



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 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. 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 Reported by	05/05/2023 12:26 (SGT)
Date of Accident	Actual Driver 05/05/2023 07:50 (SGT)
Exact Location of Accident	Bedok North Ave 3, Singapore
Additional Location Information	BEDOK NORTH STREET 1
Country/State of Loss	Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SLM2941K
INSURED/POLICYHOLDER	
Is company?	Yes
Name Of Registered Owner	LION CITY RENTALS PTE LTD

VEHICLE PARTICULARS	
Manufacturer	Toyota
Model	Prilus
Variant	-
Vehicle Category	Private hire
Transmission	Auto
CC	1798

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

DRIVER	
Name of Driver	DAMIAN TAN KAR SHENG (CHEN JIASHENG)
NRIC No	S9311504Z
Address	707 WOODLANDS DRIVE 40 #09-64
Address complement	-
Postcode	730707
Does Driver Own Other Vehicles?	No

GENERAL INFORMATION OF THE ACCIDENT

Type of Accident	Collided into Motorcyclist
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Weather Conditions Clear

OTHER INFORMATION

Was any foreign vehicle involved in the accident? No
Was anybody injured in the Accident? No
Was any other vehicle or property damaged? Yes
Number of Passengers (Including Driver) 2
Translator's name -
Translator's ID -
Translator's phone number -
Translator's email -
Original language used in the statement -

CIRCUMSTANCES OF ACCIDENT

ON 05/05/23 AT ABOUT 0750HRS, I WAS DRIVING VEHICLE A (SLM2941K) ALONG BEDOK NORTH AVENUE 3 TOWARDS PIE, I HAD STOPPED AT THE JUNCTION OF BEDOK NORTH STREET 1 ON THE LEFT LANE DUE TO TRAFFIC LIGHT HAD TURNED RED. AS SOON AS THE TRAFFIC LIGHT TURNED GREEN, I SLOWLY MOVED GOING STRAIGHT THEN SUDDENLY, VEHICLE B (FBM5081R) FROM THE RIGHT CUT INFRONT OF ME TO MAKE A LEFT AND STOPPED. I COLLIDED INTO THE REAR OF SAID VEHICLE B. NO INJURIES.

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 FBM5081R
Vehicle Manufacturer Yamaha
Vehicle Model -
Vehicle Variant -
Vehicle Colour -
Vehicle Category Motorcycle
Name of Driver GWEE CHUN GUAN
Insurance Company Name -

SKETCH PLAN

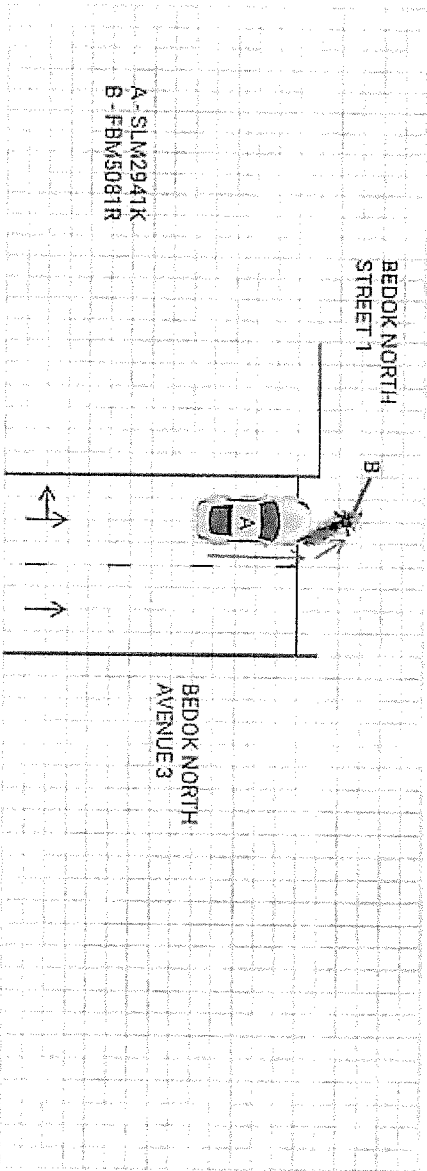
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- 7. By the lodgment of this report to the insurers, you hereby consent to the archiving of this report at the center and to copies of the report being made available aforesaid.
- 8. Consent under the Personal Data Protection Act (PDPA) Understand, 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 envelope/email 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 based 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	Witnessed by Reporting Centre Personnel
	050523 1020	

Sketch Plan



Describe Circumstances of the Accident

ON 05/05/23 AT ABOUT 0750HRS, I WAS DRIVING VEHICLE A (SLM2941K) ALONG BEDOK NORTH AVENUE 3 TOWARDS PIE. I HAD STOPPED AT THE JUNCTION OF BEDOK NORTH STREET 1 ON THE LEFT LANE DUE TO TRAFFIC LIGHT HAD TURNED RED. AS SOON AS THE TRAFFIC LIGHT TURNED GREEN, I SLOWLY MOVED GOING STRAIGHT THEN SUDDENLY VEHICLE B (FBM5081R) FROM THE RIGHT CUT IN FRONT OF ME TO MAKE A LEFT AND STOPPED, I COLLIDED INTO THE REAR OF SAID VEHICLE B. NO INJURIES.

Declaration

We declare the foregoing particulars are true in every respect.



