

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	01/08/2019 13:49
Date Of Accident	01/08/2019 12:20
Exact Location Of Accident	JALAN BUKIT MERAH NEAR JUNCTION HENDERSON ROAD
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SLL2106K
Insured/Policyholder	
Name Of Registered Owner	LIONCITY RENTALS PTE LTD
Co Reg No	20150621K
Email Address	RENTALS@LIONCITYRENTALS.COM.SG
Mobile Phone No	
Alternative Phone No	OFFICE-31381884

Vehicle Particulars

Manufacturer	HONDA
Model	VEZEL-1.5 X HYBRID CVT (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 CAR

Insurance Company

Name of Insurance Company	TOKIO MARINE INSURANCE SINGAPORE LTD
Type Of Coverage	THIRD PARTY
Fleet Policy	YES
Policy Number	19-MK000193-ROO
Cover Note Number	

Driver

Name of Driver	YEO HOCK YEW
NRIC No	S1304017F
Date Of Birth	01/09/1958
Occupation	OUTDOOR
Date Of Driving Pass	23/03/2005
Driving Experience	14 YEARS AND 4 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-92328448
Fax Number	
Contact Number	
Email Address	ALANYEO58@GMAIL.COM

Address	BLK 602 ANG MO KIO AVENUE 5 #10-2639
Postcode	560602
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 - CHANGE/CROSS LANE
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?	NO
Was any injured conveyed to hospital by ambulance?	NO
Was any other material or property damaged?	NO
I have been approached by unknown person(s) soliciting/offering accident claims assistance.	YES
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	SJU8811U
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

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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:

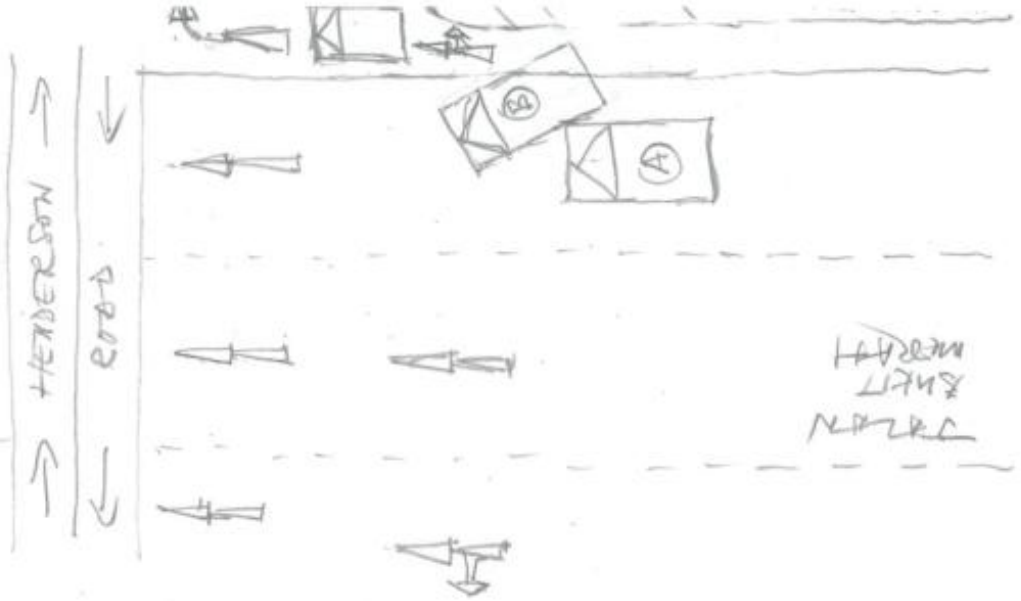
Driver's Signature
(If driver is not the policyholder)
Date & Time: 1-8-2019
1-30 pm.

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

Sketch Plan #2

SKETCH PLAN

↑
IN THE DIRECTION OF
ZU TONG SEN ST/
NEW BRIDGE ROAD:
(A) SLL 2106 K
(B) SJU 8811 U



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

ON 1-8-2019 @ ABOUT 12.22 PM, I WAS DRIVING CAR NO: SLL 2106K ^(A) IN LANE (2) ALONG JABAN BUKIT MERAH (LIPSTOI) ^{AWAY} ~~HEADING~~ STRAIGHT IN THE DIRECTION OF EUTONG SEN ST / TAN BRIDGE ROAD. I WAS THEN MOVING AHEAD WHEN THE CAR IN FRONT OF ME ^{THE} MOVED, - OFF AS TRAFFIC LIGHTS HAD CHANGED TO GREEN. AT THIS TIME THIS CAR (B) WHICH WAS IN LANE (1) PART OF ~~ROAD~~ SHOULDER TURNING ^{THE} ~~LEFT~~ RIGHT INTO HENDERSON ROAD, SUDDENLY SWERVED & PULLED LEFT ^{LEFT} ~~LEFT~~ TO THE FRONT OF MY CAR RESULTING INTO COLLIDING INTO MY CAR'S FRONT ^{RIGHT} ~~LEFT~~ MUDGUARD. CAR (B) WAS ACTUALLY SWITCHING LANE AS WE WERE MOVING OFF.

