

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 First Submission	14/10/2024 21:11 (SGT)
Reported by	Actual Driver
Date of Accident	12/10/2024 19:30 (SGT)
Exact Location of Accident	Bukit Merah, Singapore
Additional Location Information	-
Country/State of Loss	Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SNL5025S
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INSURED/POLICYHOLDER

Is company?	Yes
Name Of Registered Owner	GET GO SG SPV A PTE LTD
Company Reg No	2XXXXX916D
Email Address	fleet@getgo.sg
Mobile Phone No	(Phone) +65-69113830
Alternative Phone No	(Office) +65-69113830

VEHICLE PARTICULARS

Manufacturer	Hyundai
Model	OS KONA EV
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	0
Vehicle Fuel	Electric
First Registration Date	-
Chassis no	KMHK281HUPU184612
Effective Date/Time of Ownership	-

INSURANCE COMPANY

Name of Insurance Company	Tokio Marine Insurance Singapore Ltd
Policy Number / Cover Note Number	24-MAB00276-R00

DRIVER

Name of Driver	KALIDASAN S/O PANEERSELVAM
NRIC No	SXXXX783I
Date Of Birth	16/09/2024
Occupation	Outdoor
Driving Pass Date	16/09/2024
Driving License Pass Class	3
Driving License Validity	Valid
Driving experience	1 MONTH
Gender	Male
Mobile Number	
Alt. Phone Number	
Email Address	fleet@getgo.sg
Address	
Address complement	-
Postcode	100057
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 - Change/cross lane
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)	3
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	Male

PASSENGER 2

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 THE 12102024 AROUND 1915HRS I WAS DRIVING VEHICLE (A) BEARING REGISTRATION NUMBER (SNL5025S) ALONG BUKIT MERAH HEADING TOWARDS HENDERSON RD. I HAPPENED TO ARRIVED AT TRAFFIC JUNCTION THEN THE LIGHT TURNS GREEN I WAS STAYING ON MY LANE WHICH IS THE SECOND RIGHT LANE THEN I PROCEED TO TURN RIGHT AS USUAL THEN I SAW VEHICLE (B) BEARING REGISTRATION NUMBER (SMB1476P) WAS ON MY LEFT SIDE SO I SLOWED DOWN TO AND GIVE HIM THE SPACE BECAUSE THE LANE WAS TOO SMALL FOR A BUS TO TURN SO I GAVE HIM THE SPACE BUT UNFORTUNATELY VEHICLE (B) STILL COULDN'T MAKE IT AND COLLIDED ONTO MY FRONTAL LEFT PORTION OF VEHICLE (A). THERE WERE NO INJURIES WERE PRESENTED DURING THIS INCIDENT HAPPENED.

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	SMB1476P
Vehicle Manufacturer	Man
Vehicle Model	NL 320F (A22) 11L AUTO ABS TURBO
Vehicle Variant	-
Vehicle Colour	-
Vehicle Category	Bus
Name of Driver	-
Contact Number	-
Address	-
Address complement	-
Postcode	-
Insurance Company Name	-
Nature Of Damage	RIGHT HAND SIDE
Details of property damaged in accident	-
No. Of Passenger (Including Driver)	-

SKETCH PLAN**IMPORTANT NOTICE**

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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)**

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.



[Signature]