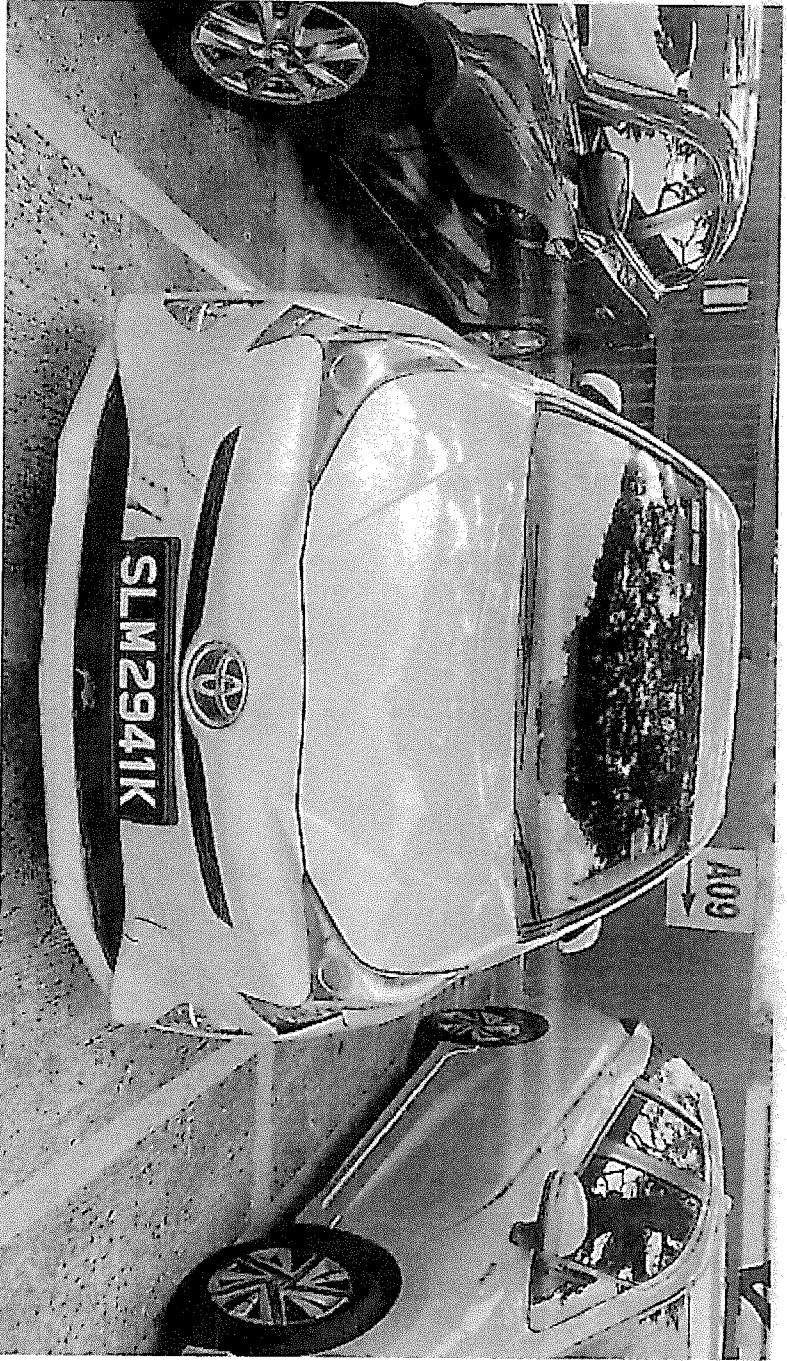
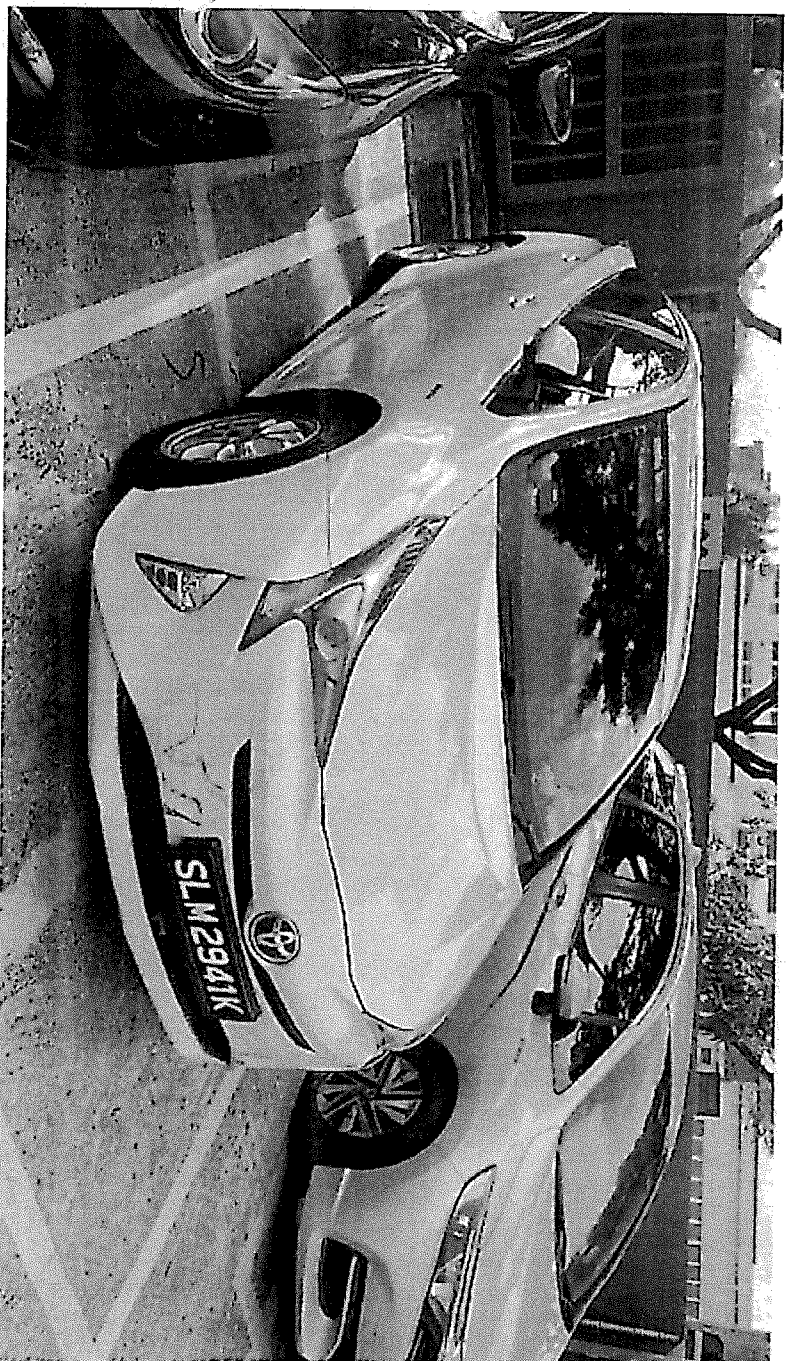
Policyholder's Signature / Date & Time

