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 witholding 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	13/09/2024 11:09 (SGT)
Reported by	Actual Driver
Date of Accident	12/09/2024 09:30 (SGT)
Exact Location of Accident	Lower Kent Ridge Rd, Singapore
Additional Location Information	(ROUNDABOUT)
Country/State of Loss	Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SLF8567E

INSURED/POLICYHOLDER

Is company?	Yes
Name Of Registered Owner	FRESH CARS PTE. LTD
Company Reg No	201608540Z
Email Address	REPORTING@MYCAR.SG
Mobile Phone No	(Phone) +65-91084046
Alternative Phone No	(Office) +65-98888885

VEHICLE PARTICULARS

Manufacturer	Toyota
Model	Prius
Variant	HYBRID 1.8 CVT
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 - Claiming third party
Vehicle Category	Private hire
Transmission	Auto
CC	1798
Vehicle Fuel	Petrol-Electric
First Regisration Date	-
Chassis no	JTDKB3FU003533057
Effective Date/Time of Ownership	-

INSURANCE COMPANY

Name of Insurance Company	India International Insurance Pte Ltd
Policy Number / Cover Note Number	D22MFL0002324_02

DRIVER

Name of Driver	QUAY WEI JIAN, MICHAEL
NRIC No	S8530950A
Date Of Birth	29/09/1985
Occupation	Outdoor
Driving Pass Date	11/07/2014
Driving License Pass Class	3
Driving License Validity	Valid
Driving experience	10 YEARS AND 2 MONTHS
Gender	Male
Mobile Number	(Phone) +65-91084046
Alt. Phone Number	-
Email Address	REPORTING@MYCAR.SG
Address	372 JURONG EAST ST 32 #09-402
Address complement	-
Postcode	600372
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 - Roundabout
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)	2
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

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 12/09/2024 AT AROUND 0930 HRS, I WAS DRIVING VEHICLE A BEARING REGISTRATION SLF8567E ALONG LOWER KENT RIDGE RD. I WAS EN-ROUTE FROM BISHAN HEADED TOWARDS KENT RIDGE DRIVE FOR WORK PURPOSES. SUDDENLY WHILE I WAS ON THE ROUNDABOUT, THERE WAS AN IMPACT ON MY RIGHT REAR PORTION. VEHICLE B BEARING REGISTRATION SBP2280L COLLIDED FRONTAL LEFT TO REAR RIGHT OF VEHICLE A. DAMAGES WERE FOUND ON THE REAR RIGHT OF VEHICLE A. NO INJURIES WERE SUSTAINED AT THE TIME OF ACCIDENT.

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	SBP2280L
Vehicle Manufacturer	Nissan
Vehicle Model	X-TRAIL 2.0 CVT
Vehicle Variant	-
Vehicle Colour	Gray
Vehicle Category	Private car
Name of Driver	AMY
Contact Number	(Phone) +65-91226480
Address	-
Address complement	-
Postcode	-
Insurance Company Name	-
Nature Of Damage	FRONTAL LEFT DAMAGE
Details of property damaged in accident	-
No. Of Passenger (Including Driver)	-

SKETCH PLAN

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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 involve 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.

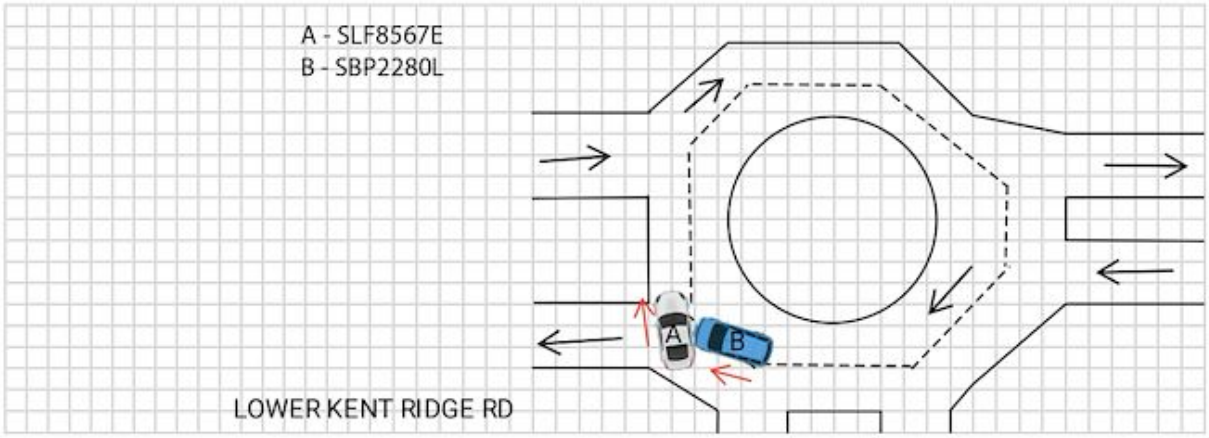
(Collectively the "**Purposes**")

(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.

FRESH CARS PTE LTD UEN: 201608540Z		
Policyholder's Signature / Date & Time	Driver's Signature (If driver is not the policyholder) / Date & Time	Witnessed by Reporting Centre Personnel

Sketch Plan



Describe Circumstances of the Accident

ON THE 12/09/2024 AT AROUND 0930 HRS, I WAS DRIVING VEHICLE A BEARING REGISTRATION SLF8567E ALONG LOWER KENT RIDGE RD. I WAS EN-ROUTE FROM BISHAN HEADED TOWARDS KENT RIDGE DRIVE FOR WORK PURPOSES. SUDDENLY WHILE I WAS ON THE ROUNDABOUT, THERE WAS AN IMPACT ON MY RIGHT REAR PORTION. VEHICLE B BEARING REGISTRATION SBP2280L COLLIDED FRONTAL LEFT TO REAR RIGHT OF VEHICLE A. DAMAGES WERE FOUND ON THE REAR RIGHT OF VEHICLE A. NO INJURIES WERE SUSTAINED AT THE TIME OF ACCIDENT.

