

# 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 Actual 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 ..... 25/10/2022 17:11 (SGT)  
Reported by ..... Driver  
Date of Accident ..... 24/10/2022 12:55 (SGT)  
Exact Location of Accident ..... Choa Chu Kang Way, Singapore  
Additional Location Information ..... TWRDS CHOA CHU KANG AVENUE 3  
Country/State of Loss ..... Singapore

## DETAILS OF OWN VEHICLE

Vehicle Registration Number ..... SLM3381U  
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) +65-98630338  
Alternative Phone No ..... (Office) +65-62525525

## VEHICLE PARTICULARS

Manufacturer ..... Toyota  
Model ..... Prius  
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 hire  
Transmission ..... Auto  
CC ..... 1798

## INSURANCE COMPANY

Name of Insurance Company ..... Tokio Marine Insurance Singapore Ltd  
Policy Number / Cover Note Number ..... 22-MN000214-R00

## DRIVER

Name of Driver ..... SEAH EE PENG  
NRIC No ..... SXXXX4001  
Date Of Birth ..... 20/10/1963  
Occupation ..... Outdoor

Date Of Driving Pass 28/05/1986  
 Driving experience 36 YEARS AND 5 MONTHS  
 Gender Male  
 Mobile Number (Phone) +65-98630338  
 Alt. Phone Number -  
 Email Address lcrarc@lioncityrentals.com.sg  
 Address 431 CHOA CHU KANG AVE 4 #13-571  
 Address complement -  
 Postcode 680431  
 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 -

Name of Driver  
 Contact Number  
 Address  
 Postcode  
 Insur  
 N-

GENERAL INFORMATION OF THE ACCIDENT

Type of Accident Collision - Head to Rear  
 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  
 Translator's name -  
 Translator's ID -  
 Translator's phone number -  
 Translator's email -  
 Original language used in the statement -

DETAILS OF POLICE ACTION

Was the accident reported to the police? No  
 Was notice of intended Prosecution given? No  
 If yes, against whom? -

CIRCUMSTANCES OF ACCIDENT

ON 24/10/22 AT AROUND 1255HRS I WAS DRIVING VEHICLE A(SLM3381U) AT CHOA CHU KANG WAY TOWARDS CHOA CHU KANG AVE 3. AS I WAS AT THE FILTER LANE, THERE WAS TRAFFIC ON THE MAJOR LANE SO I WAITED AT THE GIVE WAY LINE WHEN SUDDENLY I FELT AN IMPACT FROM BEHIND AND SAW THAT VEHICLE B(SHB1995S) HAD REAR ENDED ME. WE STOPPED AND EXCHANGED PARTICULARS AND NO ONE WAS INJURED

ATTACHMENT(S)

Are accident photos available for attachment? Yes  
 Was there any video captured by Car Camera? No

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number SHB1995S  
 Vehicle Manufacturer Toyota  
 Vehicle Model -  
 Vehicle Variant -  
 Vehicle Colour -  
 Vehicle Category Taxi

Name of Driver	PANG CHING LIM
Contact Number	(Phone) +65-96538417
Address	-
Address complement	-
Postcode	-
Insurance Company Name	-
Nature Of Damage	-
Details of property damaged in accident	-
No. Of Passenger (Including Driver)	1

**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.



*[Handwritten Signature]*

**FLASH ACCIDENT REPORTING OFFICER**  
FRO ZIKRUL

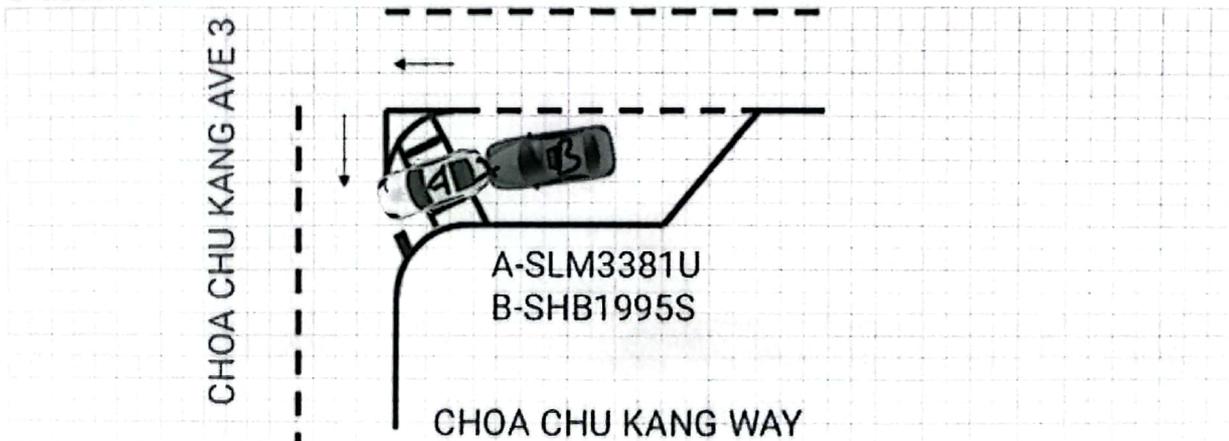


Policyholder's Signature / Date & Time

Driver's Signature (If driver is not the policyholder) / Date & Time  
25/10/22 1055HRS

Witnessed by Reporting Centre Personnel

**Sketch Plan**



Describe Circumstances of the Accident

ON 24/10/22 AT AROUND 1255HRS I WAS DRIVING VEHICLE A(SLM3381U) AT CHOA CHU KANG WAY TOWARDS CHOA CHU KANG AVE 3. AS I WAS AT THE FILTER LANE, THERE WAS TRAFFIC ON THE MAJOR LANE SO I WAITED AT THE GIVE WAY LINE WHEN SUDDENLY I FELT AN IMPACT FROM BEHIND AND SAW THAT VEHICLE B(SHB1995S) HAD REAR ENDED ME. WE STOPPED AND EXCHANGED PARTICULARS AND NO ONE WAS INJURED

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

25/10/22 1055HRS

FLASH ACCIDENT REPORTING OFFICER  
FRO ZIKRUL



Witnessed by Reporting Centre Personnel