[Signature]

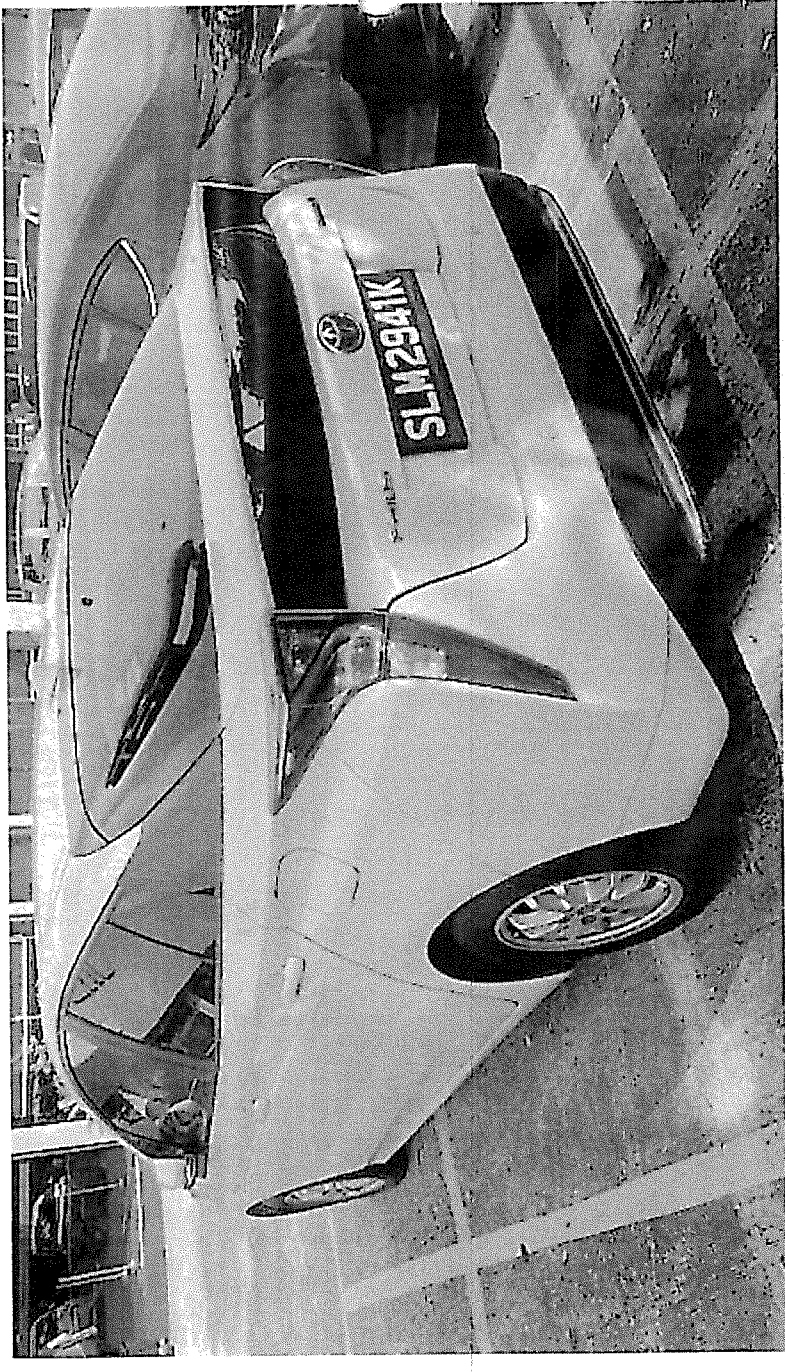
Driver's Signature (If driver is not the policyholder) / Date & Time
050523 1020

