

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 09/09/2021 09:59 (SGT)
Date of Accident 06/09/2021 17:40 (SGT)
Exact Location of Accident Whitley Rd, Singapore
Additional Location Information -
Country/State of Loss Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number SLR4129A

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 Honda
Model Shuttle
Variant HYBRID
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 21-MM000073-R00
Cover Note Number -

DRIVER

Name of Driver 
NRIC No 

Date Of Birth
 Occupation
 Date Of Driving Pass
 Driving experience
 Gender
 Mobile Number
 Alt. Phone Number
 Email Address
 Address
 Address complement
 Postcode
 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 - Cross Junction
 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 vehicle 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 Joo Chiat Neighbourhood Police Post
 Police Station Phone No (Phone) +65-18003459999
 Alt. Police Station Phone No (Fax) +65-64474181
 Police Station Address 267 Onan Road Singapore 424773
 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? 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 SMU6993E
 Vehicle Manufacturer
 Vehicle Model
 Vehicle Variant
 Vehicle Colour
 Vehicle Category Private car

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

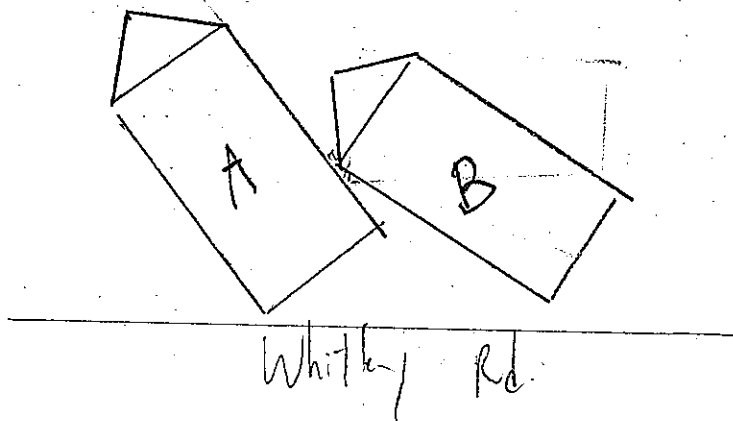
[Signature]

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

[Signature]

Witnessed by Reporting Centre Personnel

Sketch Plan



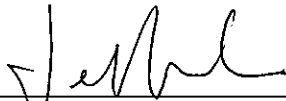
Describe Circumstances of the Accident

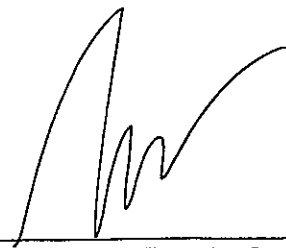
Please refer to Police Report

Declaration

I/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/20210906/2123

Police Station Of Origin:
Joo Chiat NPP
267 Onan Road SINGAPORE 424773
Tel No: 1800-3459999

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Report No. T/20210906/2123

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 06/09/2021 19:06		Vide Report No.:		Station Diary No.: 23	
Informant's Particulars					
Name of Informant: JEFFREY KHO LIAN TECK			Address: [REDACTED]		
ID Type / ID No.: NRIC NO / [REDACTED]			Contact No.: Home/Office: [REDACTED] Mobile: [REDACTED]		
Nationality: MALAYSIAN			Email:		
Sex: Male	Age: 56	Date of Birth: [REDACTED]	Type of Informant: Driver		
Race: Chinese			Language: English		Institution / School Name:
Occupation: GRAB DRIVER			Driving Licence Information: Class: [REDACTED] Date of Expiry: [REDACTED]		

General Information of the Accident				
Type of Accident:	Non-Injury Hit and Run	Drink Drive: No	Date/Time of Accident: 06/09/2021 17:40	Type of Location:
Location: WHITLEY ROAD				
Weather: Clear		Road Surface: Dry	Road Speed Limit:	
Traffic Flow:		Traffic Control:	Traffic Volume: Heavy	
Type of Collision: Between Moving Vehicles - Head To Side				Anyone conveyed by ambulance: No

Details of Vehicle Involved						
Vehicle No.	Type	Make	Model	Color	Condition	No of Passenger
SLR4129A	Car				Slightly Damaged	0

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



**SINGAPORE
POLICE FORCE**



T/20210906/2123

Police Station Of Origin:
Joo Chiat NPP
267 Onan Road SINGAPORE 424773
Tel No: 1800-3459999

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Report No. T/20210906/2123

CONTINUATION OF REPORT

Driver				
Name	[REDACTED]		ID No.	[REDACTED]
Related Vehicle	SLR4129A (Car)		Contact No.	[REDACTED]
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 6/9/2021 at about 1740hours, I was driving my rental car (SLR4129A) along Whitley Road towards Bukit Timah. Due to red light, I had stopped on the junction of Whitley and Bukit Timah Road as I wanted to turn right into Bukit Timah Road. I was the first car on lane 2 which is a sharing lane (Straight and right turn). When the traffic light turned green, I moved off and turned right into Bukit Timah Road. While doing so, I felt an impact on the right side of my vehicle. I then looked at my right-side mirror and saw a red car had hit my vehicle. As I do not want to block the traffic, I continued my turn into Bukit Timah Road and stopped about 50m away. I thought the red car followed however it did not. The red car u-turned back to Whitley road. I waited for the red car for a few minutes as it was heavy traffic however it did not turn up as such I left.

My car has front incar camera however it did not manage to capture the details of the red car. There are damages on my right rear door due to the accident.



**SINGAPORE
POLICE FORCE**



T/20210906/2123

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Joo Chiat NPP
267 Onan Road SINGAPORE 424773
Tel No: 1800-3459999

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Report No. T/20210906/2123

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 /

Sr Staff Sgt ABDUL MATIN BIN
ISMAIL

Signature Of Informant:

Signature Of Interpreter:

Not applicable

Date/Time:

06/09/2021 19:06

Officer In Charge Of Case:

TP / HRT /

SI KALESWARI PALANI

Contact No.: 65476902

Classification Of Case:



**SINGAPORE
POLICE FORCE**

Authentication Stamp

NP168

SIGNATURE