehicle then collided into V1, and after which I blacked out and was unable to recall what happened following the collision.

I wish to state that I was conveyed and was admitted at NUH. There is in car camera installed in my vehicle.

POLICE REPORT



**SINGAPORE
POLICE FORCE**



T/20200213/2134

Police Station Of Origin:
Tampines North NPP
461 Tampines Street 44 #01-56 SINGAPORE
520461
Tel No: 1800-7818999

3 of 3

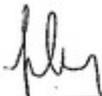
Report No. T/20200213/2134

CONTINUATION OF REPORT

Sketch Plan

Informant is not able to provide sketch plan

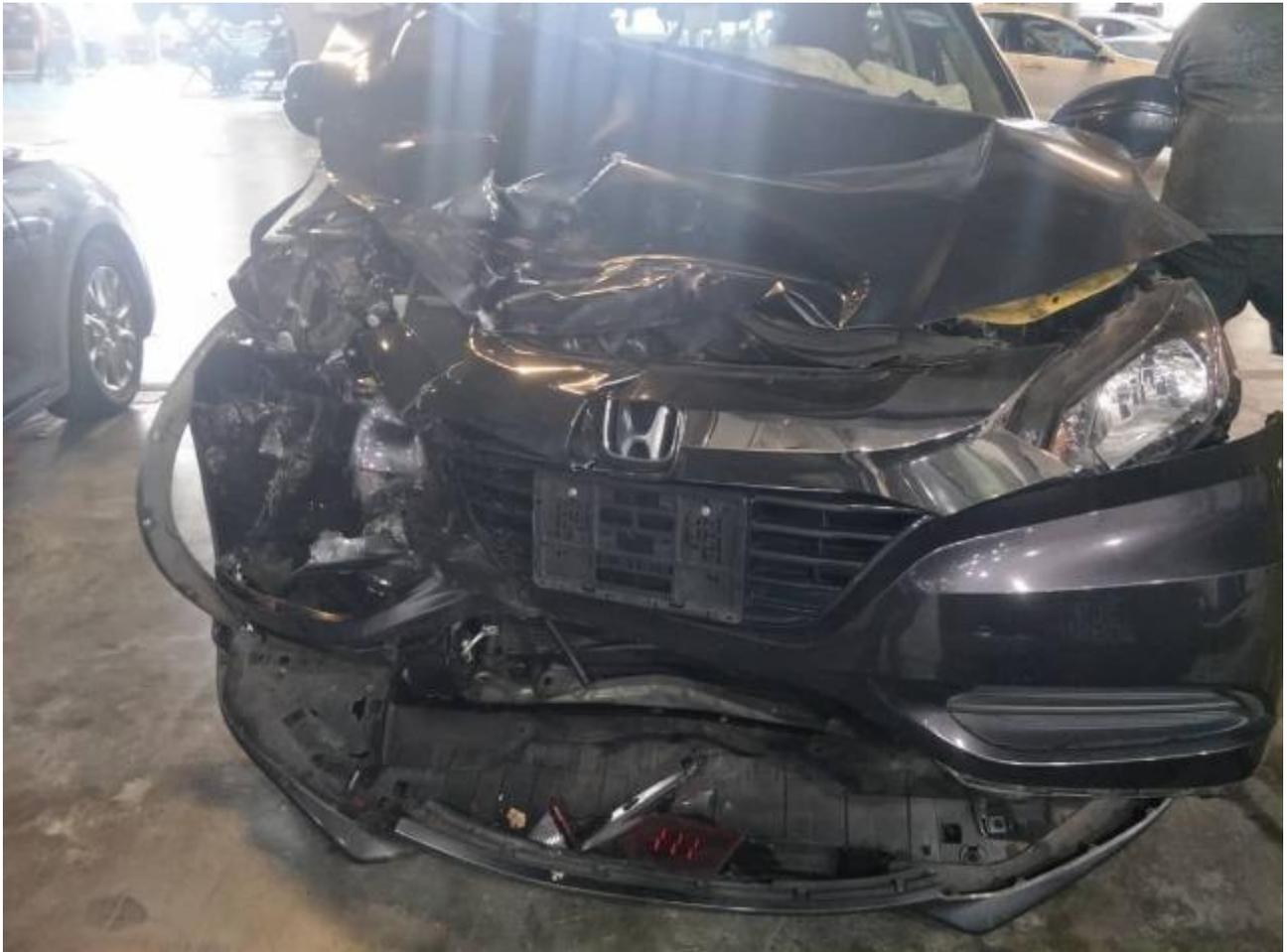
IMPORTANT: Please attach a copy of your vehicle's Insurance Certificate to this report. If you don't have the certificate with you now, please fax a copy to 65474885 stating the **report number** as reference.