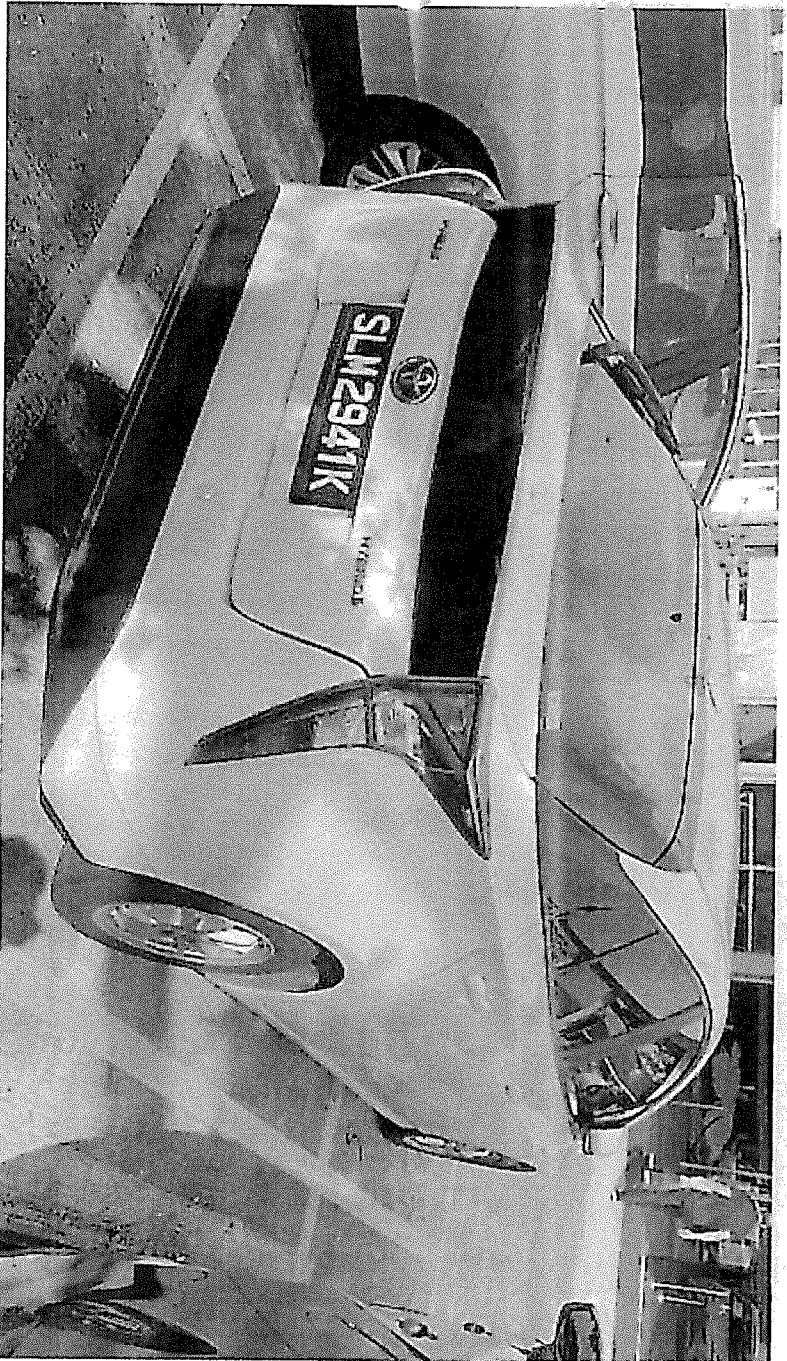
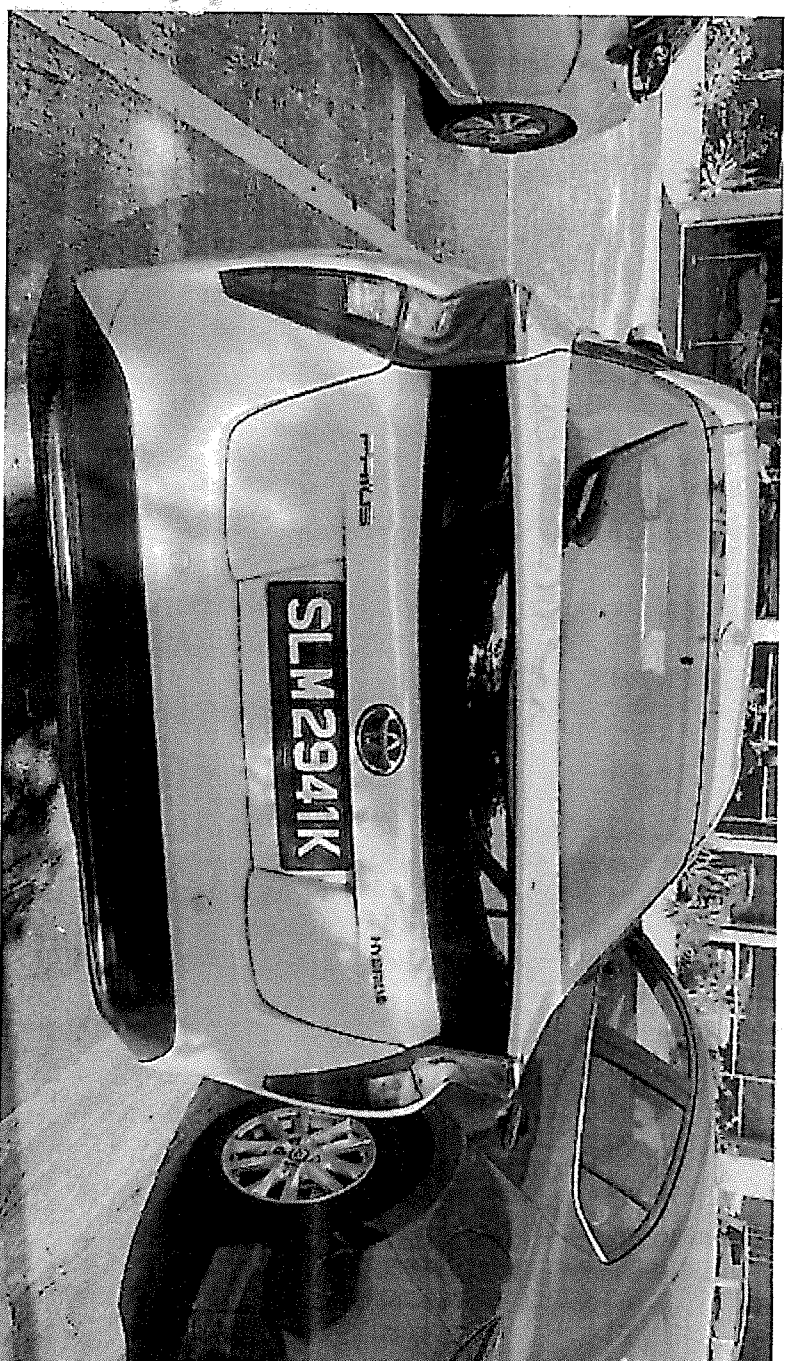