Policyholder's Signature / Date & Time

Sketch Plan

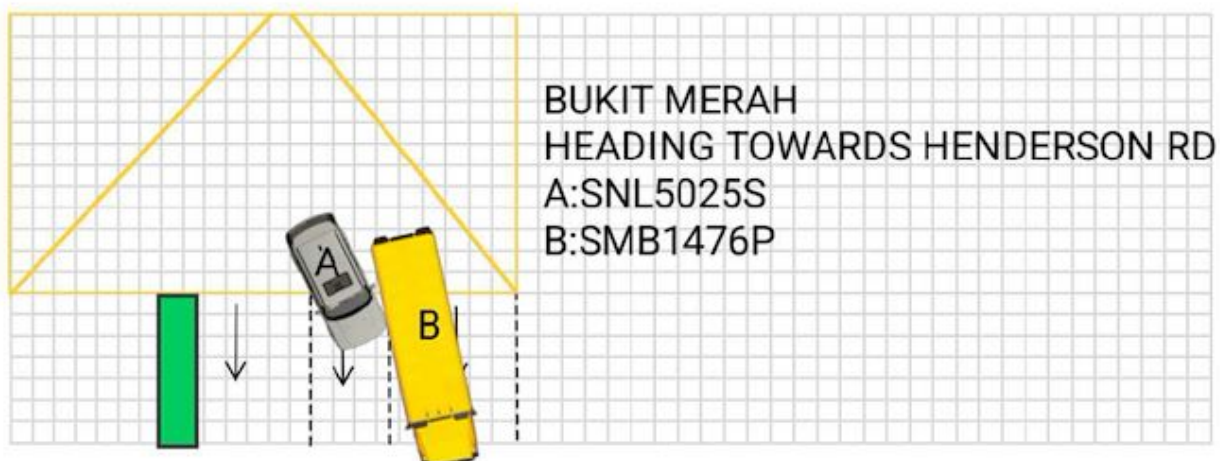
[Signature]

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

12102024--2300HRS



Witnessed by Reporting Centre Personnel



Describe Circumstances of the Accident

ON THE 12102024 AROUND 1915HRS I WAS DRIVING VEHICLE (A) BEARING REGISTRATION NUMBER (SNL5025S) ALONG BUKIT MERAH HEADING TOWARDS HENDERSON RD. I HAPPENED TO ARRIVED AT TRAFFIC JUNCTION THEN THE LIGHT TURNS GREEN I WAS STAYING ON MY LANE WHICH IS THE SECOND RIGHT LANE THEN I PROCEED TO TURN RIGHT AS USUAL THEN I SAW VEHICLE (B) BEARING REGISTRATION NUMBER (SMB1476P) WAS ON MY LEFT SIDE SO I SLOWED DOWN TO AND GIVE HIM THE SPACE BECAUSE THE LANE WAS TOO SMALL FOR A BUS TO TURN SO I GAVE HIM THE SPACE BUT UNFORTUNATELY VEHICLE (B) STILL COULDN'T MAKE IT AND COLLIDED ONTO MY FRONTAL LEFT PORTION OF VEHICLE (A). THERE WERE NO INJURIES WERE PRESENTED DURING THIS INCIDENT HAPPENED.

