

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 08/07/2021 16:10 (SGT)
Date of Accident 08/07/2021 01:50 (SGT)
Exact Location of Accident Sims Way, Singapore
Additional Location Information SIMS WAY
Country/State of Loss Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number SLN2366R

INSURED/POLICYHOLDER

Is company? Yes
Name Of Registered Owner LION CITY RENTALS PTE LTD
Company Reg No 2XXXXX621K
Email Address lcrarc@lioncityrentals.com.sg
Mobile Phone No (Phone) +65-62525525
Alternative Phone No (Office) +65-62525525



VEHICLE PARTICULARS

Manufacturer Mazda
Model 3
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 car
Transmission Auto
CC 1500

INSURANCE COMPANY

Name of Insurance Company Tokio Marine Insurance Singapore Ltd
Type of Coverage ThirdParty
Fleet Policy Yes
Policy Number -
Cover Note Number -

DRIVER

Name of Driver 
NRIC No 

[REDACTED]

-

[REDACTED]

[REDACTED] 10-10-17

-

[REDACTED]

No
Hirer
No

-
-

Collision - Head to Rear
Clear
Dry

No
2
No
-
Yes
2
No

UNKNOWN
Male

Yes
Ang Mo Kio South Neighbourhood Police Centre
(Phone) +65-18004519999
(Fax) +65-65535679
81 Ang Mo Kio Ave 3 Singapore 569929
No
-

Yes
No
No

GBE5194R

Vehicle Model	-
Vehicle Variant	-
Vehicle Colour	-
Vehicle Category	Commercial vehicle
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)	2

PASSENGER 1

Name	UNKNOWN
Gender	Male

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.



