

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	24/12/2024 10:29 (SGT)
Reported by	Actual Driver
Date of Accident	23/12/2024 19:10 (SGT)
Exact Location of Accident	PIE, Singapore
Additional Location Information	-
Country/State of Loss	Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SNH3335G
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INSURED/POLICYHOLDER

Is company?	Yes
Name Of Registered Owner	FOCUS RENTALS PTE LTD
Company Reg No	201836450G
Email Address	accident@lumens.sg
Mobile Phone No	(Phone) +65-98875600
Alternative Phone No	(Office) +65-98875600

VEHICLE PARTICULARS

Manufacturer	Toyota
Model	Yaris
Variant	CROSS HYBRID ACTIVE (AT) (2WD)
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	1490
Vehicle Fuel	Petrol-Electric
First Registration Date	-
Chassis no	JTDKBAB3701001883
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	ENG KAI WEN KELVIN
NRIC No	S9135713E
Date Of Birth	30/09/1991
Occupation	Outdoor
Driving Pass Date	03/03/2011
Driving License Pass Class	3
Driving License Validity	Valid
Driving experience	13 YEARS AND 9 MONTHS
Gender	Male
Mobile Number	(Phone) +65-96787213
Alt. Phone Number	-
Email Address	accident@lumens.sg
Address	1 PASIR RIS LINK#07-01
Address complement	-
Postcode	518185
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	Raining
Road Surface	Wet

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?	Yes
Was any injured conveyed to hospital by ambulance?	No
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 23/12/24 AROUND 19:10HRS I WAS DRIVING VEHICLE A BEARING REGISTRATION NUMBER SNH3335G ALONG PIE ENROUTE FROM GEYLANG ROAD I PICK UP MY PASSENGER TOWARDS DUNEARN ROAD I GOING TO DROP OFF MY PASSENGERS.AS I TRAVELING ON LANE 1 FRONT OF ME VEHICLE B BEARING REGISTRATION NUMBER SGJ3832E SUDDENLY APPLIED JAM BRAKE SO I TO APPLIED JAM BRAKE AND THE CAR SKIDDED DUE TO SLIPPERY FLOOR FROM THAT WEATHER BUT UNFORTUNATELY I CAN'T STOP MY VEHICLE ON THE TIME SO I HIT ONTO THE VEHICLE B BACK BUMPER.I SUSTAINED HEADACHE.

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 SGJ3932E
Vehicle Manufacturer Toyota
Vehicle Model PRIUS PLUS (AUTO)
Vehicle Variant -
Vehicle Colour -
Vehicle Category Private car
Name of Driver -
Contact Number (Phone) +65-92346382
Address -
Address complement -
Postcode -
Insurance Company Name -
Nature Of Damage -
Details of property damaged in accident -
No. Of Passenger (Including Driver) -

INJURED PERSONS DETAILS

INJURED 1

Name of injured person ENG KAI WEN KELVIN
Gender Male
Phone No (Phone) +65-96787213
Address 1 PASIR RIS LINK#07-01
Address Complement -
Post Code 518185
Approximate Age Years Old -
Injuries Sustained SUSTAINED HEADACHE
Injured person in which vehicle? SNH3335G
Were seat belts worn? Yes
Was this injured conveyed to hospital by ambulance? No

SKETCH PLAN**IMPORTANT NOTICE**

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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.



Policyholder's Signature / Date & Time

Sketch Plan

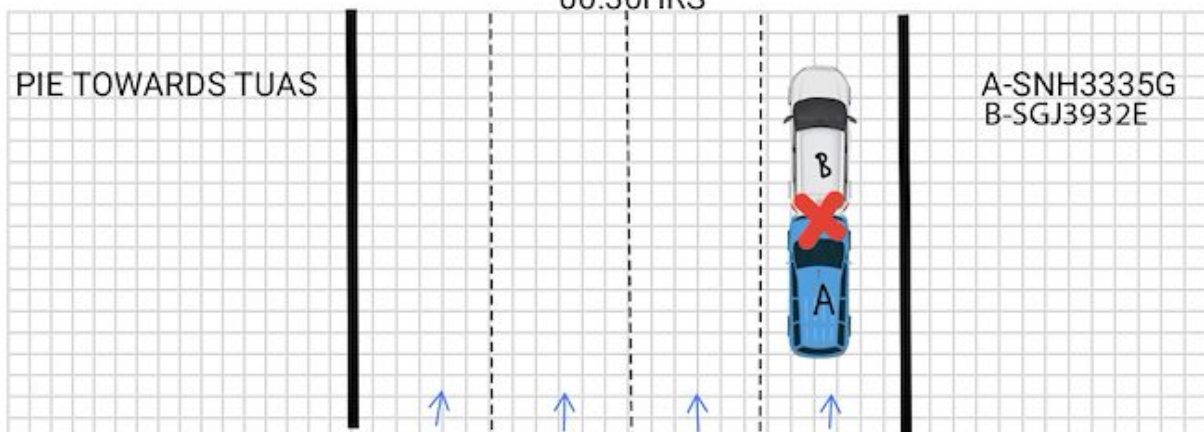
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Driver's Signature (If driver is not the policyholder) / Date & Time



Witnessed by Reporting Centre Personnel

24/12/24
00:30HRS



Describe Circumstances of the Accident

ON THE 23/12/24 AROUND 19:10HRS I WAS DRIVING VEHICLE A BEARING REGISTRATION NUMBER SNH3335G ALONG PIE ENROUTE FROM GEYLANG ROAD I PICK UP MY PASSENGER TOWARDS DUNEARN ROAD I GOING TO DROP OFF MY PASSENGERS.AS I TRAVELING ON LANE 1 FRONT OF ME VEHICLE B BEARING REGISTRATION NUMBER SGJ3932E SUDDENLY APPLIED JAM BRAKE SO I TO APPLIED JAM BRAKE AND THE CAR SKIDDED DUE TO SLIPPERY FLOOR FROM THAT WEATHER BUT UNFORTUNATELY I CAN'T STOP MY VEHICLE ON THE TIME SO I HIT ONTO THE VEHICLE B BACK BUMPER.I SUSTAINED HEADACHE.

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

24/12/24
00:30HRS



Witnessed by Reporting Centre Personnel





