

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	03/06/2021 21:15 (SGT)
Date of Accident	01/06/2021 17:20 (SGT)
Exact Location of Accident	Singapore
Additional Location Information	SIN MING DRIVE EXIT (OF MIDVIEW CITY)
Country/State of Loss	Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number	PC7233T
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INSURED/POLICYHOLDER

Is company?	Yes
Name Of Registered Owner	LION'S HEART STUDENT CARE PTE LTD
Company Reg No	2XXXXX882E
Email Address	GENERAL@LIONSHEART.COM.SG
Mobile Phone No	(Phone) +65-62626202
Alternative Phone No	(Office) +65-62626202

VEHICLE PARTICULARS

Manufacturer	Toyota
Model	Hiace
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	Commercial vehicle
Transmission	Manual
CC	0

INSURANCE COMPANY

Name of Insurance Company	NTUC Income Insurance Co-operative Ltd
Type of Coverage	Comprehensive
Fleet Policy	No
Policy Number	5102940362-02
Cover Note Number	-

DRIVER

Name of Driver	WIBOWO BOEDIONO
NRIC No	SXXXX426H

Date Of Birth	27/04/1986
Occupation	Indoor
Date Of Driving Pass	30/03/2011
Driving experience	10 YEARS AND 3 MONTHS
Gender	Male
Mobile Number	(Phone) +65-84828898
Alt. Phone Number	-
Email Address	GENERAL@LIONSHEART.COM.SG
Address	BLK 4 ANG KLONG LANE #05-04
Address complement	-
Postcode	579979
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	Side Swipe
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)	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	Thomson Neighbourhood Police Post
Police Station Phone No	(Phone) +65-18004529999
Alt. Police Station Phone No	(Fax) +65-65535740
Police Station Address	Blk 25 Sin Ming Road #01-180 Singapore 570025
Was notice of intended Prosecution given?	No
If yes, against whom?	-

CIRCUMSTANCES OF ACCIDENT

REFER SKETCH PLAN.

ATTACHMENT(S)

Are accident photos available for attachment?	Yes
Was there any video captured by Car Camera?	Yes
Reasons for not uploading a video of the accident	CCTV CLIENT STILL TRYING TO GET FROM MANAGEMENT.
Was there any audio recorded?	No

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	SMZ108H
Vehicle Manufacturer	-
Vehicle Model	-
Vehicle Variant	-
Vehicle Colour	-

Vehicle Category	Private car
Name of Driver	SEEMA BHAGWANDAS SAKHRANI
NRIC No	SXXXX499J
Contact Number	(Phone) +65-90227691
Address	-
Address complement	-
Postcode	-
Insurance Company Name	-
Nature Of Damage	-
Details of property damaged in accident	-
No. Of Passenger (Including Driver)	-

SKETCH PLAN**IMPORTANT NOTICE**

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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

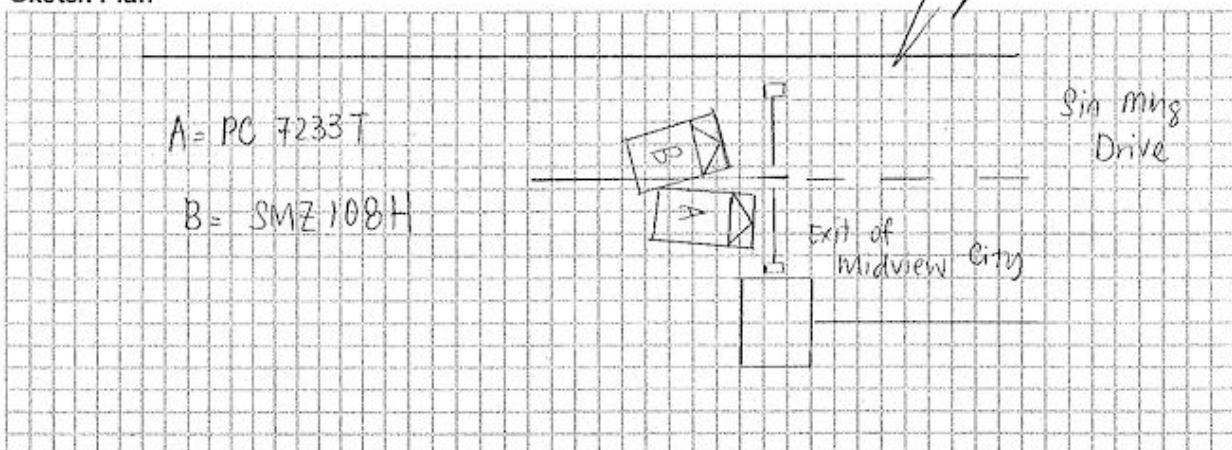
(c) my Personal Information may/can be disclosed by any of the Insurers and/or GIA to their third party service providers or agents (including their lawyers/law firms), which may be sited outside of Singapore, for one or more of the above Purposes.