Witnessed by Reporting Centre Personnel

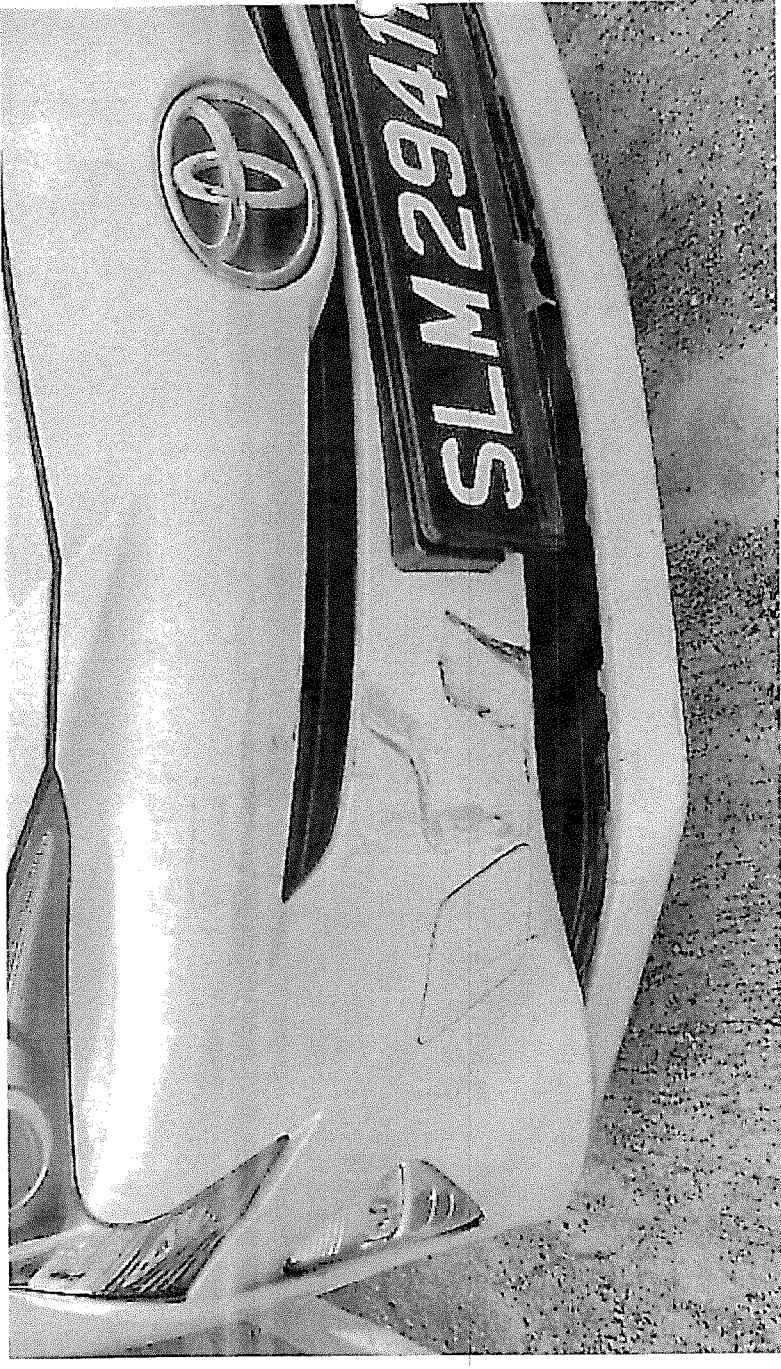


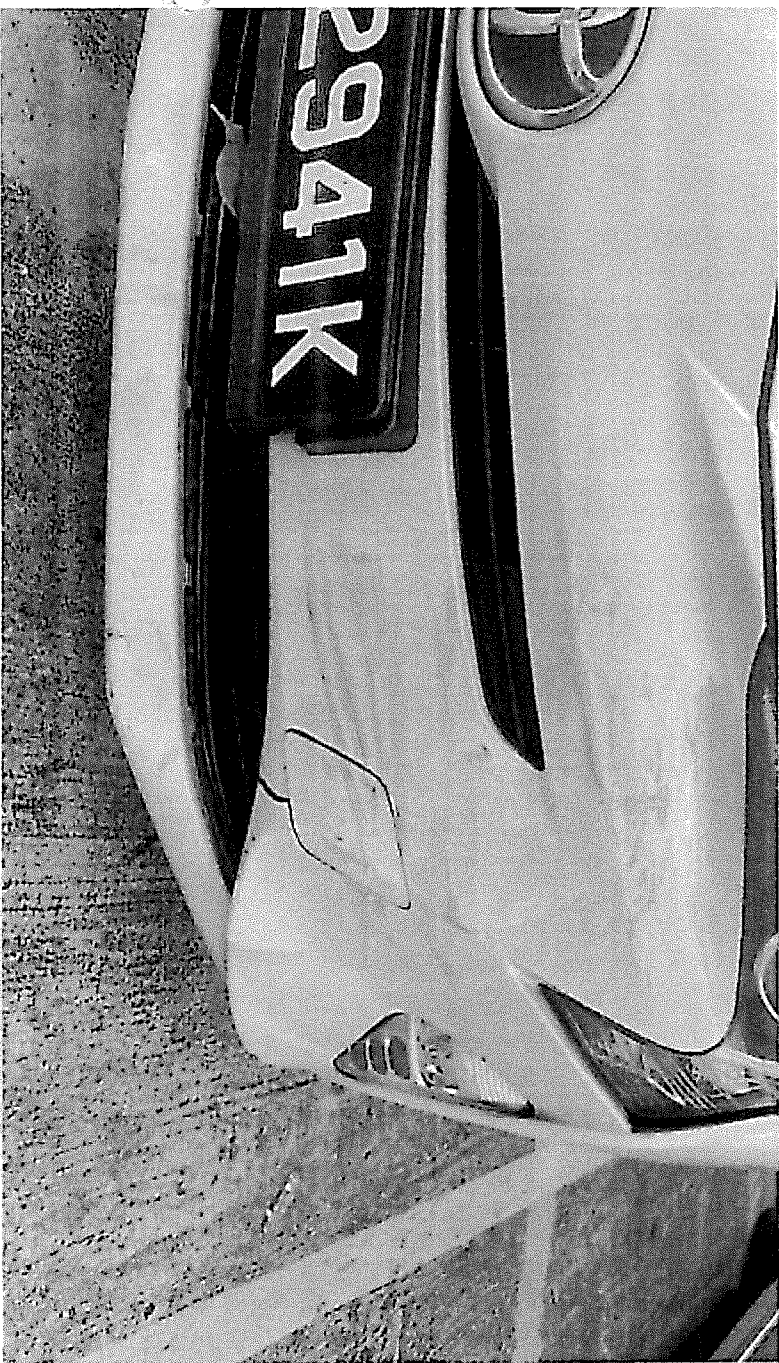
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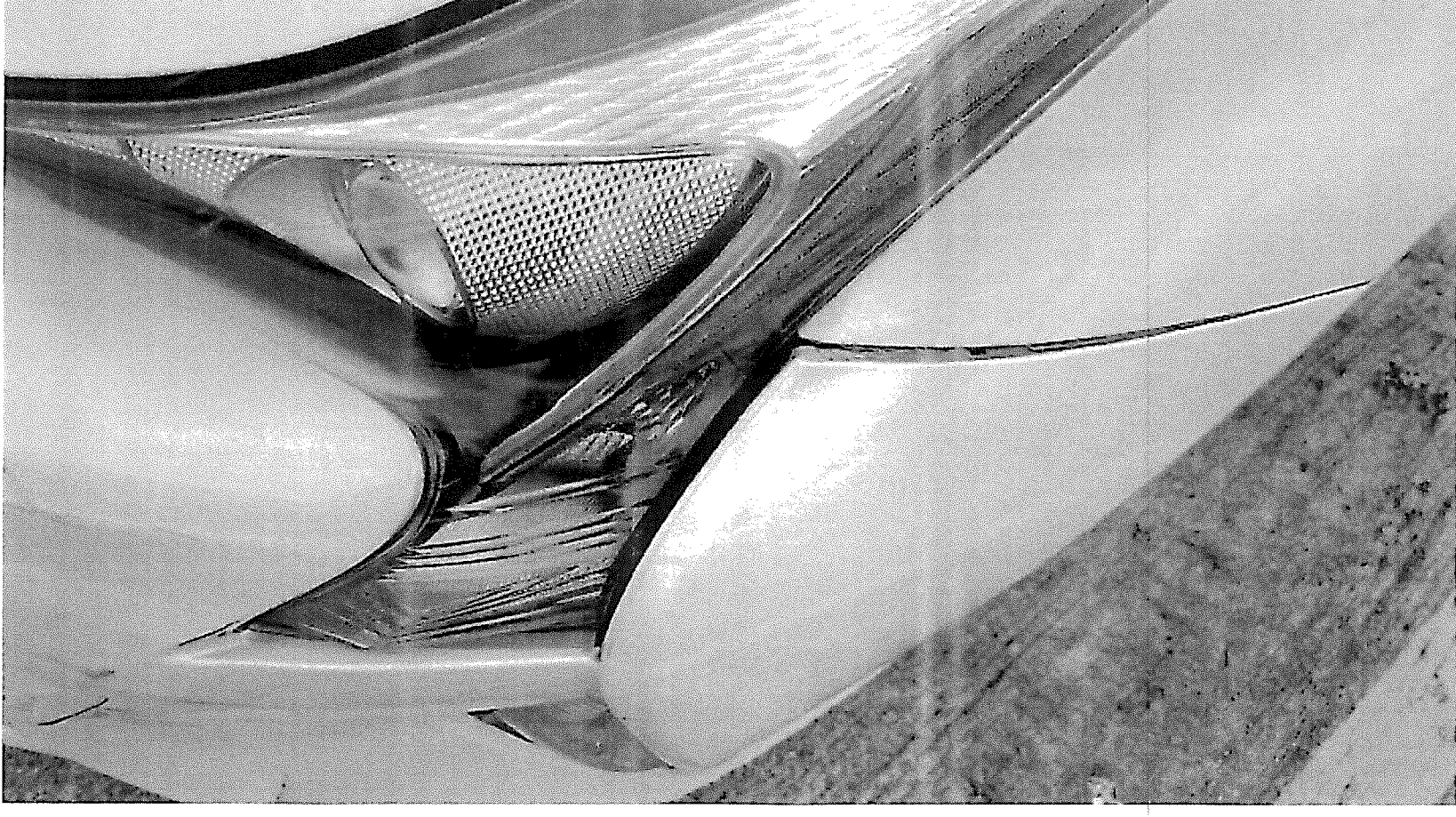