Signature Of Officer Recording The Report: G / Sgt 3 MOHAMED FADHLY BIN MOHAMED AYOP	Signature Of Informant: 
Signature Of Interpreter: Not applicable	Date/Time: 13/02/2020 20:51
Officer In Charge Of Case: TP / GIT / SI VILTON HIA WEE SIANG Contact No.: 65476178	Classification Of Case:
Authentication Stamp NP168	

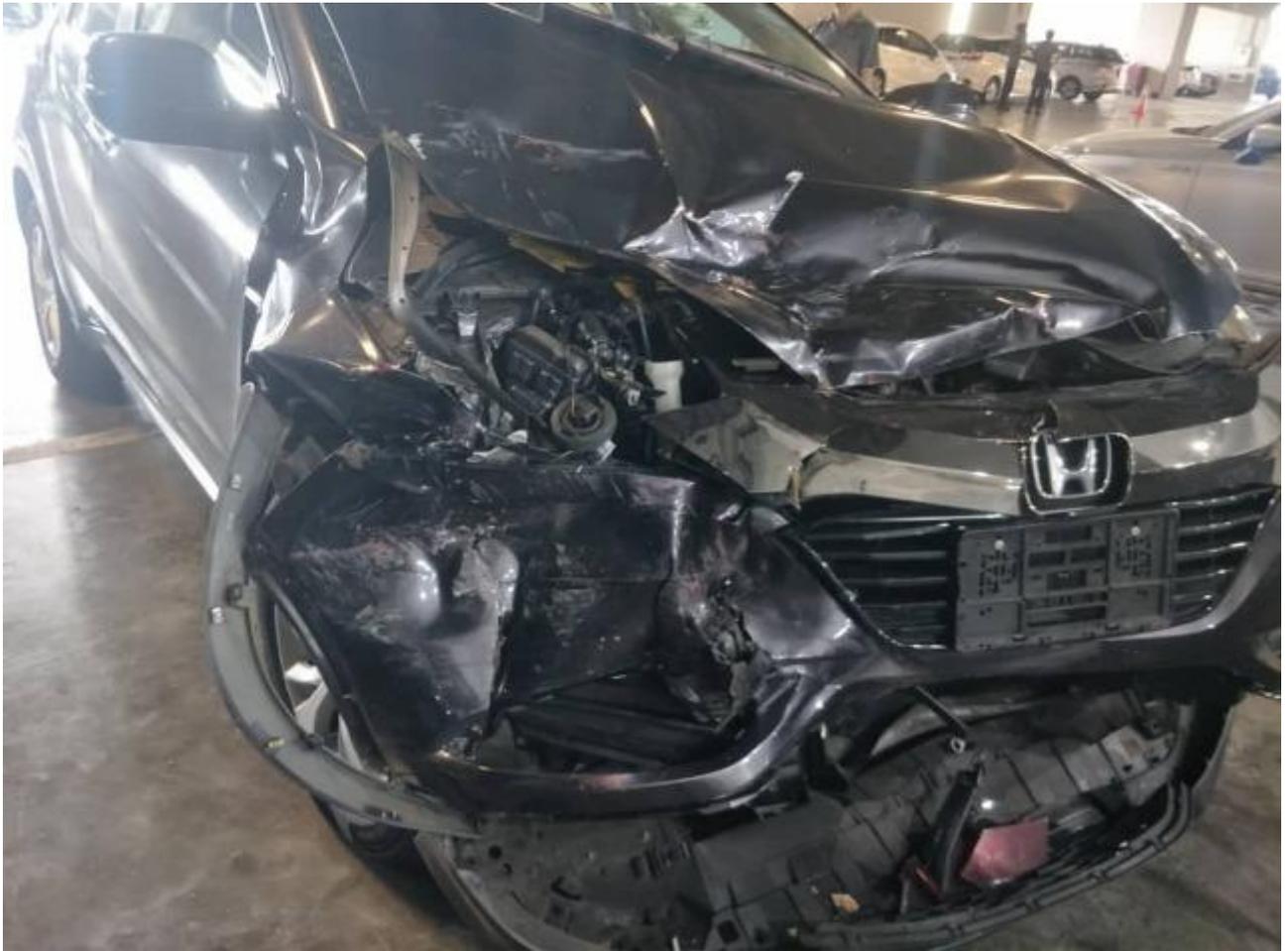
Accident Photo



Accident Photo



Accident Photo



Accident Photo



PHV-REAR



Accident Photo



Accident Photo



Accident Photo



PHV-FRONT

