

## 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 .....	10/12/2024 17:22 (SGT)
Reported by .....	Actual Driver
Date of Accident .....	10/12/2024 09:50 (SGT)
Exact Location of Accident .....	Marsiling Rd, Singapore
Additional Location Information .....	TOWARDS WOODLANDS CENTRE ROAD AFTER MARSILING RISE JUNCTION
Country/State of Loss .....	Singapore

### DETAILS OF OWN VEHICLE

Vehicle Registration Number .....	SNG3722C
-----------------------------------	----------

#### INSURED/POLICYHOLDER

Is company? .....	Yes
Name Of Registered Owner .....	FOCUS RENTALS PTE LTD
Company Reg No .....	2XXXXX450G
Email Address .....	accident@lumens.sg
Mobile Phone No .....	(Phone) +65-98875600
Alternative Phone No .....	(Office) +65-98875600

#### VEHICLE PARTICULARS

Manufacturer .....	Hyundai
Model .....	Ae ioniq
Variant .....	HEV 1.6 DCT
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 .....	1580
Vehicle Fuel .....	Petrol-Electric
First Registration Date .....	-
Chassis no .....	KMHC851CVNU293477
Effective Date/Time of Ownership .....	-

#### INSURANCE COMPANY

Name of Insurance Company .....	India International Insurance Pte Ltd
Policy Number / Cover Note Number .....	D20MFL0007747_03

#### DRIVER

Name of Driver .....	JASON KWEH BOON TECK
NRIC No .....	SXXXX122D
Date Of Birth .....	14/12/1972
Occupation .....	Outdoor
Driving Pass Date .....	20/04/2009
Driving License Pass Class .....	3
Driving License Validity .....	Valid
Driving experience .....	15 YEARS AND 8 MONTHS
Gender .....	Male
Mobile Number .....	(Phone) +65-96844363
Alt. Phone Number .....	-
Email Address .....	accident@lumens.sg
Address .....	6 MARSILING DRIVE #06-80
Address complement .....	-
Postcode .....	730006
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? .....	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 .....	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 10/12/2024 AT ABOUT 0950HRS, I WAS DRIVING VEHICLE A (SNG3722C) ON THE RIGHT OF A 2-LANES ROAD BEHIND AND UNKNOWN VEHICLE. WHILE DRIVING PAST VEHICLE C (UNKNOWN BUS) WHICH WAS STATIONARY ALONG THE BUS BAY ON THE LEFT LANE, THE UNKNOWN VEHICLE AHEAD OF ME SUDDENLY BRAKE AND STOPPED DUE TO PEDESTRIAN CROSSING ACROSS THE ROAD FROM THE LEFT. I THEN APPLIED THE BRAKE AND CAME TO A STOP BUT SUDDENLY VEHICLE B (AX2526Z) COLLIDED ONTO VEHICLE A REAR, FOLLOWED BY VEHICLE C RIGHT.

#### 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 ..... AX2526Z  
Vehicle Manufacturer ..... Vespa  
Vehicle Model ..... SPRI  
Vehicle Variant ..... -  
Vehicle Colour ..... -  
Vehicle Category ..... Motorcycle  
Name of Driver ..... OTHMAN  
Contact Number ..... (Phone) +65-90048992  
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) ..... -

**SKETCH PLAN****IMPORTANT NOTICE**

1. Please correctly report the details of the accident to speed up the claims process.
2. This Form must be completed by the Policyholder and/or the Authorized 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. 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 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.



Policyholder's Signature / Date & Time

Sketch Plan

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

10/12/2024 1245HRS



Witnessed by Reporting Centre Personnel



## Describe Circumstances of the Accident

ON 10/12/2024 AT ABOUT 0950HRS, I WAS DRIVING VEHICLE A (SNG3722C) ON THE RIGHT OF A 2-LANES ROAD BEHIND AND UNKNOWN VEHICLE. WHILE DRIVING PAST VEHICLE C (UNKNOWN BUS) WHICH WAS STATIONARY ALONG THE BUS BAY ON THE LEFT LANE, THE UNKNOWN VEHICLE AHEAD OF ME SUDDENLY BRAKE AND STOPPED DUE TO PEDESTRIAN CROSSING ACROSS THE ROAD FROM THE LEFT. I THEN APPLIED THE BRAKE AND CAME TO A STOP BUT SUDDENLY VEHICLE B (AX2526Z) COLLIDED ONTO VEHICLE A REAR, FOLLOWED BY VEHICLE C RIGHT.

## 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  
10/12/2024 1245HRS



Witnessed by Reporting Centre Personnel