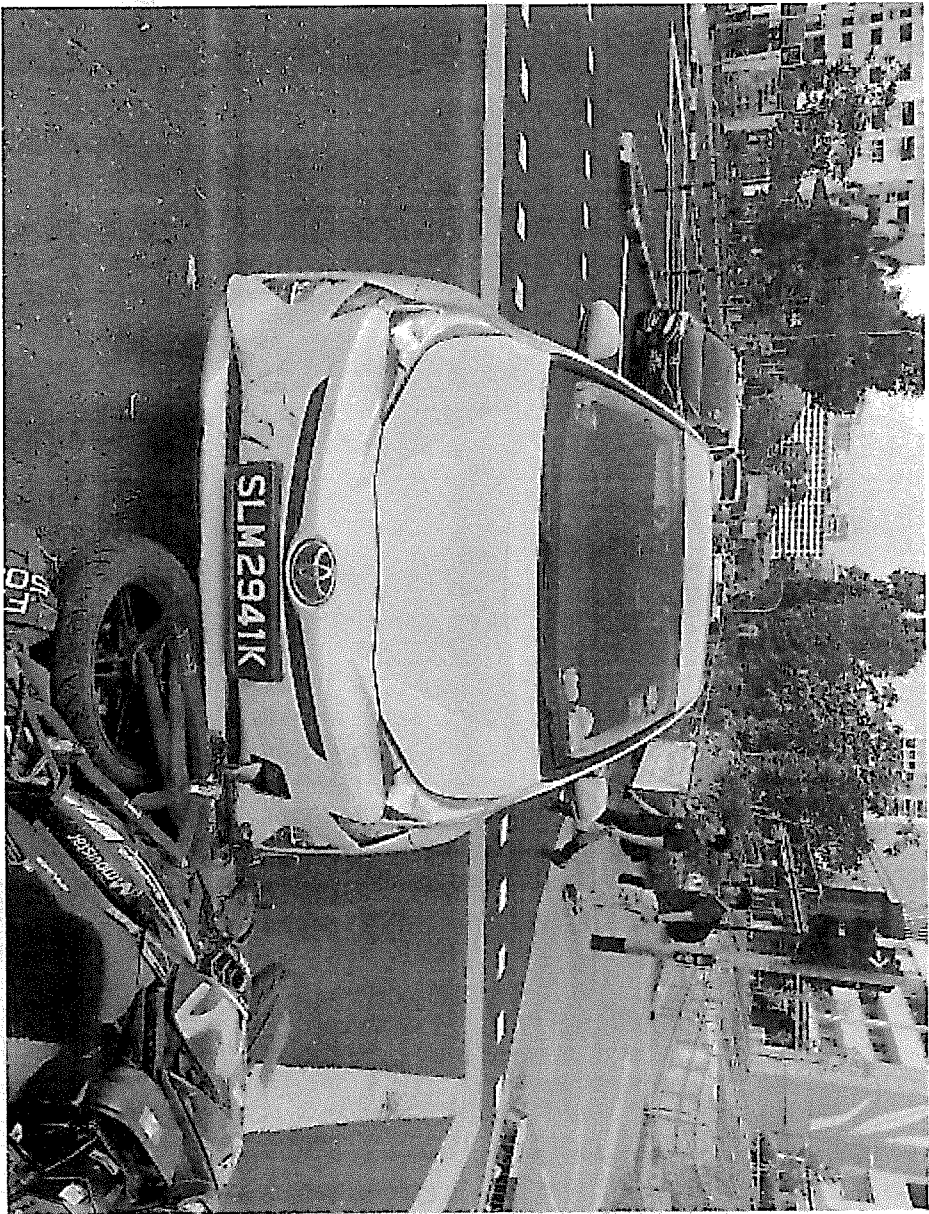


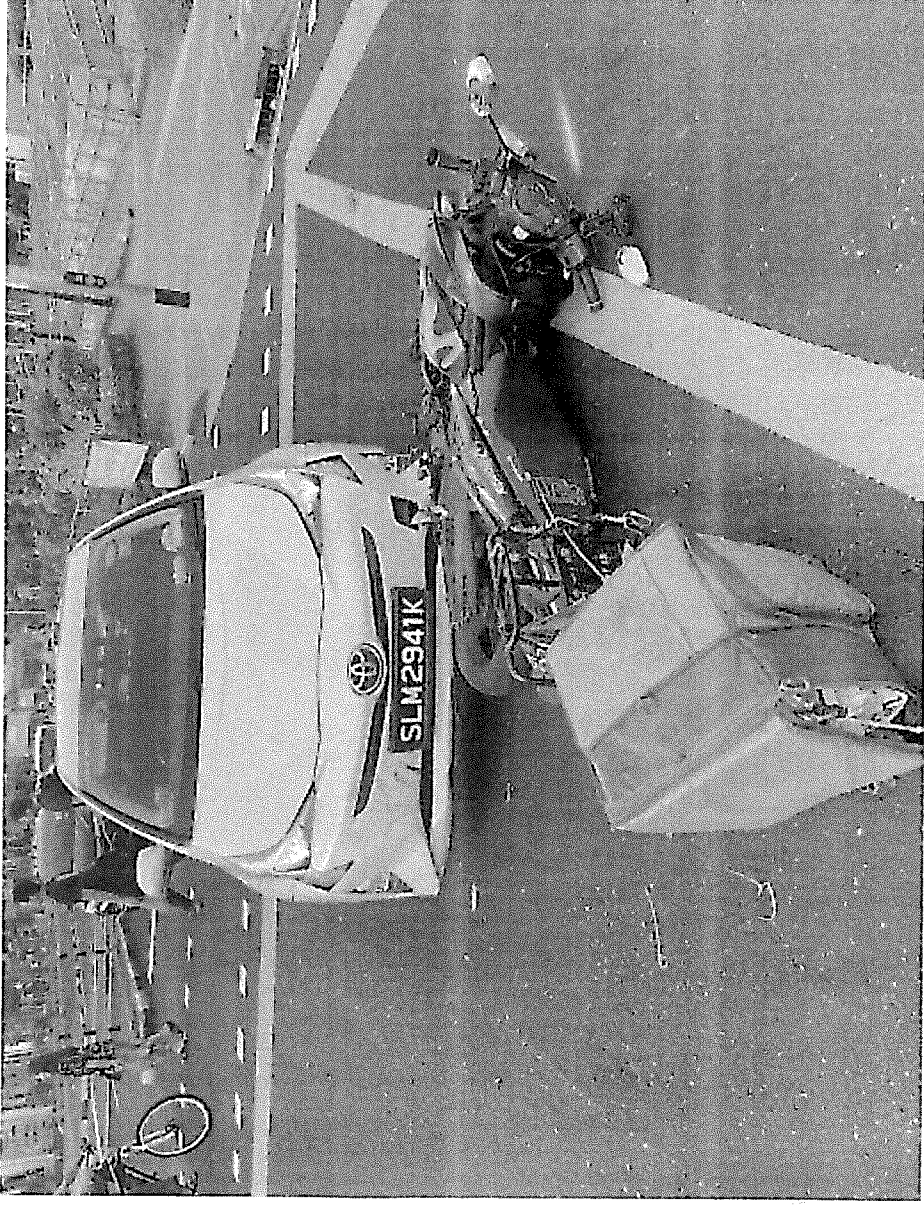