Declaration

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

FRESH CARS PTE LTD
UEN: 201608540Z

Policyholder's Signature / Date & Time

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

Witnessed by Reporting Centre Personnel

IMAGES

IMAGES #2

IMAGES #3

IMAGES #4

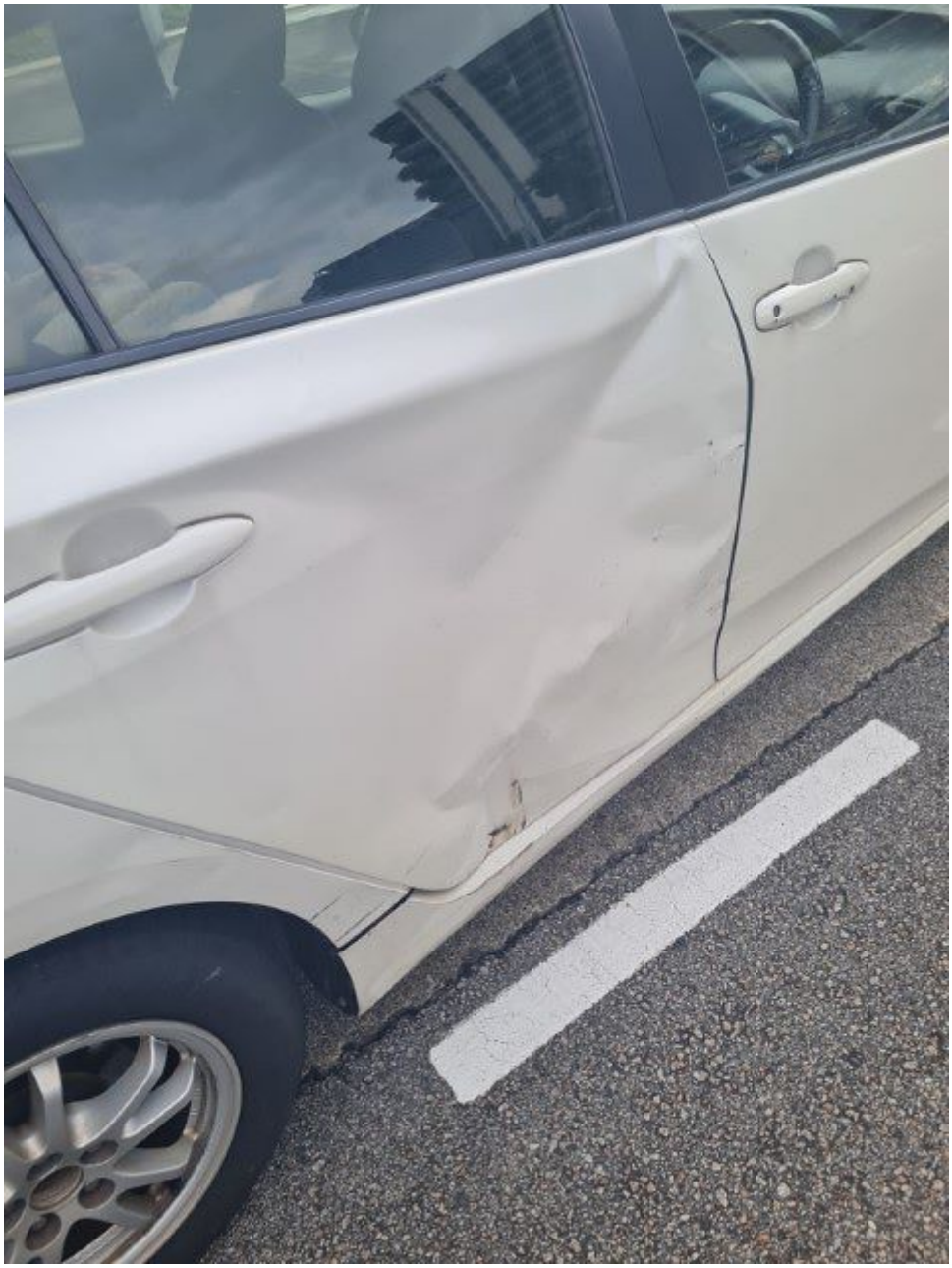
IMAGES #5

IMAGES #6

IMAGES #7

IMAGES #8

IMAGES #9



IMAGES #10

IMAGES #11

PRIVATE HIRE

GENERAL INSURANCE ASSOCIATION
RECORDS MANAGEMENT CENTRE

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: SJ0G249D000A **Vehicle Registration No:** SLF8567E

Name (as shown in NRIC): FRESH CARS PTE. LTD **NRIC/FIN/Passport No:** 201608540Z

(*Vehicle Driver/Vehicle Owner) (*) Please delete as appropriate

Address: _____ **Singapore ( )**

Contact (Tel): _____ **Mobile No.:** _____

Email Address: _____

Date of Accident: 12/09/2024 **Time of Accident:** 09:30

Place of Accident: Lower Kent Ridge Rd,

Insurance Company: India International Insurance Pte 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 CORRECT VEHICLE NUMBER

FRESH CARS PTE LTD
UEN: 201608540Z

Policyholder / Driver's Signature
Date: 14.09.2024

FLASH Accident Reporting

Reporting Centre Personnel's Signature
Name:
NRIC/FIN No.:
Date: 14.09.2024

GIARMC Addendum Form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