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 30/12/2024 19:17 (SGT) Reported by **Actual Driver** Date of Accident 30/12/2024 13:30 (SGT) Exact Location of Accident Pioneer Rd, Singapore Additional Location Information Country/State of Loss Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number **GBJ4178T**

INSURED/POLICYHOLDER

Is company? Yes Name Of Registered Owner SIANG HOCK CAR RENTAL PTE. LTD Company Reg No 2XXXXX271R Email Address car.rental@sianghock.com.sg Mobile Phone No (Phone) +65-98792002 Alternative Phone No

VEHICLE PARTICULARS

Manufacturer

Fiat Model FIORINO CARGO Exact purpose for which vehicle was being used at time of accident Employment Are you claiming under your own insurance policy for repair to your vehicle? No - Claiming third party Vehicle Category Commercial vehicle Transmission Auto CC 1248 Vehicle Fuel First Regisration Date Chassis no Effective Date/Time of Ownership

INSURANCE COMPANY

Name of Insurance Company MS First Capital Insurance Ltd Policy Number / Cover Note Number D-24102362FCV/90

DRIVER



Name of Driver Passport No/FIN Date Of Birth Occupation Driving Pass Date Driving License Pass Class Driving License Validity Driving experience Gender Mobile Number Alt. Phone Number Email Address Address Address Address complement Postcode Is the driver the policyholder? If No, Relationship of the Driver with the Insured Does Driver Own Other Vehicles? Vehicle Registration Number of Other Vehicle Owned by Driver Insurance Company of Other Vehicle Owned by Driver	SUN XINGWEI GXXXX490U 10/11/1983 Outdoor 23/12/2016 3 Valid 8 YEARS Male (Phone) +65-80399659 car.rental@sianghock.com.sg 20 JALAN AFIFI CISCO CENTRE 2 409179 No Hirer No
Type of Accident	Collision - Head to Rear
Weather Conditions	Clear
Road Surface	Dry
OTHER INFORMATION	
Was any foreign vehicle involved in the accident? Number of vehicles involved in the accident Was anybody injured in the Accident? Was any injured conveyed to hospital by ambulance? Was any other vehicle or property damaged? Number of Passengers (Including Driver) Has the driver been approached by unknown person(s) soliciting/offering accident claims assistance? Translator's name Translator's ID Translator's phone number Translator's email Original language used in the statement	No 2 No - Yes 1 No
DETAILS OF POLICE ACTION	
Was the accident reported to the police? Was notice of intended Prosecution given? If yes, against whom?	No No -
CIRCUMSTANCES OF ACCIDENT	
PLEASE REFER TO SKETCH PLAN	
ATTACHMENT(S)	
Are accident photos available for attachment? Was there any video captured by Car Camera?	Yes No
DETAILS OF OTHER	VEHICLE PROPERTY 1

XE4322J

Vehicle Registration Number
Vehicle Manufacturer

Vehicle Model	
venicie Model	-
Vehicle Variant	-
Vehicle Colour	-
Vehicle Category	Commercial vehicle
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

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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 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.
- 8. Consent under the Personal Data Protection Act (PDPA)

Lunderstand, acknowledge, agree and consent that

- (a) My insurer ... my w orkshop 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 law yers/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;
- (ii) 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/meil packages); and/or
- (v) complying with applicable lew 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' law yers/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 law yers/law firms), which may be sized outside of Singapore, for one or more of the above Purposes.

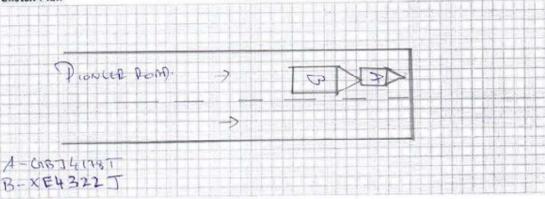
Policyholder's Signature / Date &

Cuntingues:

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

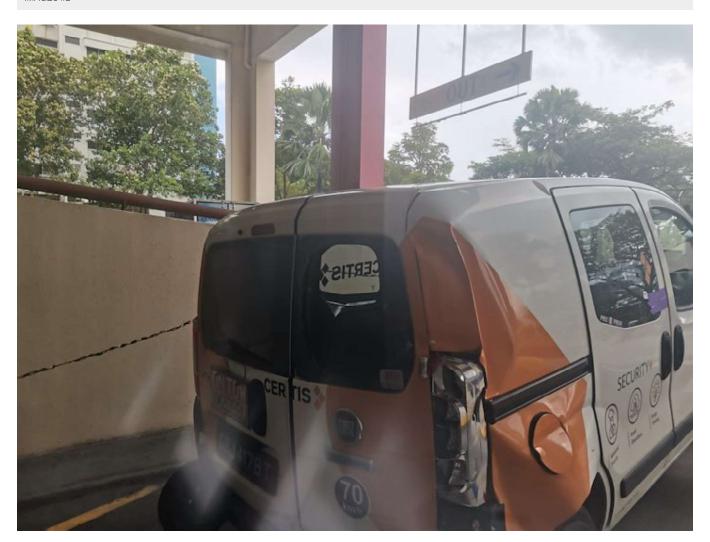
Witnessed by Reporting Centre Personnel

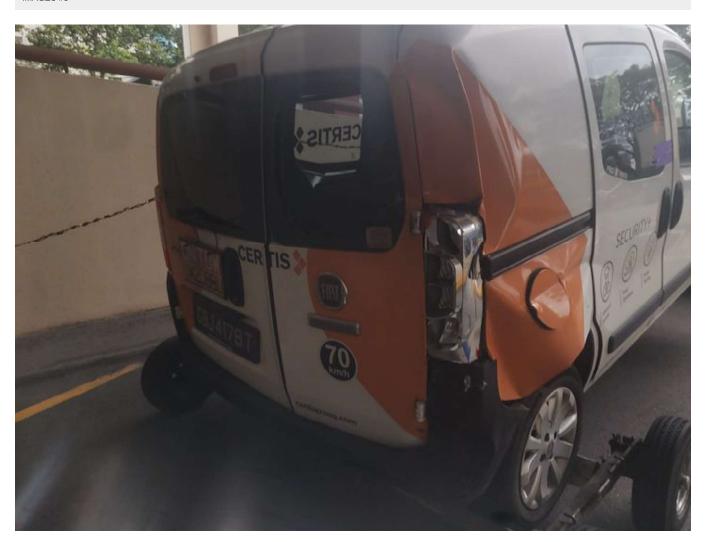
Sketch Plan



on 30/12/201	4 around 01.30 pm 1 war driving.
along Pion	ear road Stought while approaching
the traffic	light the Signal turned Yellow and Red
So TS	topped my Vehicle before the Stopline
After Stup	Ping I to t a huge empact on mg
Roer Side	of the Vehicle Which Justice
My Vehi	le forward. After I alighted to
Check 17	and X & 4322 J heavy believe hit my
Vehilly to	on behind,
eclaration	
We declare the foregoing particu	plans are true in every respect.
(=(1065102))E)	nu.
SENTAL SENTE	Save are true in every respect
	Driver's Signature @ driver is not the policyholder) / Date Witnessed by Reporting Centre
vlicyholder's Signature / Date &	& Time Visional Centre Personnel







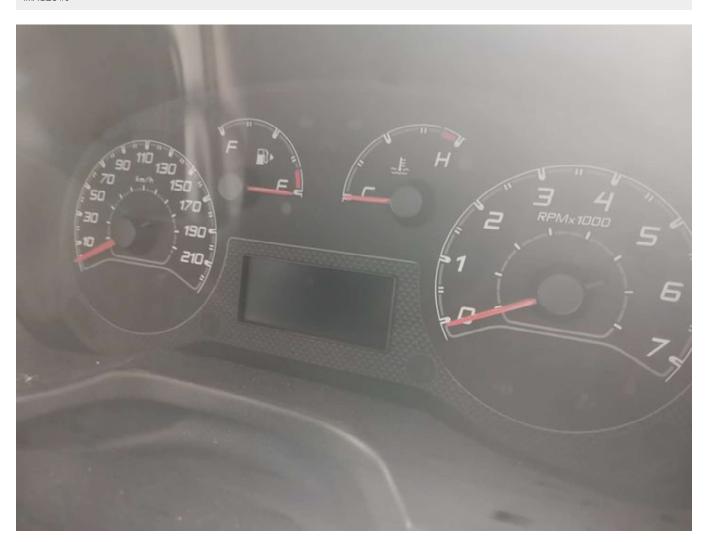


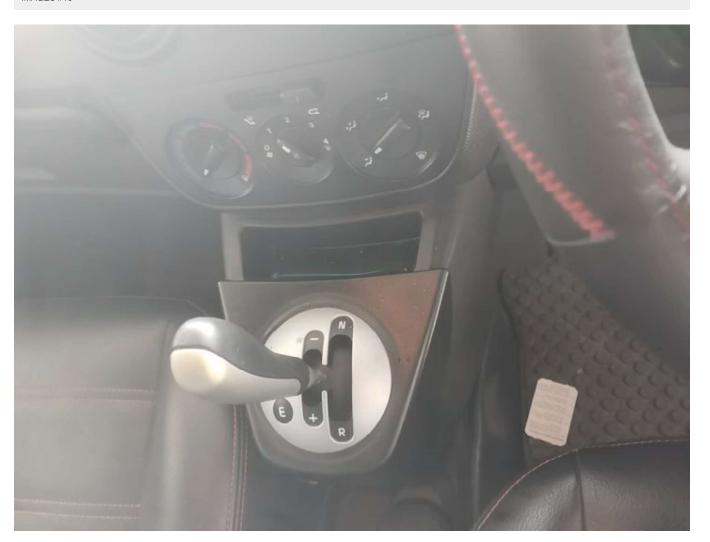
















	ADDENDUM
Original Report No: SUGP FCY 0 008 Name (as shown in NRIC): SIM YA (*Vehicle Driver/Policyholder) (*) Please de	vehicle Registration No: GBJ 47787 WWW NRIC/FIN/Passport No: GXXXXX90
Address: Contact (Tel): Email Address:	Singapore (
Place of Accident: 30(1)(2024 Place of Accident: PLONAR LOSD	
Insurance Company:	1
3) ADDITIONAL INFORMATION / AMENDMENTS	S: ed accident and would like to include additional information o
ADDITIONAL INFORMATION / AMENDMENTS I have made a report on the above-mention make the following amendments:	ed accident and would like to include additional information of
I have made a report on the above-mention make the following amendments:	ed accident and would like to include additional information of