SJ0G24CI0010 / JP Knights Pte Ltd
ENTRY DATE & TIME: 18/12/2024 15:44 (SGT)
SUBMITTED BY: Flash Reporting
VERSION: 1 (18/12/2024 15:44 (SGT))

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	18/12/2024 15:44 (SGT)
Reported by	Actual Driver
Date of Accident	17/12/2024 19:40 (SGT)
Exact Location of Accident	Serangoon North Ave 3, Singapore
Additional Location Information	-
Country/State of Loss	Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SLN7140S

INSURED/POLICYHOLDER

Is company?	Yes
Name Of Registered Owner	LYSON AUTOCAR
Company Reg No	53449876X
Email Address	REPORTING@mycar.sg
Mobile Phone No	(Phone) +65-98888885
Alternative Phone No	(Office) +65-98888885

VEHICLE PARTICULARS

Manufacturer	Mazda
Model	3
Variant	SEDAN 1.5 AT EU6
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 hire
Transmission	Auto
CC	1496
Vehicle Fuel	Petrol
First Regisration Date	-
Chassis no	JM6BN22A8H0151781
Effective Date/Time of Ownership	-

INSURANCE COMPANY

Name of Insurance Company	India International Insurance Pte Ltd
Policy Number / Cover Note Number	D22MFL0004948_02

DRIVER

Name of Driver	VIJAY KUMARAN S/ O KANAGAISABAI
NRIC No	S8124919I
Date Of Birth	27/07/1981
Occupation	Outdoor
Driving Pass Date	24/03/2004
Driving License Pass Class	3
Driving License Validity	Valid
Driving experience	20 YEARS AND 9 MONTHS
Gender	Male
Mobile Number	(Phone) +65-90150896
Alt. Phone Number	-
Email Address	REPORTING@mycar.sg
Address	BLK 121B RIVERVALE DRIVE #11-426
Address complement	-
Postcode	542121
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	Female

PASSENGER 2

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 17/12/24 AROUND 19:40HRS I WAS DRIVING VEHICLE A BEARING REGISTRATION NUMBER SLN7140S ALONG SERAGOON NORTH AVENUE 3 ENROUTE FROM 401 HOUGANG AVENUE 10 I PICK UP MY PASSENGERS TOWARDS 10C BENDEMEER ROAD I GOING TO DROP OFF MY PASSENGERS.AS I TRAVELING ON LANE 4 SUDDENLY VEHICLE B BEARING REGISTRATION NUMBER SJH9774E FILTER TO MY LANE AND HIT ONTO MY VEHICLE A FRONT LEFT HAND SIDE BUMPER.NOBODY WAS INJURED DURING THE 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	SJH9774E
Vehicle Manufacturer	Volvo
Vehicle Model	XC90 2.5T (A) ABS AIRBAG
Vehicle Variant	-
Vehicle Colour	Black
Vehicle Category	Private car
Name of Driver	HSIA CHIN XIAN
NRIC No	S9215290A
Contact Number	-
Address	56 ANCHORVALE STREET #06-17
Address complement	-
Postcode	544632
Insurance Company Name	-
Nature Of Damage	RIGHT HAND SIDE
Details of property damaged in accident	-
No. Of Passenger (Including Driver)	-

SKETCH PLAN

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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.

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Policyholder's Signature / Date & Time	Driver's Signature (If driver is not the policyholder) / Date & Time	Witnessed by Reporting Centre Personnel
Sketch Plan	18/12/24 13:55HRS	

Describe Circumstances of the Accident

ON THE 17/12/24 AROUND 19:40HRS I WAS DRIVING VEHICLE A BEARING REGISTRATION NUMBER SLN7140S ALONG SERAGOON NORTH AVENUE 3 ENROUTE FROM 401 HOUGANG AVENUE 10 I PICK UP MY PASSENGERS TOWARDS 10C BENDEMEER ROAD I GOING TO DROP OFF MY PASSENGERS.AS I TRAVELING ON LANE 4 SUDDENLY VEHICLE B BEARING REGISTRATION NUMBER SJH9774E FILTER TO MY LANE AND HIT ONTO MY VEHICLE A FRONT LEFT HAND SIDE BUMPER.NOBODY WAS INJURED DURING THE ACCIDENT.

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	Witnessed by Reporting Centre Personnel
	18/12/24 13:55HRS	

IMAGES

IMAGES #2

IMAGES #3

IMAGES #4

IMAGES #5

IMAGES #6

IMAGES #7

IMAGES #8

IMAGES #9

IMAGES #10

IMAGES #11

IMAGES #12

PRIVATE HIRE

OTHER DOCUMENTS