Declaration

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



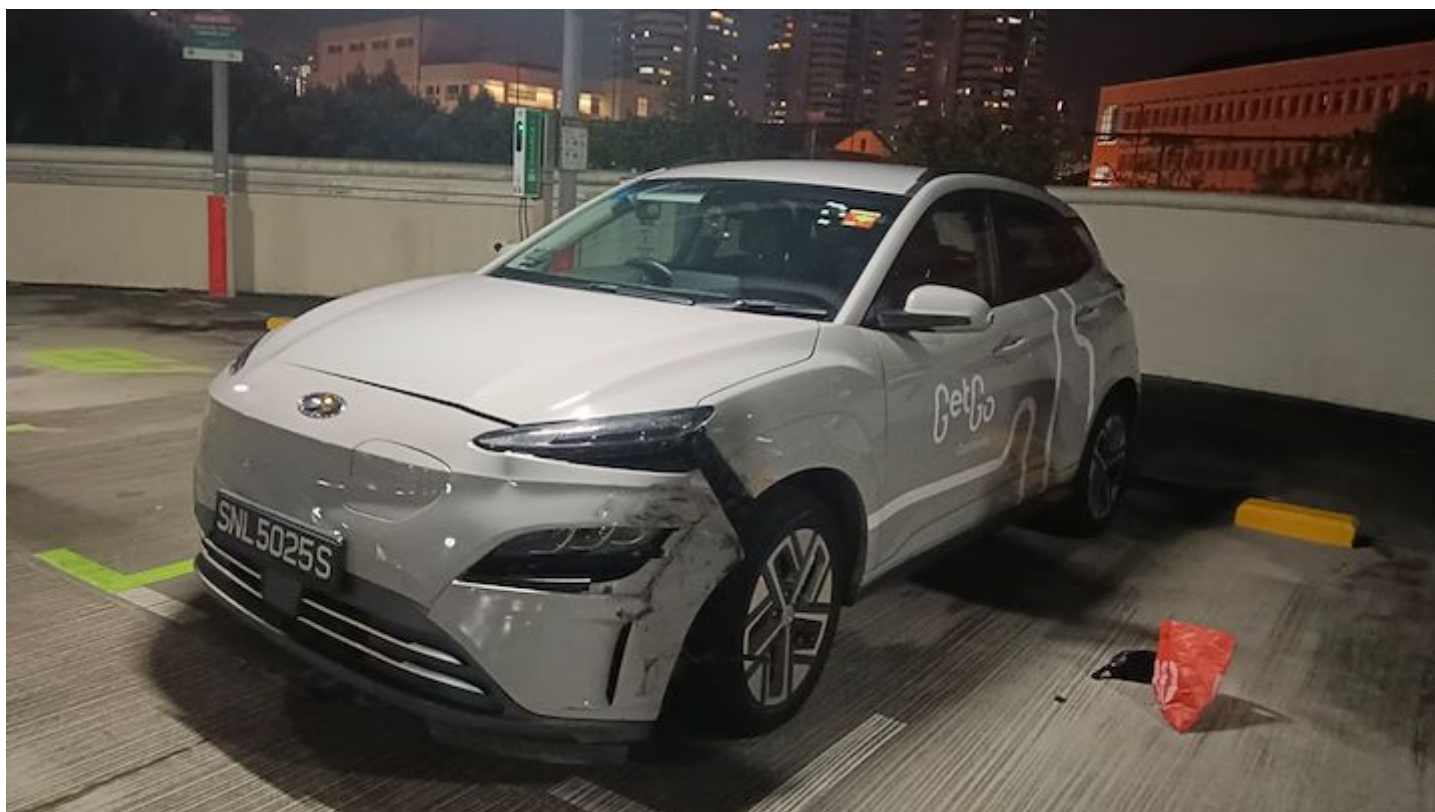
Policyholder's Signature / Date & Time

Driver's Signature (If driver is not the policyholder) / Date & Time 12102024-2300HRS



Witnessed by Reporting Centre Personnel



























IMPORTANT NOTE: Please submit the completed Addendum form to the same Accident Reporting Centre with whom you submitted the Original Report.

ADDENDUM

(A) PARTICULARS OF PERSON MAKING THE AMENDMENTS:

Original Report No: SJ0G24AE0015 Vehicle Registration No: SNL5025S
 Name (as shown in NRIC): GETGO SG SPV A PTE LTD NRIC/FIN/Passport No: 2XXXXX916D
 (*Vehicle Driver/Vehicle Owner) (*) Please delete as appropriate
 Address: _____ Singapore ()
 Contact (Tel): 69113830 Mobile No.: _____
 Email Address: fleet@getgo.sg
 Date of Accident: 12/10/2024 Time of Accident: 19:30
 Place of Accident: Bukit Merah, Singapore
 Insurance Company: Tokio Marine Insurance Singapore Ltd

(B) ADDITIONAL INFORMATION / AMENDMENTS:

I have made a report on the above-mentioned accident and would like to include additional information or make the following amendments:

UPDATE CLAIM STATUS



Policyholder / Driver's Signature
Date:



Reporting Centre Personnel's Signature
Name:
NRIC/FIN No.:
Date: 15.10.2024