

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	24/04/2023 15:13 (SGT)
Reported by	Actual Driver
Date of Accident	22/04/2023 10:45 (SGT)
Exact Location of Accident	626 Ang Mo Kio Ave 4, Singapore
Additional Location Information	OSCP
Country/State of Loss	Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SLE3951S
-----------------------------------	----------

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) +65-82008302
Alternative Phone No	(Office) +65-62525525

VEHICLE PARTICULARS

Manufacturer	Toyota
Model	Sienta
Variant	-
Exact purpose for which vehicle was being used at time of accident	Private use
Are you claiming under your own insurance policy for repair to your vehicle?	No - Claiming third party
Vehicle Category	Private car
Transmission	Auto
CC	1496

INSURANCE COMPANY

Name of Insurance Company	India International Insurance Pte Ltd
Policy Number / Cover Note Number	D23MFL0002582

DRIVER

Name of Driver	SUHAIMI BIN ABAS
NRIC No	SXXXX774J
Date Of Birth	16/03/1970
Occupation	Outdoor

Date Of Driving Pass	20/10/1994
Driving experience	28 YEARS AND 6 MONTHS
Gender	Male
Mobile Number	(Phone) +65-82008302
Alt. Phone Number	-
Email Address	lcrarc@lioncityrentals.com.sg
Address	625 ANG MO KIO AVE 9 #03-102
Address complement	-
Postcode	560625
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	Collided into Parked Vehicle
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)	0
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?	Yes
Police Station Name	Ang Mo Kio Division Headquarters
Police Station Phone No	(Phone) +65-18002180000
Alt. Police Station Phone No	(Fax) +65-64814246
Police Station Address	51 Ang Mo Kio Avenue 9 Singapore 569784
Was notice of intended Prosecution given?	No
If yes, against whom?	-

CIRCUMSTANCES OF ACCIDENT

PLEASE REFER TO POLICE REPORT F/0230422/7023

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	XD5982C
Vehicle Manufacturer	Scania
Vehicle Model	-
Vehicle Variant	-

Vehicle Colour	-
Vehicle Category	Commercial vehicle
Name of Driver	MUHAMMAD AZRI BIN SALIMI
NRIC No	SXXXX484B
Contact Number	(Phone) +65-97845207
Address	-
Address complement	-
Postcode	-
Insurance Company Name	-
Nature Of Damage	-
Details of property damaged in accident	-
No. Of Passenger (Including Driver)	1

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 involvedisclosure 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

Sketch Plan

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

22042023 ---1230HRS

**FLASH ACCIDENT
REPORTING OFFICER**
FRO VICKY



Witnessed by Reporting Centre Personnel



Describe Circumstances of the Accident

PLEASE REFER TO POLICE REPORT F/0230422/7023

Declaration

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

22042023 --1230HRS

FLASH ACCIDENT
REPORTING OFFICER
FRO VICKY



Witnessed by Reporting Centre
Personnel



























1 of 2

Report No. F/20230422/7023

Date/Time Report Made 22/04/2023 12:49	Vide Report No.	Station Diary No.
Name Of Informant SUHAIMI BIN ABAS	Address 625 ANG MO KIO AVENUE 9 #03-102 SINGAPORE 560625	
ID Type / ID No. NRIC NO / S7010774J	Contact No. Home/Office:	Mobile: 82008302
Nationality SINGAPORE CITIZEN	Email Address SUHAIMIABAS70@GMAIL.COM	
Occupation Lorry driver	Sex Male	Age 53
	Date of Birth 16/03/1970	Race Malay
Institution/School Name	Language English	
Date/Time Of Incident 22/04/2023 10:45 - 22/04/2023 12:00	Location Of Incident 625 ANG MO KIO AVENUE 9 #03-102 SINGAPORE 560625	

ON 22/04/2023 AROUND 1045HRS VEHICLE A (GETGO CAR) BEARING REGISTRATION NUMBER (SLE3951S) WAS STATIONARY IN A PARKING LOT AT 626 ANG MO KIO AVE 4, I WAS NEARBY THE MARKET AND SUDDENLY HEARD A LOUD SOUND NEAR TO THE VEHICLE SO I RUSHED BACK TO CHECK OUT AND FOUND OUT VEHICLE B (SCDF VEHICLE) BEARING REGISTRATION NUMBER (XD5982C) COLLIDED ONTO VEHICLE FRONT BUMPER PORTION WHILE THE VEHICLE WAS REVERSING. NOBODY WAS INJURED DURING THE ACCIDENT

 Accident report **SJ0G234O001F**



**SINGAPORE
POLICE FORCE**



F/20230422/7023

2 of 2

POLICE REPORT (NP299)

CONTINUATION OF REPORT

Report No. F/20230422/7023

Subjects Involved			
Suspect			
Person Name	MUHAMMAD AZRI BIN SALIMI		
ID Type	NRIC NO	ID No	S9714484B
Gender	Male	Age	25-26
Race	Malay	Language	English
Occupation	Other heavy truck and lorry drivers	Address	555 Woodland Drive 53 #04-27 SINGAPORE 730555
Relation To Informant	Stranger		
Victim			
Person Name	SUHAIMI BIN ABAS		
ID Type	NRIC NO	ID No	S7010774J
Gender	Male	Age	53
Race	Malay	Language	English
Occupation	Lorry driver	Address	625 ANG MO KIO AVENUE 9 #03-102 SINGAPORE 560625
Mobile No	82008302	Is Informant A Victim?	Yes
Person Name	SUHAIMI BIN ABAS (Informant)		

Signature Of Officer Recording The Report: Not applicable	Signature Of Informant: The identity of the person making this report has been authenticated by Singpass. No signature is required.
Signature Of Interpreter: Not applicable	Date/Time: 22/04/2023 12:49
Officer In-Charge Of Case:	Classification Of Case: