

## 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 Submission .....	07/12/2020 10:57 (SGT)
Date of Accident .....	06/12/2020 12:30 (SGT)
Exact Location of Accident .....	Near 60 Upper Bukit Timah Rd, Singapore 588168
Additional Location Information .....	SLIP ROAD OF UPPER BUKIT TIMAH TOWARDS JLNN JURONG
	KECHIL
Country/State of Loss .....	Singapore

### DETAILS OF OWN VEHICLE

Vehicle Registration Number .....	SLM6079Z
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#### INSURED/POLICYHOLDER

Is company? .....	Yes
Name Of Registered Owner .....	LION CITY RENTALS PTE LTD
Company Reg No .....	201504621K
Email Address .....	rentals@lioncityrentals.com.sg
Mobile Phone No .....	(Phone) +65-62525525
Alternative Phone No .....	(Office) +65-62525525

#### VEHICLE PARTICULARS

Manufacturer .....	Honda
Model .....	Vezel
Variant .....	-
Exact purpose for which vehicle was being used at time of accident .....	Private hire
Are you claiming under your own insurance policy for repair to your vehicle? .....	No - Claiming third party
Vehicle Category .....	Private hire

#### INSURANCE COMPANY

Name of Insurance Company .....	Tokio Marine
Type of Coverage .....	ThirdParty
Fleet Policy .....	Yes
Policy Number .....	20-ML000127-R00
Cover Note Number .....	-

#### DRIVER

Name of Driver .....	LEE XUAN FENG
NRIC No .....	S9407499A
Date Of Birth .....	28/02/1994

Occupation .....	Outdoor
Date Of Driving Pass .....	26/08/2013
Driving experience .....	7 YEARS AND 4 MONTHS
Gender .....	Male
Mobile Number .....	(Phone) +65-91771359
Alt. Phone Number .....	-
Email Address .....	xflee@live.com.sg
Address .....	226 PASIR RIS STREET 21 #12-80
Address complement .....	-
Postcode .....	510226
Is the driver the policyholder? .....	No
If No, Relationship of the Driver with the Insured .....	Other
Does Driver Own Other Vehicles? .....	No
Vehicle Registration Number of Other Vehicle Owned by Driver .....	-
Insurance Company of Other Vehicle Owned by Driver .....	-

#### 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 the accident? .....	No
Number of vehicles involved in the accident .....	2
Was anybody injured in the Accident? .....	No
Was any injured conveyed to hospital by ambulance? .....	-
Was any other material or property damaged? .....	Yes
Number of Passengers (Including Driver) .....	3
Has the driver been approached by unknown person(s) soliciting/offering accident claims assistance? .....	No

#### PASSENGER 1

Name .....	NA
Gender .....	Male

#### PASSENGER 2

Name .....	NA
Gender .....	Female

#### DETAILS OF POLICE ACTION

Was the accident reported to the police? .....	No
Was notice of intended Prosecution given? .....	No
If yes, against whom? .....	-

#### CIRCUMSTANCES OF ACCIDENT

#### REFER TO SKETCH PLAN

#### ATTACHMENT(S)

Are accident photos available for attachment? .....	No
Was there any video captured by Car Camera? .....	No
Was there any audio recorded? .....	No

#### DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number .....	SML8837H
Vehicle Manufacturer .....	-
Vehicle Model .....	-

Vehicle Variant .....	-
Vehicle Colour .....	-
Vehicle Category .....	Private car
Name of Driver .....	-
Contact Number .....	-
Address .....	-
Address complement .....	-
Postcode .....	-
Insurance Company Name .....	-
Nature Of Damage .....	-
Details of property damaged in accident .....	-
No. Of Passenger (Including Driver) .....	-

## SKETCH PLAN

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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.
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.

LCRF PTE LTD  
Reg. No.  
201624597K

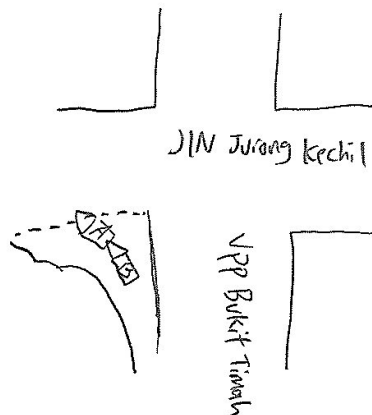
Policyholder's Signature / Date & Time

Driver's Signature (If driver is not the policyholder) / Date & Time

Witnessed by Reporting Centre Personnel

### Sketch Plan

Vehicle A: SLM6079Z  
Vehicle B: SML8837H



At approximately 12:30pm shortly after I've picked up 2 Korean passenger at beauty world, I was involved in an accident with vehicle number SML8837H. The driver ONG LEE SIE, WENDY S8717620G had ~~that~~ rear ended me from the back while I was on a slip road of Upp Bukit Timah Road turning left to Jln Jurong Kechil.

At that point of time, from the footage, you can see that my car was already stationary as there was a vehicle on coming, and while I stopped, the vehicle SML8837H crash into me from the back into my car SLM6079Z.

I asked if the 2 Korean passenger are fine and if they needed medical attention and both replied that they are OK and no medical attention was needed.

Date of accident : 06 Dec 2020

Location of accident : Slip road of Upp Bukit Timah road toward Jln Jurong Kechil

We declare the foregoing particulars are true in every respect.

SHINAZ

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Witnessed by Reporting Centre  
Personnel



