* ALL PICTURES PERTAINING TO RECORDS ALREADY IN DATA APP TO-HP: 96239051

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)

Reporting Centre Personnel's Signature

Name: _____

LIDCP/EIN: 1111

Land Transport Authority  PDVL/TDVL

VOCATIONAL LICENCE

Licence No: **S1304017F**

Name: **YEO HOCK YEW**

Issue Date: **6/2/2016**


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

Licence Number: **S1304017F**

Name: **YEO HOCK YEW**

Birth Date: **01 Sep 1958**

Issue Date: **23 Mar 2005**



REPUBLIC OF SINGAPORE
IDENTITY CARD NO. **S1304017F**



Name
YEO HOCK YEW

Race
CHINESE

Date of birth **01-09-1958** Sex **M** **S1304017F**

Country of birth
SINGAPORE

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

Type	Description	Issue Date
02	TAXI VL	31/10/2007
03	BUS VL	17/08/2007
04	BUS ATTENDANT	17/08/2007

ARE LICENSED TO DRIVE VEHICLES IN THE FOLLOWING CLASS(E)

Class 3 Motor cars \leq 3000 kg with \leq 7 passengers, exclusive of the driver; and motor tractors /vehicles \leq 2500 kg

PASS DATE: 23 Mar 2005



WP 428A



NRIC No: **S1304017F**

Date of issue
22-12-2008

Address
**APT BLK 602 ANG MO KIO AVENUE 5
#10-2639
SINGAPORE 560602**

Accident Photo



Accident Photo

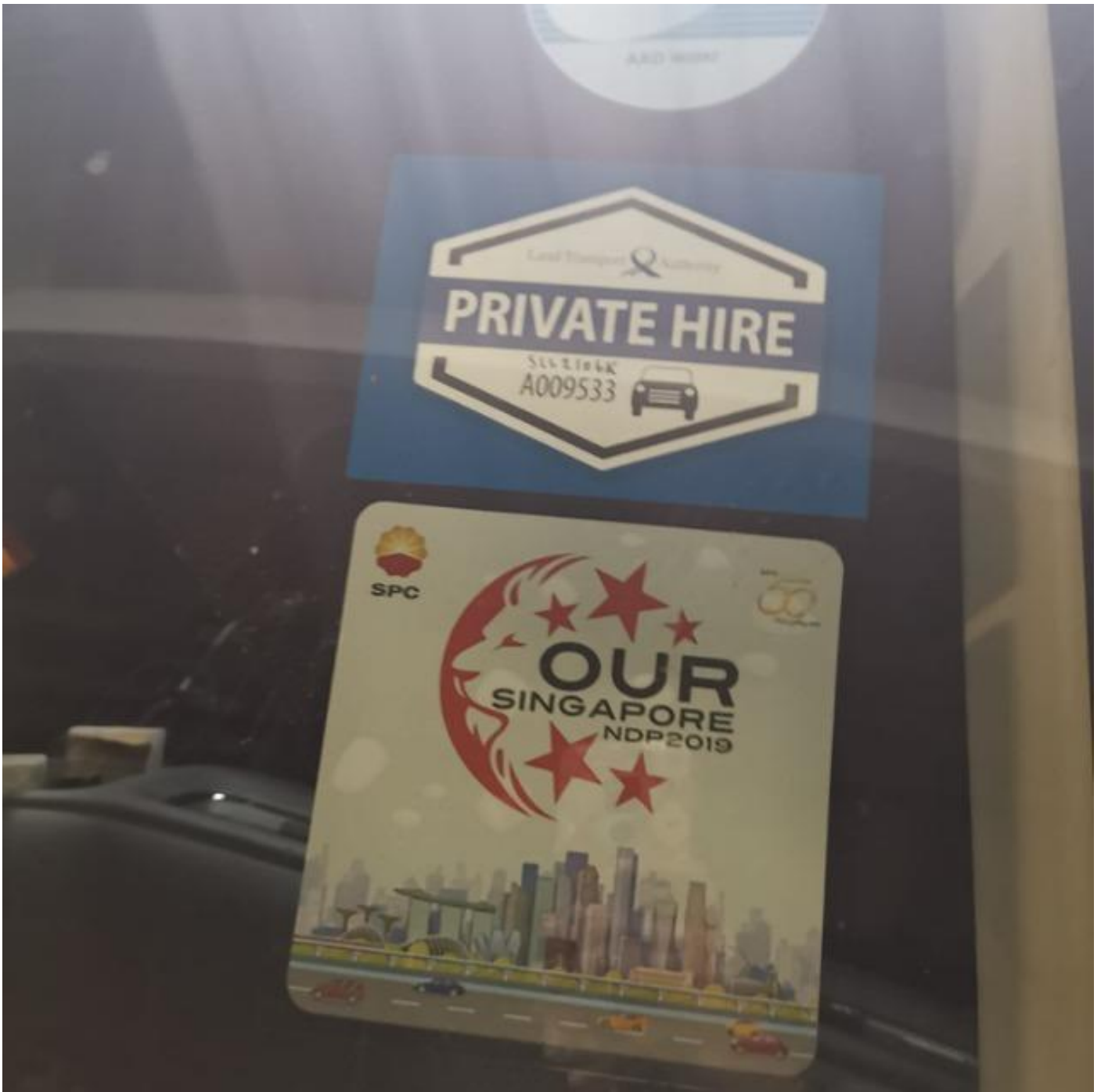


Accident Photo



Accident Photo





Accident Photo



Accident Photo



Accident Photo



