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.

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 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 29/07/2024 11:16 (SGT) Reported by **Actual Driver** Date of Accident 27/07/2024 00:30 (SGT) Exact Location of Accident Ang Mo Kio Ave 5, Singapore Additional Location Information (NEARBY NANYANG POLY) Country/State of Loss Singapore

DETAILS OF OWN VEHICLE

Hyundai

Vehicle Registration Number SNM4930E

INSURED/POLICYHOLDER

Is company? Yes Name Of Registered Owner GET GO SG SPV A PTE LTD Company Reg No 2XXXXX916D Email Address fleet@getgo.sg Mobile Phone No (Phone) +65-69113830 Alternative Phone No (Office) +65-69113830

VEHICLE PARTICULARS

Manufacturer

Model OS KONA EV Variant Exact purpose for which vehicle was being used at time of accident Private use

Are you claiming under your own insurance policy for repair to

No - Claiming third party your vehicle? Vehicle Category Private car Transmission Auto CC

INSURANCE COMPANY

Name of Insurance Company Tokio Marine Insurance Singapore Ltd Policy Number / Cover Note Number 24-MAB00276-R00

DRIVER

Name of Driver HAFEESUTHEEN S/O MOHIDEEN NRIC No SXXXX025F Date Of Birth 09/10/1997 Occupation Outdoor

Driving Pass Date 25/12/2018 Driving experience 5 YEARS AND 7 MONTHS Gender Mobile Number (Phone) +65-88223465 Alt. Phone Number Email Address fleet@getgo.sg Address 413 SEMBAWANG DRIVE #02-712 Address complement Postcode 750413 Is the driver the policyholder? No If No, Relationship of the Driver with the Insured Hirer Does Driver Own Other Vehicles? Nο 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 Chain Collision Weather Conditions Clear Road Surface Dry OTHER INFORMATION Was any foreign vehicle involved in the accident? No Number of vehicles involved in the accident 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) 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 DETAILS OF POLICE ACTION Was the accident reported to the police? Nο Was notice of intended Prosecution given? Nο If yes, against whom? CIRCUMSTANCES OF ACCIDENT ON THE DATE 27/07/2024 AT ABOUT 0030HRS WHILE I WAS DRIVING VEHICLE A BEARING REGISTRATION NUMBER SNM4930E ON THE WAY FOR SOME PERSONAL PURPOSES EN-ROUTE FROM 550A SERANGOON NORTH AVE 3 TOWARDS CHANGI AIRPORT WHILE TRAVELLING ALONG ANG MO KIO AVE 5 ON LANE 2 THE TRAFFIC LIGHT SUDDENLY CHANGED FROM GREEN TO AMBER AND AS I DID NOT WANT TO BEAT THE TRAFFIC JUNCTION I APPLIED BRAKES AND STOPPED STATIONARY BUT WHILE DOING SO I GOT A JERK FROM BEHIND IT WAS VEHICLE B BEARING REGISTRATION NUMBER SLK5831K THAT DID NOT MANAGE TO STOP ON TIME AND REAR ENDED VEHICLE A FOLLOWING BY VEHICLE C BEARING REGISTRATION NUMBER FBM2752H REAR ENDING TO VEHICLE B CAUSING DAMAGES TO ALL THREE VEHICLES INVOLVED IN THIS INCIDENT AND NO PERSON WAS INJURED OR CONVEYED CONVEYED HOSPITAL DUE TO THIS INCIDENT. 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 SLK5831K Vehicle Manufacturer Honda

Vehicle Model	VEZEL HYBRID 1.5X
Vehicle Variant	-
Vehicle Colour	-
Vehicle Category	NA / Unknown
Name of Driver	LI ZHENG
NRIC No	SXXXX713G
Contact Number	(Phone) +65-91888176
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 Vehicle Manufacturer Vehicle Model Vehicle Variant Vehicle Colour Vehicle Category Name of Driver Contact Number Address	FBM2752H Honda Fs150f - - Motorcycle WON TIAN CHENG,JONATHAN (Phone) +65-94669730
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.
- Information provided must be as <u>truthful and accurate as possible</u>. Any willful misrepresentation or withholding of material facts may allow insurance companies to <u>repudiate policy liability</u>.
- 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.
- 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)

lunderstand, 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.
- (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/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.