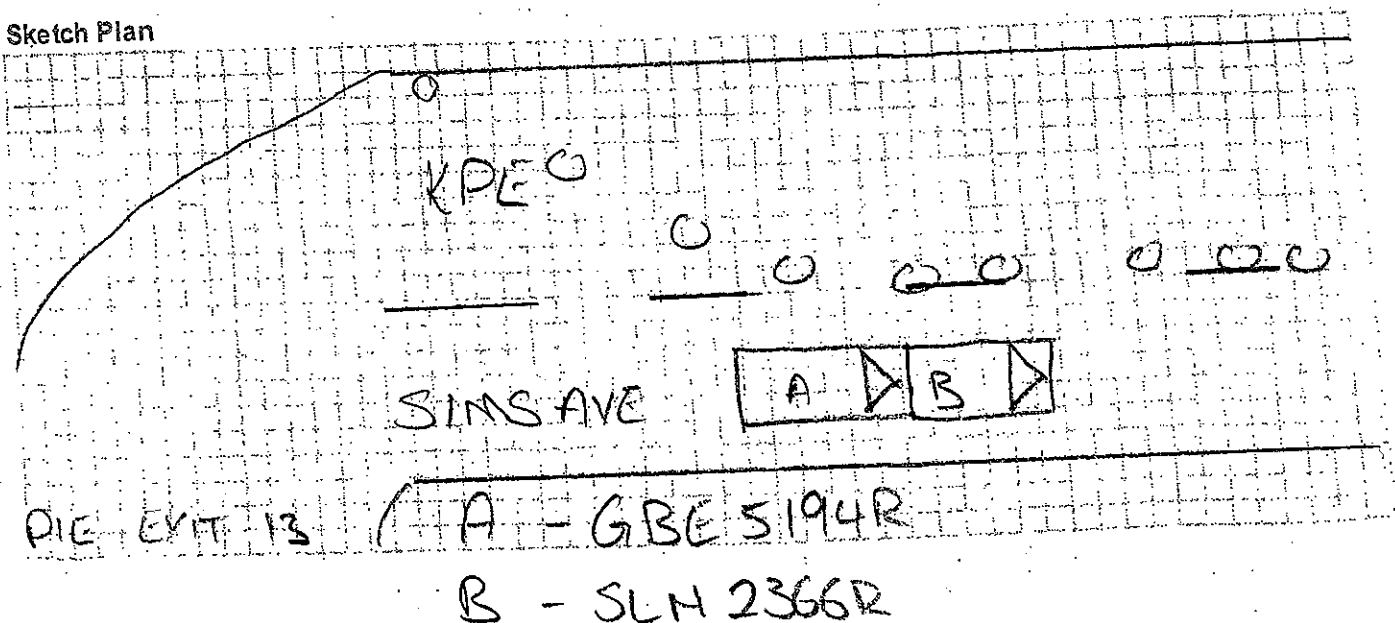
[Signature] 08 July 2021

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


Refer to police report.

Declaration

We declare the foregoing particulars are true in every respect.



Policyholder's Signature / Date &
Time

 08/July/2021
Driver's Signature (If driver is not the policyholder) / Date
& Time

Witnessed by Reporting Centre
Personnel



SINGAPORE POLICE FORCE



T/20210708/2015

1 of 3

Police Station Of Origin:
Ang Mo Kio South N.P.C
81 Ang Mo Kio Avenue 3 SINGAPORE
569929
Tel No: 1800-4519999

Report No. T/20210708/2015

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 08/07/2021 04:32		Vide Report No.: G/20210708/0018		Station Diary No.: 13	
Informant's Particulars					
Name of Informant: [REDACTED]			Address: [REDACTED] [REDACTED] [REDACTED]		
ID Type / ID No.: NRIC NO / [REDACTED]			Contact No.: Home/Office: [REDACTED] Mobile: [REDACTED]		
Nationality: SINGAPORE CITIZEN			Email:		
Sex: Male	Age: 21	Date of Birth: 09/09/1999	Type of Informant: Driver		
Race: Malay			Language: English		Institution / School Name:
Occupation: Private security officer			Driving Licence Information: Class: 3,4 Date of Expiry:		

General Information of the Accident				
Type of Accident:	Non-Injury Attended by Police	Drink Drive: Yes	Date/Time of Accident: 08/07/2021 01:50	Type of Location: Straight Road
Location: SIMS WAY				
Weather: Clear		Road Surface: Dry		Road Speed Limit:
Traffic Flow: Dual Carriage Way		Traffic Control:		Traffic Volume: Light
Type of Collision: Between Moving Vehicles - Head To Rear				Anyone conveyed by ambulance: No

Details of Vehicle Involved						
Vehicle No.	Type	Make	Model	Color	Condition	No of Passenger
GBE5194R	Lorry					0
SLN2366R	Car			Grey	Seriously Damaged	1



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Report No. T/20210708/2015

CONTINUATION OF REPORT

Brief Details.

On 08/07/2021 at about 0150hrs, I was driving my car SLN2366R(Mazda/Grey) along PIE slip road towards Sims Way. I was on the left lane of the two-lane road and while I was approaching the slip road to KPE, I noticed a road works hence I checked my blind spot and signal before changing to the right lane. Upon changing lane, a lorry GBE5194R came out of no where and collided onto my rear. My passenger and I alighted from my vehicle and I called for the Police. None of us were injured at that point of time and traffic police attended to the incident reference: G/20210708/0018. There is a witness by the name of Andrew, HP: 88338382, informed that while he was driving behind the aforesaid lorry, He noticed that the lorry is going from left to right and was not in control of the lorry. He then saw the lorry collided onto my vehicle. I wish to inform that I did not notice the lorry when I checked my blind spot before changing lane. My vehicle's rear bumper and boot were badly dented due to the impact.



**SINGAPORE
POLICE FORCE**



T/20210708/2015

3 of 3

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Tel No: 1800-4519999

Report No. T/20210708/2015

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:
F /
SI LOO TECK KUAN, SHAWN

Signature Of Informant:

Signature Of Interpreter:
Not applicable

Date/Time:
08/07/2021 04:32

Officer In Charge Of Case:
TP / GIT /
SI NG BEIFENG
Contact No.: 65476845

Classification Of Case:

Authentication Stamp
NP168