Lion's Heart Student Care Centre
26 Sin Ming Lane, #05-111
Midview City, Singapore 573971
Tel: 6262 6202 Fax: 6262 6250
Email: general@lionsheart.com.sg
Website: www.lionsheart.com.sg

Policyholder's Signature / Date & Time

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

Witnessed by Reporting Centre Personnel

Sketch Plan

Describe Circumstances of the Accident

The incident happened on the 1st of June, Tuesday. Location is at Mid View City exit towards Sin Ming Drive. I was at the first lane, the red car was on 2nd lane exit. When my barrier lifted up, I wanted to proceed and drive forward. The red's car barrier did not lift up she proceed to reverse. When doing so she hit my vehicle.

please email a copy of the report to: Alan's united auto pte ltd

Declaration

We declare that the above particulars are true in every respect.

76 Sin Ming Lane, #05-111
Midview City, Singapore 573971
Tel: 6262 6202 Fax: 6262 6250
Email: general@lionsheart.com.sg
Website: www.lionsheart.com.sg

Policyholder's Signature / Date & Time

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

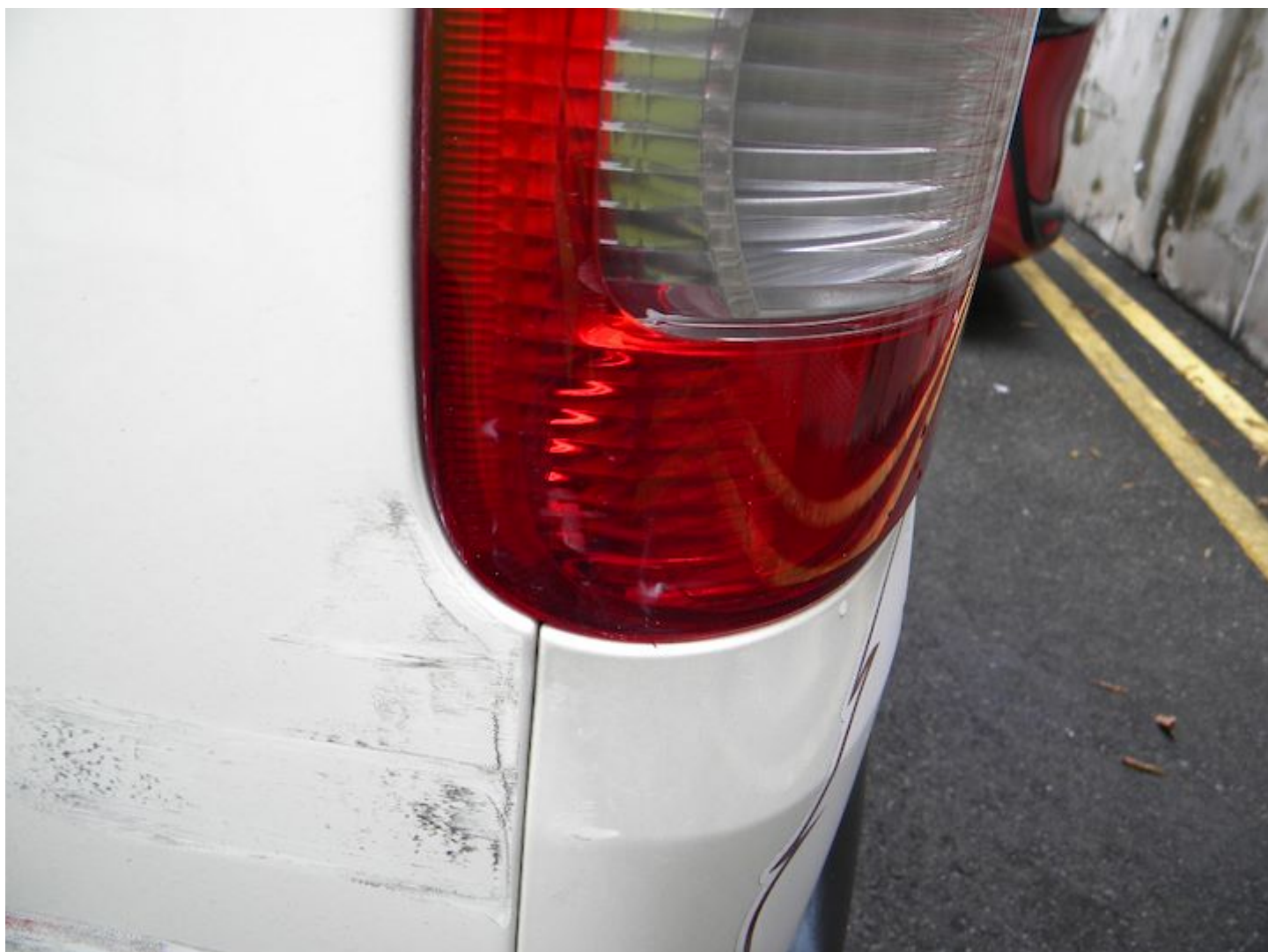
Witnessed by Reporting Centre Personnel



















**SINGAPORE
POLICE FORCE**



T/20210602/2071

Police Station Of Origin:
Thomson NPP
25 Sin Ming Road #01-180 SINGAPORE
570025
Tel No: 1800-4529999