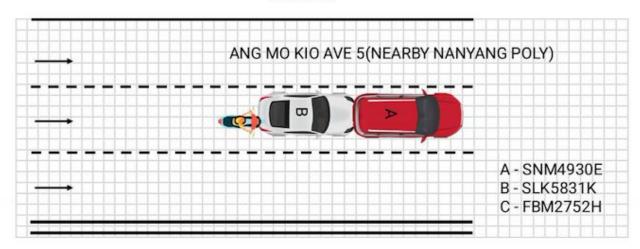
Policyholder's Signature / Date &

Policynoiders Signature / Date & Time

Sketch Plan

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

27072024 1030HRS Witnessed by Reporting Centre Personnel



Describe Circumstances of the Accident

ON THE DATE 27/07/2024 AT ABOUT 0030HRS WHILE I WAS DRIVING VEHICLE A BEARING REGISTRATION NUMBER SNM4930E ON THE WAY FOR SOME PERSONAL PURPOSES EN-ROUTE FROM 550A SERANGOON NORTH AVE 3 TOWARDS CHANGI AIRPORT WHILE TRAVELLING ALONG ANG MO KIO AVE 5 ON LANE 2 THE TRAFFIC LIGHT SUDDENLY CHANGED FROM GREEN TO AMBER AND AS I DID NOT WANT TO BEAT THE TRAFFIC JUNCTION I APPLIED BRAKES AND STOPPED STATIONARY BUT WHILE DOING SO I GOT A JERK FROM BEHIND IT WAS VEHICLE B BEARING REGISTRATION NUMBER SLK5831K THAT DID NOT MANAGE TO STOP ON TIME AND REAR ENDED VEHICLE A FOLLOWING BY VEHICLE C BEARING REGISTRATION NUMBER FBM2752H REAR ENDING TO VEHICLE B CAUSING DAMAGES TO ALL THREE VEHICLES INVOLVED IN THIS INCIDENT AND NO PERSON WAS INJURED OR CONVEYED CONVEYED HOSPITAL DUE TO THIS INCIDENT.

Declaration

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

Policyholder's Signature / Date & Time

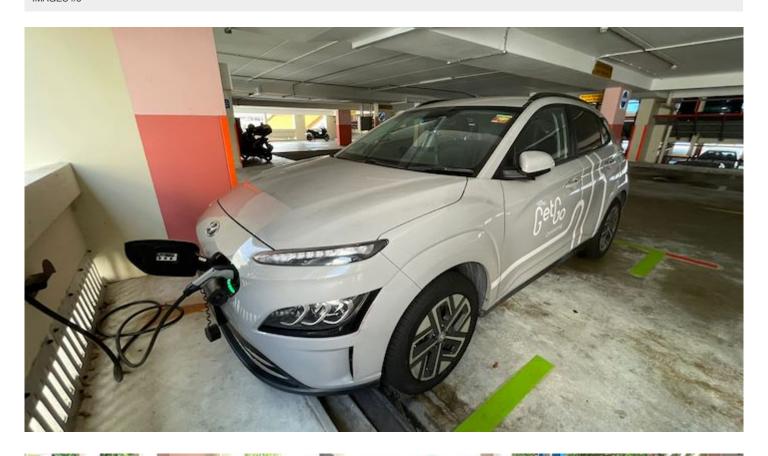
Driver's Signature (If driver is not the policyholder) / Date & Time 27072024

