

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	16/06/2023 19:47 (SGT)
Reported by	Actual Driver
Date of Accident	16/06/2023 14:50 (SGT)
Exact Location of Accident	TPE, Singapore
Additional Location Information	TOWARDS WOODLANDS
Country/State of Loss	Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SLF3421A
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INSURED/POLICYHOLDER

Is company?	Yes
Name Of Registered Owner	LION CITY RENTALS PTE LTD
Company Reg No	201504621K
Email Address	lcrarc@lioncityrentals.com.sg
Mobile Phone No	(Phone) +65-62525525
Alternative Phone No	(Office) +65-62525525

VEHICLE PARTICULARS

Manufacturer	Mazda
Model	3
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 - Reporting only
Vehicle Category	Private car
Transmission	Auto
CC	1496

INSURANCE COMPANY

Name of Insurance Company	India International Insurance Pte Ltd
Policy Number / Cover Note Number	D23MFL0002571

DRIVER

Name of Driver	XIE QIXUAN, JALYN
NRIC No	S9890970B
Date Of Birth	23/04/1998
Occupation	Outdoor

Date Of Driving Pass	10/06/2022
Driving experience	1 YEAR
Gender	Female
Mobile Number	(Phone) +65-82985883
Alt. Phone Number	-
Email Address	lcrarc@lioncityrentals.com.sg
Address	304 HOUGANG AVE 5 #09-413
Address complement	-
Postcode	530304
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	3
Was anybody injured in the Accident?	Yes
Was any injured conveyed to hospital by ambulance?	No
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 16/06/2023 AT AROUND 1450HRS I WAS DRIVING VEHICLE A (SLF3421A) AT TPE SLE TOWARDS WOODLANDS. AS I WAS LANE CHANGING INTO LANE 2, I WAS IN LANE WHEN SUDDENLY VEHICLE B (SHA1173C) JAMMED BRAKE WHICH CAUSED ME TO NOT BRAKE ON TIME AND HIT VEHICLE B REAR. THE IMPACT CAUSED VEHICLE B TO COLLIDE ONTO VEHICLE C (UNKNOWN) WE STOPPED AND EXCHANGED PARTICULARS AFTER THE INCIDENT. I SUFFERED RIGHT HAND BLEEDING, LEG BRUISES AND TONGUE CUTS DURING THE INCIDENT

ATTACHMENT(S)

Are accident photos available for attachment?	Yes
Was there any video captured by Car Camera?	Yes

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	SHA1173C
Vehicle Manufacturer	-
Vehicle Model	-
Vehicle Variant	-
Vehicle Colour	-

Vehicle Category	Taxi
Name of Driver	YEO WEE KEE
NRIC No	S0122532D
Contact Number	-
Address	-
Address complement	-
Postcode	-
Insurance Company Name	-
Nature Of Damage	-
Details of property damaged in accident	-
No. Of Passenger (Including Driver)	-

DETAILS OF OTHER VEHICLE PROPERTY 2

Vehicle Registration Number	UNKNOWN
Vehicle Manufacturer	-
Vehicle Model	-
Vehicle Variant	-
Vehicle Colour	-
Vehicle Category	NA / Unknown
Name of Driver	-
Contact Number	-
Address	-
Address complement	-
Postcode	-
Insurance Company Name	-
Nature Of Damage	-
Details of property damaged in accident	-
No. Of Passenger (Including Driver)	-

INJURED PERSONS DETAILS

INJURED 1

Name of injured person	XIE QIXUAN, JALYN
Gender	Female
Phone No	(Phone) +65-82985883
Address	304 HOUGANG AVE 5 #09-413
Address Complement	-
Post Code	530304
Approximate Age Years Old	-
Injuries Sustained	RIGHT HAND BLEEDING, LEG BRUISES AND TONGUE CUTS
Injured person in which vehicle?	SLF3421A
Were seat belts worn?	Yes
Was this injured conveyed to hospital by ambulance?	No

SKETCH PLAN**IMPORTANT NOTICE**

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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 involved 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

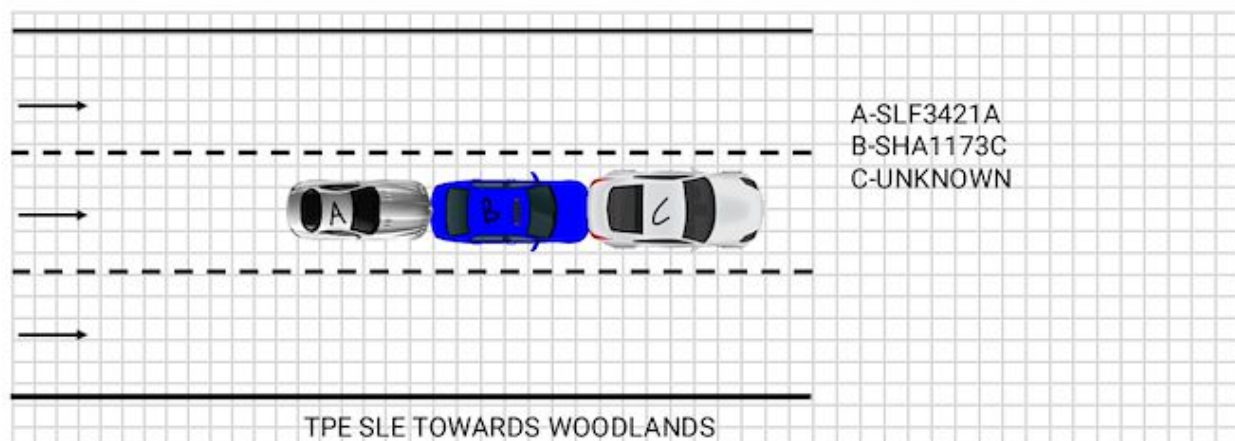
Driver's Signature (If driver is not the policyholder) / Date & Time

16/06/23 1630HRS

**FLASH ACCIDENT
REPORTING OFFICER
FRO ZIKRUL**



Witnessed by Reporting Centre Personnel

Sketch Plan

Describe Circumstances of the Accident

ON 16/06/2023 AT AROUND 1450HRS I WAS DRIVING VEHICLE A (SLF3421A) AT TPE SLE TOWARDS WOODLANDS. AS I WAS LANE CHANGING INTO LANE 2, I WAS IN LANE WHEN SUDDENLY VEHICLE B (SHA1173C) JAMMED BRAKE WHICH CAUSED ME TO NOT BRAKE ON TIME AND HIT VEHICLE B REAR. THE IMPACT CAUSED VEHICLE B TO COLLIDE ONTO VEHICLE C (UNKNOWN) WE STOPPED AND EXCHANGED PARTICULARS AFTER THE INCIDENT. I SUFFERED RIGHT HAND BLEEDING, LEG BRUISES AND TONGUE CUTS DURING THE INCIDENT

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
16/06/23 1630HRS

FLASH ACCIDENT
REPORTING OFFICER
FRO ZIKRUL



Witnessed by Reporting Centre Personnel



















