# SINGAPORE ACCIDENT STATEMENT

# IMPORTANT NOTICE

- Please report <u>correctly</u> 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 witholding of material facts may allow insurance companies to repudiate policy liability.

- 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 11/09/2021 12:05 (SGT) Date of Accident ..... 10/09/2021 19:00 (SGT) Exact Location of Accident Commonwealth Ave, Singapore ditional Location Information ..... ountry/State of Loss ..... Singapore

### **DETAILS OF OWN VEHICLE**

Vehicle Registration Number ..... **SLQ5374G** INSURED/POLICYHOLDER Is company? ..... Yes Name Of Registered Owner ..... LION CITY RENTALS PTE LTD Company Reg No ..... 2XXXXX621K Email Address ..... Icrarc@lioncityrentals.com.sq Mobile Phone No ..... (Phone) +65-62525525 Alternative Phone No (Office) +65-62525525

#### VEHICLE PARTICULARS

hufacturer ......hufacturer Toyota Model ..... **Prius** Variant ..... **HYBRID** Exact purpose for which vehicle was being used at time of Private hire accident ..... Are you claiming under your own insurance policy for repair to No - Claiming third party your vehicle? ..... Vehicle Category ...... Private car Transmission ..... Auto 1800

#### **INSURANCE COMPANY**

Name of Insurance Company ..... Tokio Marine Insurance Singapore Ltd Type of Coverage ..... ThirdParty Fleet Policy Yes Policy Number ..... 21-MM000074-R00 Cover Note Number

DRIVER

Name of Driver NRIC No



Birth	
ation	Outdoor
Of Driving Pass	04/12/2008
ng experience	1 ARS AND 9 MONTHS
nder abile Number	Male
Jt. Phone Number	0 none) +65-96197055
Email Address	
Address	ALK 300 ILIPONG FAST ST
Address complement	-
Postcode	-
Is the driver the policyholder?	No
If No, Relationship of the Driver with the Insured  Does Driver Own Other Vehicles?	Hirer
Vehicle Registration Number of Other Vehicle Owned by Driver	No
venicle venicle Owned by Driver	-
Insurance Company of Other Vehicle Owned by Driver	-
GENERAL INFORMATION OF THE ACCIDENT	
Type of Accident	Collision - Major/Minor Rd
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
Soliciting/offering accident claims assistance:	****
DETAILS OF POLICE ACTION	
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NAV - No	No
Was the accident reported to the police?	No No
If yes, against whom?	-
ii yes, against whom:	
CONTRACTOR OF ACCOUNTS	
RCUMSTANCES 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	R VEHICLE PROPERTY 1
Vehicle Registration Number	SHC4919M
Vehicle Manufacturer	-
Vehicle Model	-
Vehicle Variant	

Taxi

Vehicle Variant
Vehicle Colour
Vehicle Category

Name of Driver
Contact Number
Address
Address complement

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gease report correctly the details of the accident to speed up the claims process.

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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)

Lunderstand, 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 lectively referred to as the "Insurers"), the Insurers' law yers/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.

- (b) all insurer(s) who have insured vehicle(s) involved in this accident and the Insurers' law yers/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 law yers/law firms), which may be sited outside of Singapore, for one or more of the above Purposes.

Policyholder's Signature / Date & Time

Sketch Plan

commonwealth ave-

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

& Time

Witnessed by Reporting Centre Personnel

H - SLQ5374G B - SHC4919M

	circumstances of the Accident
	To sep 2021 at around 7pm. I was driving along common wealth le towards common wealth are west taxi car plate SHC 4919 m 15 making a U turn and didn't notice me go straight. I was unable to brake in time and collided with the left side of his car.
1	

## Declaration

 $\ensuremath{\mathsf{IWe}}$  declare the foregoing particulars are true in every respect.

Policyholder's Signature / Date &

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

Witnessed by Reporting Centre