

# 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 ..... 23/01/2021 12:18 (SGT)  
Date of Accident ..... 22/01/2021 15:50 (SGT)  
Exact Location of Accident ..... 69 Moulmein Rd, Singapore 300069  
Additional Location Information ..... -  
Country/State of Loss ..... Singapore

## DETAILS OF OWN VEHICLE

Vehicle Registration Number ..... SLF2956E

### 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 ..... Toyota  
Model ..... Sienta  
Variant ..... -  
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 - 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-ML000134-R00  
Cover Note Number ..... -

### DRIVER

Name of Driver ..... LOW TECK CHEONG  
NRIC No ..... S6823023C  
Date Of Birth ..... 12/06/1968  
Occupation ..... Outdoor

Date Of Driving Pass .....	23/06/1999
Driving experience .....	21 YEARS AND 7 MONTHS
Gender .....	Male
Mobile Number .....	(Phone) +65-91177288
Alt. Phone Number .....	-
Email Address .....	EDDIELOW4099@GMAIL.COM
Address .....	BLK 991A #04-205 BUANGKOK LINK
Address complement .....	-
Postcode .....	531991
Is the driver the policyholder? .....	No
If No, Relationship of the Driver with the Insured .....	Hirer
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 - Change/cross lane
Weather Conditions .....	Raining
Road Surface .....	Wet

#### 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) .....	1
Has the driver been approached by unknown person(s) soliciting/offering accident claims assistance? .....	No

#### DETAILS OF POLICE ACTION

Was the accident reported to the police? .....	Yes
Police Station Name .....	Tampines Neighbourhood Police Centre
Police Station Phone No .....	(Phone) +65-18005871999
Alt. Police Station Phone No .....	(Fax) +65-65871699
Police Station Address .....	6 Tampines Ave 4 Singapore 529682
Was notice of intended Prosecution given? .....	No
If yes, against whom? .....	-

#### CIRCUMSTANCES OF ACCIDENT

PLEASE 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 .....	SGL8813Y
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.



Policyholder's Signature / Date & Time

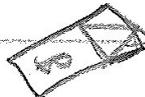
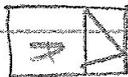
Sketch Plan

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

Witnessed by Reporting Centre Personnel

Moulmein Road

A: SLF2956E  
B: SGL8813Y



Describe Circumstances of the Accident

Please Refer to Police Report

Declaration

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

Witnessed by Reporting Centre Personnel





















**SINGAPORE  
POLICE FORCE**



T/20210122/2133

Police Station Of Origin:  
Tampines N.P.C  
6 Tampines Avenue 4 SINGAPORE 529682  
Tel No: 1800-5871999

2 of 3

Report No. T/20210122/2133

## CONTINUATION OF REPORT

Driver			
Name	LOW TECK CHEONG	ID No.	S6823023C
Related Vehicle	SLF2956E (Car)	Contact No.	91177288
Hospital/Clinic	OUR FAMILY PHYSICIAN CLINIC & SURGERY	Class of Driving Licence & Expiry Date	Class: 3 Date of Expiry: NIL
Date Treatment	22/01/2021	Date Discharge	22/01/2021
No. of Days granted Medical Leave	03	Degree of Injury	Slight

**Brief Details.**

On 22/1/2021 at about 1550hrs, I was driving along Moulmien Rd towards Lavender area (From Tan Tock Seng area). As I was driving on a straight road, there was a jam and queue from the lane beside me on the right.

As I was going straight, after passing V2, V2 had moved into my lane and collided with the right side of my vehicle.

Both myself and V2 alighted our vehicle to make a check on the damages. There was a dent and also scratches at the rear right side door.

V2 informed that she did make a check before going into my lane however it could not have been possible as I had already passed her vehicle.

Both myself and V2 did not require immediate medical attention. However, after the accident I felt pain at my neck as such went to Our Family Physician Clinic & Surgery, I received MC for 3 days from 22-01-2021 to 24-01-2021.

I would like to state that on the day I was driving Grab, and was on the way for my lunch break.

I do have in-vehicle camera which was working during the incident.

V2 - SGL8813Y  
Name: Ang Pei Lei  
NRIC: S7306498H  
HP: 9695 3209



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T/20210122/2133

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Tel No: 1800-5871999

3 of 3

Report No. T/20210122/2133

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 2 NURUL DIANA BINTE MOHAMAD ROSLAN	Signature Of Informant: 
Signature Of Interpreter: Not applicable	Date/Time: 22/01/2021 19:47
Officer In Charge Of Case: TP / AEIT / SI MOHAMAD ZULFAZDLI BIN ABDULLAH Contact No.: 65476204	Classification Of Case: 
Authentication Stamp NP168	

