

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	27/02/2023 16:31 (SGT)
Reported by	Driver
Date of Accident	27/02/2023 12:30 (SGT)
Exact Location of Accident	Dunearn Rd, Singapore
Additional Location Information	TOWARDS BUKIT TIMAH ROAD
Country/State of Loss	Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SLJ4361L
-----------------------------	----------

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) +65-97618249
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 hire
Transmission	Auto
CC	1496

INSURANCE COMPANY

Name of Insurance Company	Tokio Marine Insurance Singapore Ltd
Policy Number / Cover Note Number	22-MN000213-R00

DRIVER

Name of Driver	QUEK YUNG TECK EDDY
NRIC No	SXXXX405E
Date Of Birth	26/08/1964
Occupation	Outdoor

Date Of Driving Pass	09/12/1981
Driving experience	41 YEARS AND 2 MONTHS
Gender	Male
Mobile Number	(Phone) +65-97618249
Alt. Phone Number	-
Email Address	lcrarc@lioncityrentals.com.sg
Address	BLK 842G TAMPINES ST 82 #05-98
Address complement	-
Postcode	527842
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 - 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)	2
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	-

PASSENGER 1

Name	UNKNOWN
Gender	Female

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 27/02/2023 AT ABOUT 12:30 HRS, I WAS DRIVING VEHICLE A (SLJ4361L) ALONG DUNEARN ROAD TOWARDS BUKIT TIMAH ROAD. UPON REACHING U-TURN JUNCTION, I STOP VEHICLE A AND LOOK FOR ONCOMING TRAFFIC. AS MY VEHICLE WAS STATIONARY, VEHICLE B (GBL4357H) COLLIDED ONTO VEHICLE A REAR BUMPER. EXCHANGED PARTICULARS. NOBODY WAS INJURED AT THE TIME OF THE ACCIDENT.

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	GBL4357H
-----------------------------	----------

Vehicle Manufacturer	Toyota
Vehicle Model	-
Vehicle Variant	-
Vehicle Colour	-
Vehicle Category	Commercial vehicle
Name of Driver	BALASUBRAMANIAM S/O RAMASAMY
Contact Number	(Phone) +65-92342468
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

1. Please correctly report the details of the accident to speed up the claims process.
2. This Form must be completed by the Policyholder and/or the Authorized Driver.
3. Information provided must be as truthful and accurate as possible. Any willful 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. The 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 lodgment of this report to the insurers, you hereby consent to the archiving of this report at the center 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/are 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 KHAMARAJ



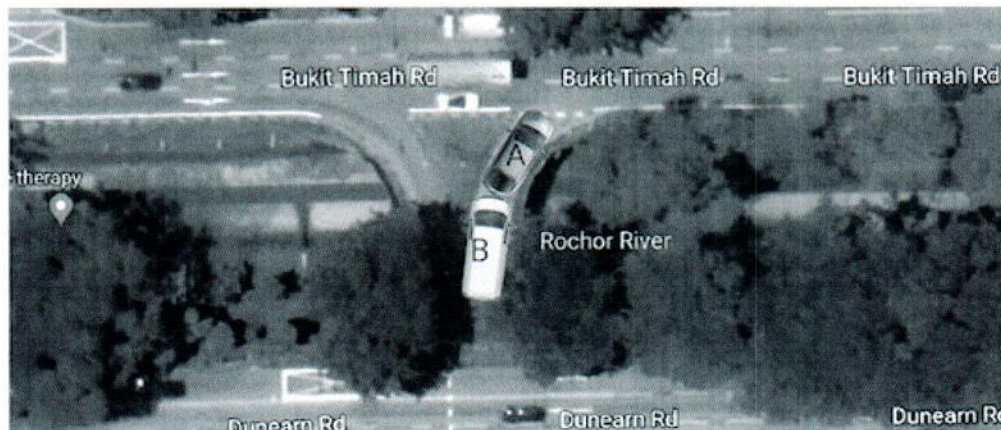
Policyholder's Signature / Date & Time

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

27/02/2023 -13:40HRS

Witnessed by Reporting Centre Personnel

Sketch Plan



A - SLJ4361L

B - GBL4357H

Describe Circumstances of the Accident

ON 27/02/2023 AT ABOUT 12:30 HRS, I WAS DRIVING VEHICLE A (SLJ4361L) ALONG DUNEARN ROAD TOWARDS BUKIT TIMAH ROAD. UPON REACHING U-TURN JUNCTION, I STOP VEHICLE A AND LOOK FOR ONCOMING TRAFFIC. AS MY VEHICLE WAS STATIONARY, VEHICLE B (GBL4357H) COLLIDED ONTO VEHICLE A REAR BUMPER. EXCHANGED PARTICULARS. NOBODY WAS INJURED AT THE TIME OF THE ACCIDENT.

Declaration

I/We declare the foregoing particulars are true in every respect.



Policyholder's Signature / Date & Time

[Handwritten Signature]

Driver's Signature (if driver is not the policyholder) / Date & Time 27/02/2023 -13:40HRS

FLASH ACCIDENT REPORTING OFFICER

FRO KHAMARAJ



Witnessed by Reporting Centre Personnel