1030HRS

Witnessed by Reporting Centre Personnel





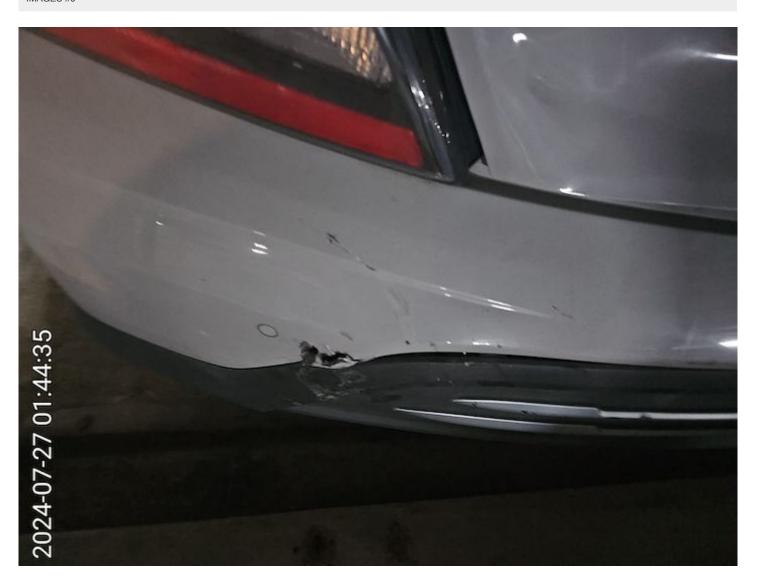






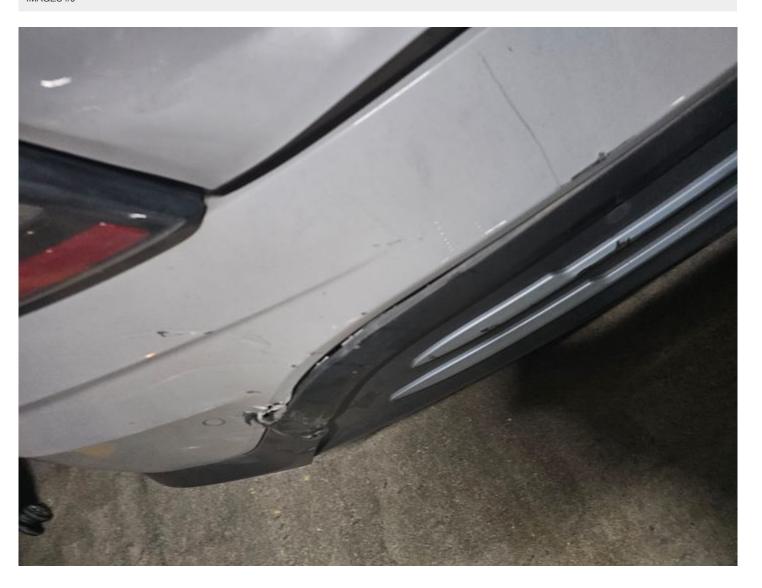


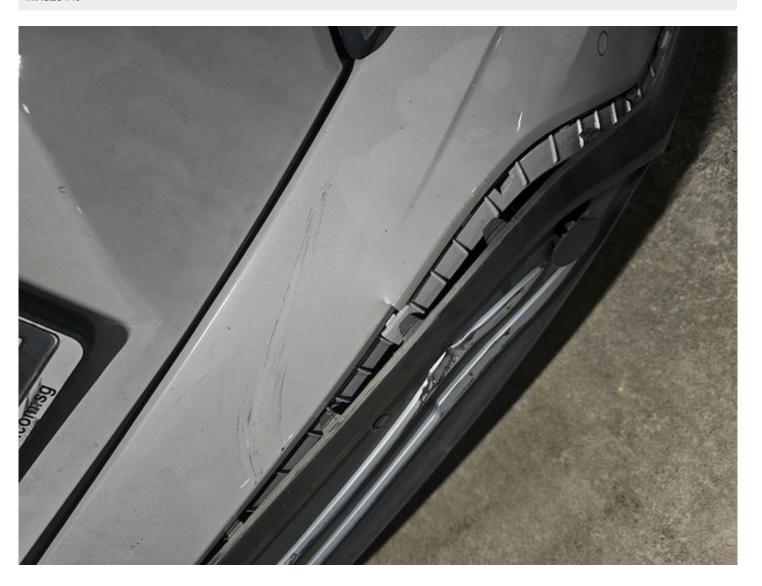


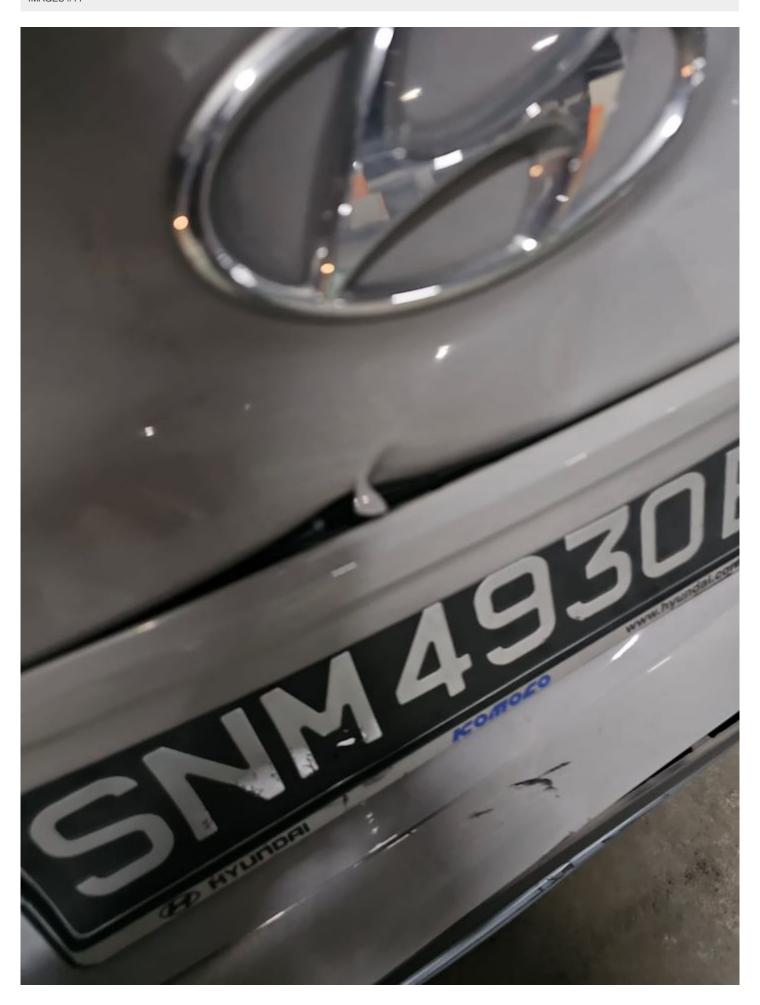


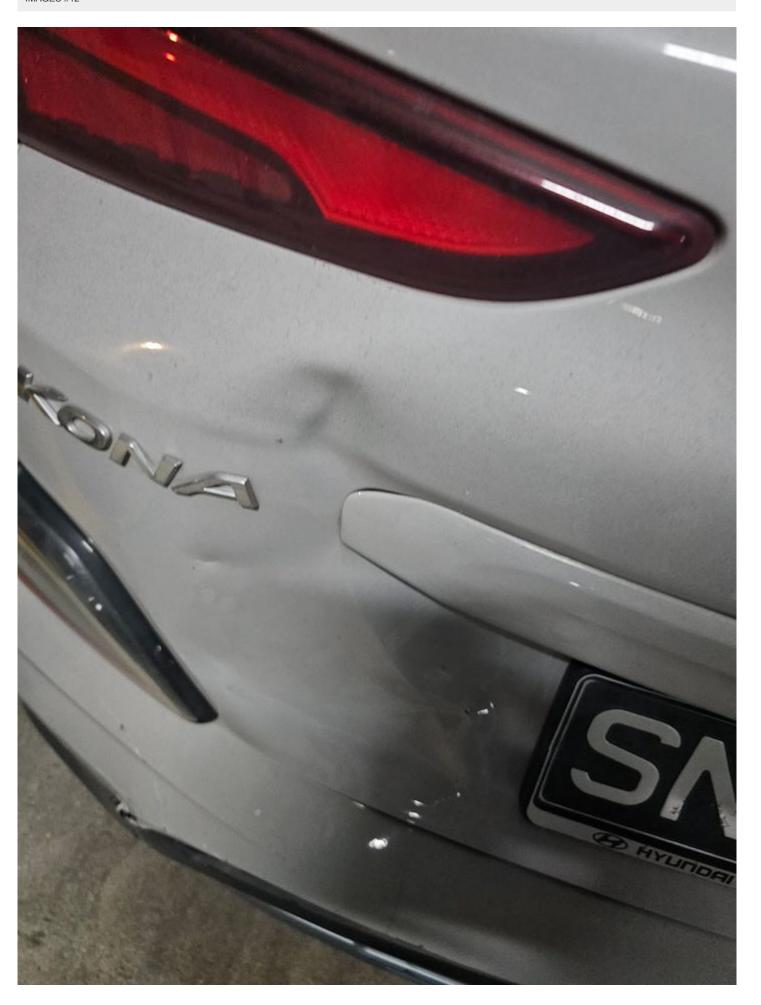




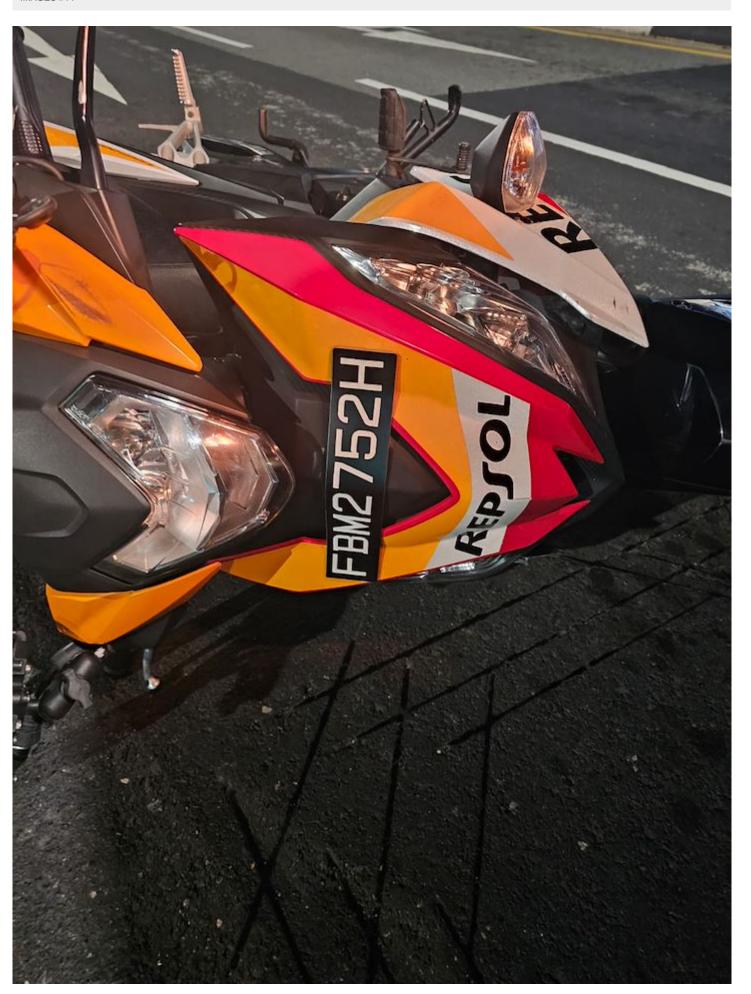




