

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	22/02/2020 11:33
Date Of Accident	21/02/2020 17:40
Exact Location Of Accident	CHURCH STREET
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SLK3144Z
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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	MAZDA
Model	3-1.5 SEDAN EU6 (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	THIRD PARTY
Vehicle Category	PRIVATE HIRE

Insurance Company

Name of Insurance Company	TOKIO MARINE INSURANCE SINGAPORE LTD
Type Of Coverage	COMPREHENSIVE
Fleet Policy	YES
Policy Number	19-MK000191-R00
Cover Note Number	

Driver

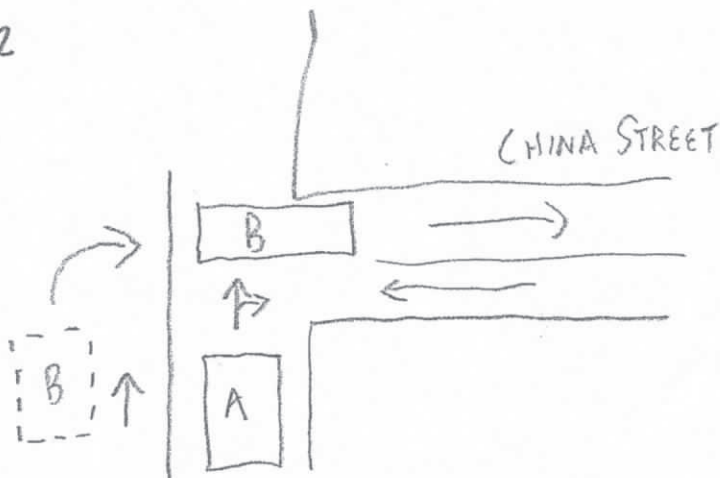
Name of Driver	MOHAMED AL FADIL BIN MOHAMED FUAD (30145)
NRIC No	SXXXX314B
Date Of Birth	15/03/1991
Occupation	OUTDOOR
Date Of Driving Pass	26/08/2011
Driving Experience	8 YEARS AND 5 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65 9000 1161
Fax Number	
Contact Number	
Email Address	NOEMAIL

Sketch Plan #2 Pg. 1

SKETCH PLAN

A - MY CAR SLK31442

B - SMF9064X



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

ON 21ST FEBRUARY 2020 AT AROUND 1740HRS, I WAS DRIVING AT CHURCH STREET HEADING TOWARDS CAPITAL SQUARE BUILDING AT TELOK AYER STREET. I WAS ON THE MOST RIGHT HAND LANE AND WAS PROCEEDING TOWARDS MY DESTINATION WHEN ANOTHER VEHICLE (SMF9064X) SWERVED TOWARDS MY LANE (HE WAS TURNING INTO CHINA STREET). AS THE RESULT OF HIS ABRUPT LANE CHANGE, I COULDN'T REACT IN TIME AND HIT HIS SIDE (NEAR THE BACK DOOR). MY LEFT HEADLIGHT WAS DAMAGED AND HIS CAR SUFFERED DENTS. HOWEVER, NO ONE WAS INJURED.

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:

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