

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	14/10/2020 15:39
Date Of Accident	13/10/2020 21:30
Exact Location Of Accident	CORPORATION RD
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SLE9272D
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Insured/Policyholder

Name Of Registered Owner	LION CITY RENTALS PTE LTD
Co Reg No	201504621K
Email Address	RENTALS@LIONCITYRENTALS.COM.SG
Mobile Phone No	
Alternative Phone No	OFFICE-31381884

Vehicle Particulars

Manufacturer	TOYOTA
Model	COROLLA-1.5 G AXIO 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	THIRD PARTY
Vehicle Category	PRIVATE CAR

Insurance Company

Name of Insurance Company	TOKIO MARINE INSURANCE SINGAPORE LTD
Type Of Coverage	THIRD PARTY
Fleet Policy	NO
Policy Number	20-ML000135-R00
Cover Note Number	

Driver

Name of Driver	CHANG YANG SEK
NRIC No	S1296035B
Date Of Birth	31/12/1958
Occupation	OUTDOOR
Date Of Driving Pass	29/10/1979
Driving Experience	40 YEARS AND 11 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-96960986
Fax Number	
Contact Number	
EEmail Address	NOEMAIL

Address	4 UPPER ALJUNIED LANE #04-02
Postcode	360004
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	HIT BY FALLEN TREE / OTHER OBJECTS
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.	NO
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	XE2353H
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	GOODS VEHICLE
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:

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

CORPORATION ROAD

REFER TO POLICE REPORT

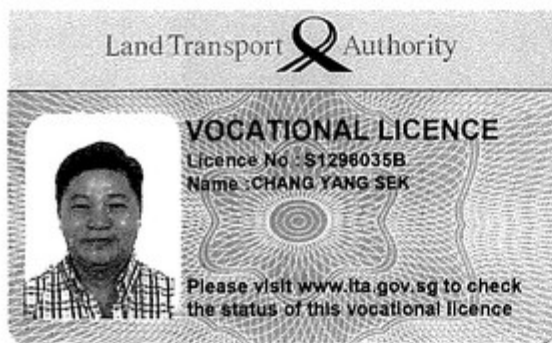
I/We declare the foregoing particulars are true in every respect.

LCRF PTE L
Reg. No.
20162459TK
er's Signature

ing particulars are true in every respect.

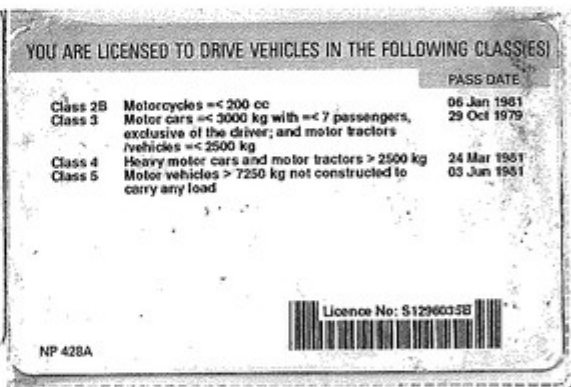
AND SHINAZ

Identification Card



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.

Type	Description	Issue Date
12	TAXI VL	14/09/1996
03	BUS VL	17/06/1996
04	BUS ATTENDAN	17/06/1996



POLICE REPORT



SINGAPORE POLICE FORCE

Police Station Of Origin
Aljunied NIP
13 Joo Seng Road #01-69 SINGAPORE
360013
Tel No: 1800-2809999



Report No: 13/10/2020/13/10/2020

REPORT OF A TRAFFIC ACCIDENT
Date/Time Report Made
14/10/2020 19:57

Vide Report No

Station Duty No
35

Informant's Particulars

Name of Informant
CHANG YANG SEK

Address
APT BLK 4 UPPER ALJUNIED LANE #04 02 SINGAPORE
360004

Contact No. Mobile: 89088809

Home/Office

Email

ID Type / ID No.
NRIC NO / S12960356

Nationality
SINGAPORE CITIZEN

Sex Age Date of Birth
Male 61 31/12/1958

Race
Chinese

Occupation
GRAB DRIVER

Type of Informant
Driver

Language
Chinese

Institution / School Name

Driving Licence Information:
Class:

Date of Expiry:

General Information of the Accident

Type of Accident:	Injury Conveyed By Ambulance	Drink Drive: No	Date/Time of Accident: 13/10/2020 21:30	Type of Location: Straight Road
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Location:
CORPORATION ROAD

Weather: Clear	Road Surface: Dry	Road Speed Limit:
Traffic Flow: One Way	Traffic Control: Not Controlled	Traffic Volume: Moderate
Type of Collision: vehicle part (Tyre) collide with another vehicle		Anyone conveyed by ambulance: No

Details of Vehicle Involved

Vehicle No.	Type	Make	Model	Color	Condition	No of Passenger
SLE9272D	Car				Seriously Damaged	0
XE2353H	Lorry				Seriously Damaged	0

Details of Person Involved

Any Pedestrian Involved: No

No. of Pedestrians Injured: NIL

Use of Pedestrian Crossing: NA



SINGAPORE
POLICE FORCE



Police Report Form 1 (2019)
Version 1.0 (1/1/20)
To: Police Station (Police Report Form 1)
Date: 14/10/2020
By: N/A (14/10/2020)

Corporation Road Accident

Driver Name	CHANG YANG SE-K	ID No	S1256036
Related Vehicle	SLE9272D (Car)	Contact No	89088809
Hospital/Clinic	DOCTORS INC MEDICAL GROUP	Class of Driving Licence & Expiry Date	Class: NIL Date of Expiry: NIL
Date Treatment	14/10/2020	Date Discharge	14/10/2020
No. of Days granted Medical Leave	03	Degree of Injury	Serious

Brief Details.

On 13/10/2020 at about 2130hrs, I was driving my vehicle (SLE9272D) along corporation road, junction of Jurong West. Suddenly while driving, I notice a tyre rolling towards my vehicle and shortly, the tyre collided with the front driver side of the vehicle. The impact resulted in damages on my driver side of the door, making it hard to open the door.

I wish to state that in this accident, the tyre belongs to the lorry (XE2353H). The driver of the lorry later informed me that the tyre belongs to the lorry. TP were at scene and seized my 16gp micro SD card for investigation purposes.



**SINGAPORE
POLICE FORCE**

Police Station Of Origin
Attached NPP
13 Joo Seng Road #01-69 SINGAPORE
360013
Tel No 1800-2809999



17/02/2018 15:15

10-17-1

Report To: Contact 1 800 280 9999

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

E /

Sgt 2 ADAM GOH AIK YONG

Signature Of Informant

Signature Of Interpreter:

Not applicable

Date/Time:

14/10/2020 19:57

Officer In Charge Of Case:

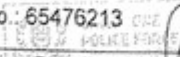
TP / GIT /

SI YEO CHUN JIAN

Contact No.: 65476213

Authentication Stamp

NP168



Classification Of Case:

Accident Photo



PHV-FRONT



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



PHV-FRONT



Accident Photo



Accident Photo



Accident Photo