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Report No. T/20210602/2071

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 02/06/2021 16:01	Vide Report No.:	Station Diary No.: 31
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Informant's Particulars

Name of Informant: WIBOWO BOEDIONO	Address: APT BLK 4 ANGKLONG LANE #05-04 SINGAPORE 579979		
ID Type / ID No.: NRIC NO / S8679426H	Contact No.: Home/Office: Mobile: 84828898		
Nationality: INDONESIAN	Email:		
Sex: Male	Age: 35	Date of Birth: 27/04/1986	Type of Informant: Driver
Race: Chinese	Language:		Institution / School Name:
Occupation: LOGISTICS DRIVER	Driving Licence Information: Class: 3 Date of Expiry:		

General Information of the Accident

Type of Accident:	Non-Injury Others	Drink Drive: No	Date/Time of Accident: 01/06/2021 17:15	Type of Location: EXIT GANTRY
Location: SIN MING LANE				
Weather: Clear		Road Surface: Dry		Road Speed Limit:
Traffic Flow:		Traffic Control: Not Controlled		Traffic Volume: Light
Type of Collision: Between Moving Vehicles - Side Swipe - Same Direction				Anyone conveyed by ambulance: No

Details of Vehicle Involved

Vehicle No.	Type	Make	Model	Color	Condition	No of Passenger
PC7233T	Van				Slightly Damaged	0
SMZ108H	Car					0

Details of Person Involved

Any Pedestrian Involved: No	
No. of Pedestrians Injured: NIL	Use of Pedestrian Crossing: NA



**SINGAPORE
POLICE FORCE**



T/20210602/2071

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Police Station Of Origin:
Thomson NPP
25 Sin Ming Road #01-180 SINGAPORE
570025
Tel No: 1800-4529999

Report No. T/20210602/2071

CONTINUATION OF REPORT

Driver			
Name	WIBOWO BOEDIONO		ID No. S8679426H
Related Vehicle	PC7233T (Van)		Contact No. 84828898
Hospital/Clinic	NIL		Class of Driving Licence & Expiry Date Class: 3 Date of Expiry: NIL
Date Treatment	NIL	Date Discharge	NIL
No. of Days granted Medical Leave	NIL	Degree of Injury	NIL
Driver			
Name	SEEMA BHAGWANDAS SAKHRANI		ID No. S7382499J
Related Vehicle	SMZ108H (Car)		Contact No. 90227691
Hospital/Clinic	NIL		Class of Driving Licence & Expiry Date Class: NIL Date of Expiry: NIL
Date Treatment	NIL	Date Discharge	NIL
No. of Days granted Medical Leave	NIL	Degree of Injury	NIL

Brief Details.

On the above mentioned date and time I was driving my vehicle (PC7233T) at Midview City.

I was about to exit the location. There were two lanes for exiting. I was on the right lane. There was another vehicle (SMZ 108H) on the left lane. My barrier opened and I was about to exit when I felt a collision on the left rear side of my vehicle. I alighted to make a check and discovered that the vehicle on my left had collided to the left rear side of my vehicle.

The left rear side of my vehicle was dented in. I managed to exchange my particulars with the other driver and spoke to the husband of the party through the phone. He admitted that it was his wife's fault and told me to bring the vehicle to his workshop of choice which I declined. I spoke to Midview City management for the footage for insurance claims but was told to lodge a police report first. I wish to note no one was injured due to the accident.



**SINGAPORE
POLICE FORCE**



T/20210602/2071

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Police Station Of Origin:
Thomson NPP
25 Sin Ming Road #01-180 SINGAPORE
570025
Tel No: 1800-4529999

Report No. T/20210602/2071

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 MUHAMMAD TAUFIQ BIN ISHAK

Signature Of Informant

Signature Of Interpreter:

Not applicable

Date/Time:

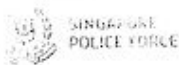
02/06/2021 16:01

Officer In Charge Of Case:

TP / GIA /

Classification Of Case:

Contact No.:



SN 070

Authentication Stamp

NP168

SIGNATURE