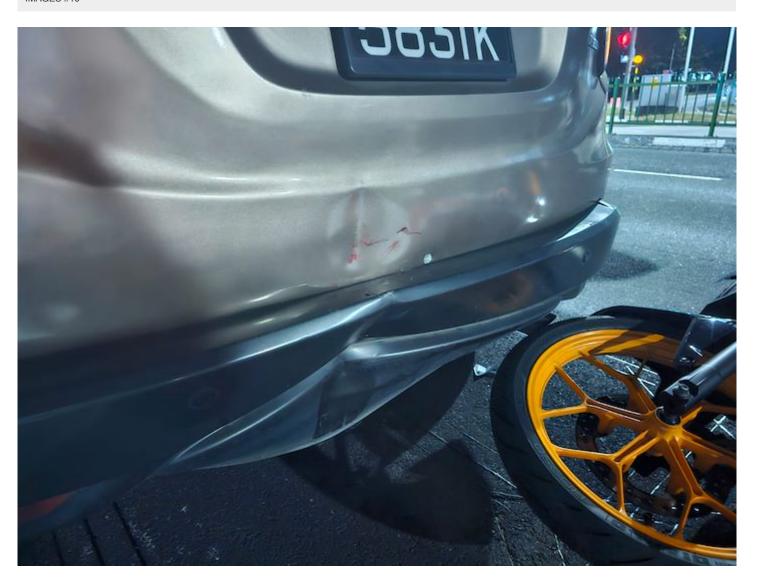








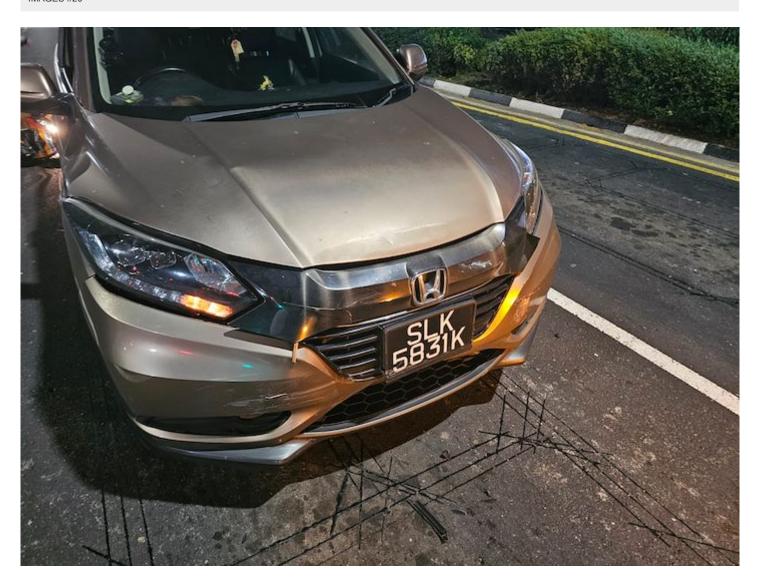






















IMPORTANT NOTE: Please submit the completed Addendum form to the <u>same</u> Accident Reporting Centre with whom you submitted the Original Report.

ADDENDUM (A) PARTICULARS OF PERSON MAKING THE AMENDMENTS: Original Report No: SJ0G247R000E Vehicle Registration No: SNM4930E Name (as shown in NRIC): GETGO SG SPV A PTE LTD NRIC/FIN/Passport No: 2XXXXX916D (*Vehicle Driver/Vehicle Owner) (*) Please delete as appropriate Address: _____ Singapore (Contact (Tel): 69113830 Mobile No.: Email Address: fleet@getgo.sg _____ Time of Accident: _____00:30 Date of Accident: 27/07/2024 Place of Accident: Ang Mo Kio Ave 5, Insurance Company: Tokio Marine Insurance Singapore 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 CLAIM STATUS Reporting Centre Personnel's Signature Policyholder / Driver's Signature Date: Name:

NRIC/FIN No.: Date: 30.07.2024

GIARMC Addendum Form



