

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	28/06/2023 09:06 (SGT)
Reported by	Actual Driver
Date of Accident	27/06/2023 23:15 (SGT)
Exact Location of Accident	Bukit Timah Expy, Singapore
Additional Location Information	MANDAI ROAD TOWARDS MANDIA LAKE
Country/State of Loss	Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SLM2959K
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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	Honda
Model	Shuttle
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	AKILA VAKINI D/O SENKUTTUVAN
NRIC No	T0010952A
Date Of Birth	31/03/2000
Occupation	Outdoor

Date Of Driving Pass	10/02/2022
Driving experience	1 YEAR AND 4 MONTHS
Gender	Female
Mobile Number	(Phone) +65-81204669
Alt. Phone Number	-
Email Address	lcrarc@lioncityrentals.com.sg
Address	22 BOON KENG ROAD #06-33
Address complement	-
Postcode	330022
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 - Cross Junction
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?	Yes
Was any injured conveyed to hospital by ambulance?	Yes
Was any other vehicle or property damaged?	Yes
Number of Passengers (Including Driver)	5
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	MALLIKA
Gender	Female

PASSENGER 2

Name	NEELAM
Gender	Female

PASSENGER 3

Name	ARUN
Gender	Male

PASSENGER 4

Name	SENKUTHUVAN
Gender	Male

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 27/06/2023 AROUND 2315HRS I VEHICLE A BEARING REGISTRATION NUMBER (SLM2959K) WAS DRIVING ALONG MANDAI ROAD AND I WAS TURNING RIGHT TOWARDS BUKIT TIMAH EXPY I ACCIDENTALLY BEAT A RED LIGHT AND COLLIDED ONTO ONCOMING VEHICLE B (SLV978X) I HAVE 4 PASSENGER AND 1 ONE THEM IS CONVEYED AND THE VEHICLE B DRIVER ALSO HAS BEEN CONVEYED HAS WELL.

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 SLV978X
Vehicle Manufacturer -
Vehicle Model -
Vehicle Variant -
Vehicle Colour -
Vehicle Category Private car
Name of Driver MARZUKI
NRIC No -1
Contact Number (Phone) +65-96167471
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 UNKNOWN
Gender -
Phone No -
Address -
Address Complement -
Post Code -
Approximate Age Years Old -
Injuries Sustained UNKNOWN INJURY
Injured person in which vehicle? SLM2959K
Were seat belts worn? Yes
Was this injured conveyed to hospital by ambulance? Yes

INJURED 2

Name of injured person MARZUKI
Gender Male
Phone No (Phone) +65-96167471
Address -
Address Complement -
Post Code -
Approximate Age Years Old -
Injuries Sustained UNKNOWN
Injured person in which vehicle? SLV978X
Were seat belts worn? Yes
Was this injured conveyed to hospital by ambulance? Yes

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.



Akila



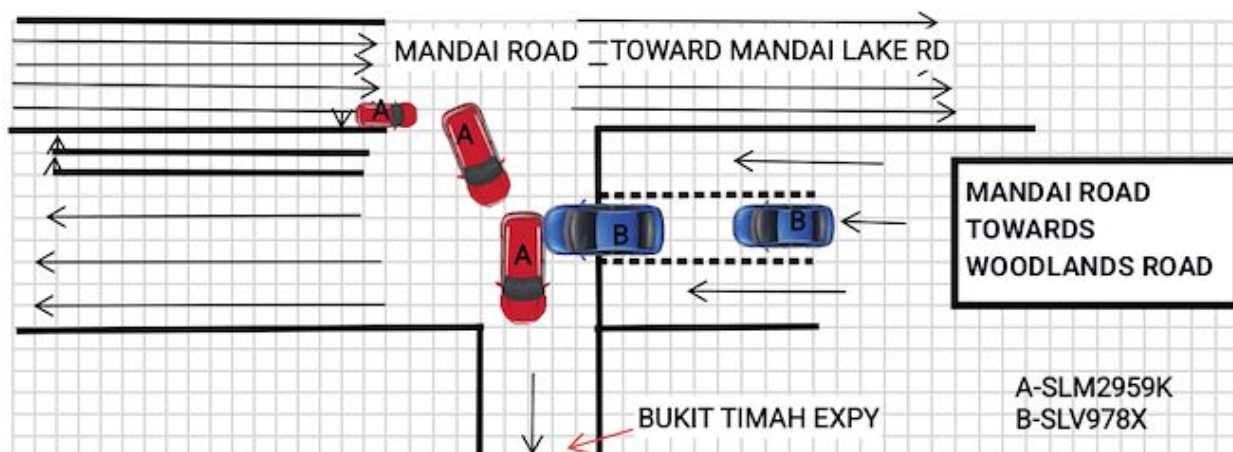
Policyholder's Signature / Date & Time

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

Witnessed by Reporting Centre Personnel

Sketch Plan

28062023--0100



Describe Circumstances of the Accident

ON 27/06/2023 AROUND 2315HRS I VEHICLE A BEARING REGISTRATION NUMBER (SLM2959K) WAS DRIVING ALONG MANDAI ROAD AND I WAS TURNING RIGHT TOWARDS BUKIT TIMAH EXPY ACCIDENTALLY BEAT A RED LIGHT AND COLLIDED ONTO ONCOMING VEHICLE B (SLV978X) I HAVE 4 PASSENGER AND 1 ONE THEM IS CONVEYED AND THE VEHICLE B DRIVER ALSO HAS BEEN CONVEYED HAS WELL.

Declaration

We declare the foregoing particulars are true in every respect.



Policyholder's Signature / Date & Time

AKIh

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

28062023-0100

FLASH ACCIDENT
REPORTING OFFICER
FRO VICKY



Witnessed by Reporting Centre Personnel