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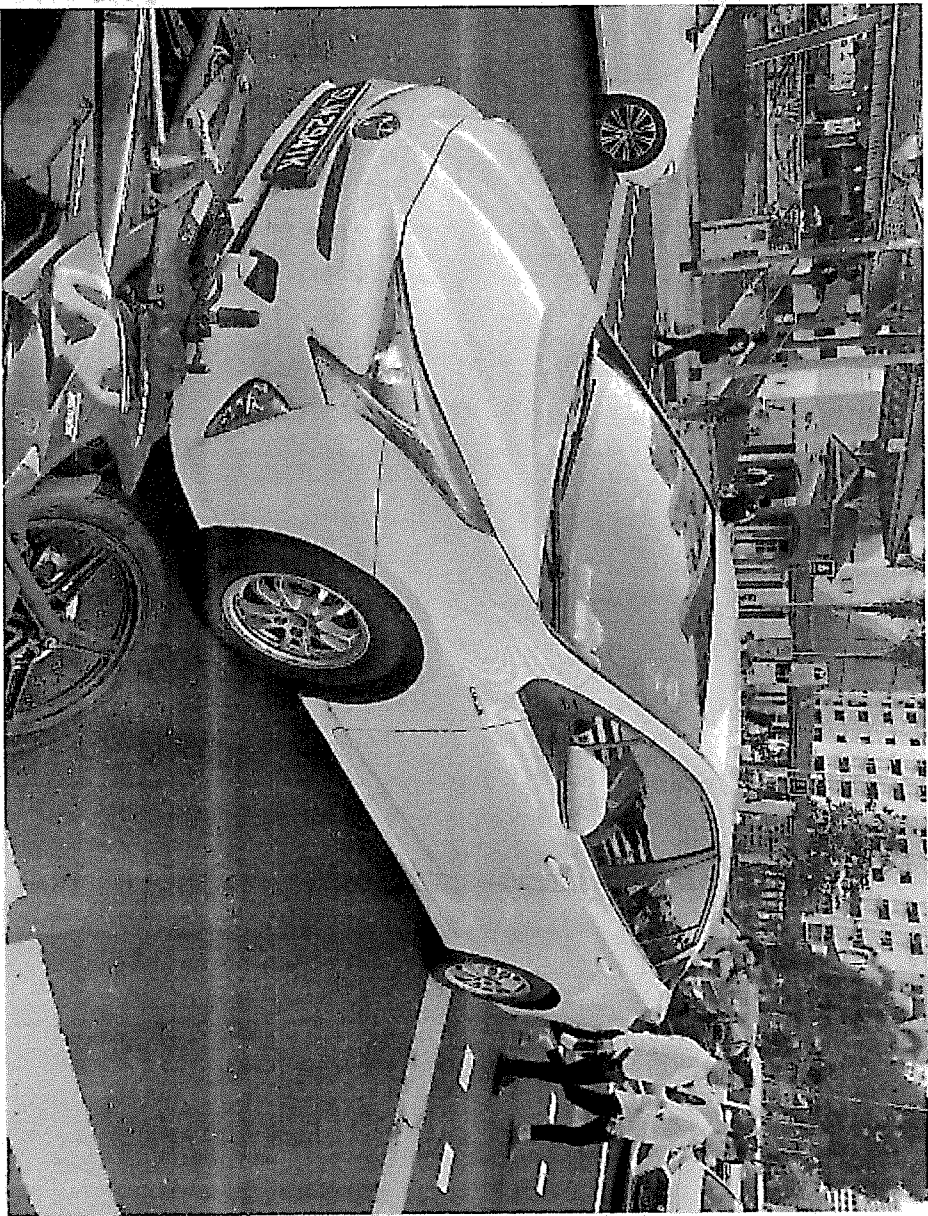












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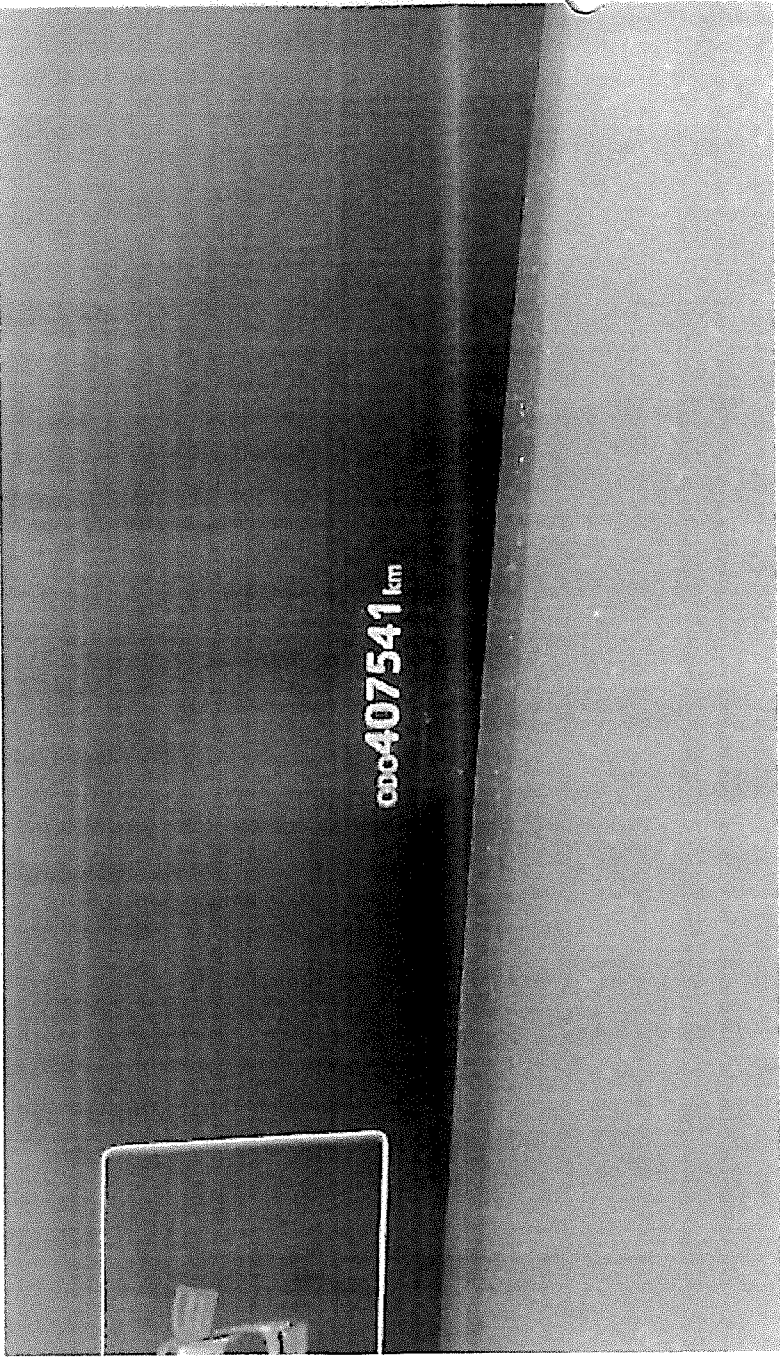
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