

## 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 Authorised 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 Submission	24/01/2022 12:28 (SGT)
Date of Accident	22/01/2022 13:40 (SGT)
Exact Location of Accident	Jalan Bukit Merah, Singapore
Additional Location Information	-
Country/State of Loss	Singapore

### DETAILS OF OWN VEHICLE

Vehicle Registration Number	SMJ2854H
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#### INSURED/POLICYHOLDER

Is company?	Yes
Name Of Registered Owner	FOCUS RENTALS PTE LTD
Company Reg No	2XXXXX450G
Email Address	operations@focusrentals.sg
Mobile Phone No	(Phone) +65-93671575
Alternative Phone No	(Office) +65-98875600

#### VEHICLE PARTICULARS

Manufacturer	Honda
Model	Shuttle
Variant	-
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	1496

#### INSURANCE COMPANY

Name of Insurance Company	India International Insurance Pte Ltd
Type of Coverage	-
Fleet Policy	Yes
Policy Number	D20MFL0007747_01
Cover Note Number	-

#### DRIVER

Name of Driver	WONG TECK CHUANG
NRIC No	SXXXX201E

Date Of Birth	20/11/1965
Occupation	Outdoor
Date Of Driving Pass	07/11/1986
Driving experience	35 YEARS AND 2 MONTHS
Gender	Male
Mobile Number	(Phone) +65-93671575
Alt. Phone Number	-
Email Address	operations@focusrentals.sg
Address	BLK 22 JALAN MAMBINA #09-62
Address complement	-
Postcode	166022
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	Side Swipe
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)	2
Has the driver been approached by unknown person(s) soliciting/offering accident claims assistance?	No

#### PASSENGER 1

Name	UNKNOWN
Gender	Male

#### DETAILS OF POLICE ACTION

Was the accident reported to the police?	No
/as notice of intended Prosecution given?	No
If yes, against whom?	-

#### CIRCUMSTANCES OF ACCIDENT

ON THE 22/01/2022 AT AROUND 1340HRS. I VEHICLE A(SMJ2854H) WAS TRAVELLING ALONG JALAN BUKIT MERAH ON THE LEFT LANE WITH ONE PASSENGER ON BOARD. VEHICLE B(SMG7321L) WAS ON MY RIGHT BUT WAS SWERVING IN BETWEEN LANES. I KEEP MY DISTANCE AND WHEN HE WENT BACK TO HIS LANE, I PROCEEDED WITH MY OWN LANE. SHORTLY AFTER, VEHICLE B JUST TURNED LEFT AND I TRIEDNT TO AVOID THE COLLISION BUT VEHICLE B GRAZED MY SIDE RIGHT PORTION. VEHICLE DAMAGES ARE MINOR AND NO INJURIES WERE PRESENTED DURING THE COURSE OF COLLISION.

#### ATTACHMENT(S)

Are accident photos available for attachment?	Yes
Was there any video captured by Car Camera?	Yes
Was there any audio recorded?	No

#### DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	SMG7321L
Vehicle Manufacturer	-

Vehicle Model	-
Vehicle Variant	-
Vehicle Colour	-
Vehicle Category	Private car
Name of Driver	-
Contact Number	(Phone) +65-97339419
Address	-
Address complement	-
Postcode	-
Insurance Company Name	-
Nature Of Damage	-
Details of property damaged in accident	-
No. Of Passenger (Including Driver)	1

SKETCH PLANIMPORTANT NOTICE

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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)

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' law firms/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' law firms/law firms, may/are permitted to collect, use, disclose and/or process my Personal Information for one or more of the above Purposes; and

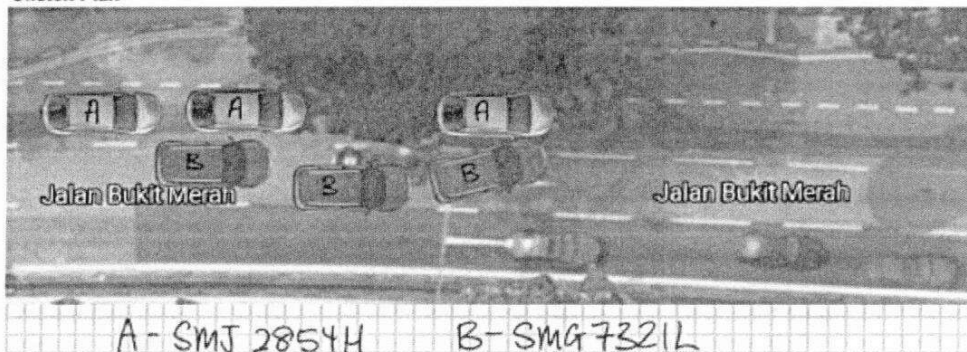
(c) my Personal Information may/can be disclosed by any of the Insurers and/or GIA to their third party service providers or agents (including their law firms/law firms), which may be sited outside of Singapore, for one or more of the above Purposes.

Policyholder's Signature / Date & Time

Driver's Signature (if driver is not the policyholder) / Date & Time 22/01/2022 1530

Witnessed by Reporting Centre Personnel

Sketch Plan



Describe Circumstances of the Accident

ON THE 22/01/2022 AT AROUND 1340HRS. I VEHICLE A(SMJ2854H) WAS TRAVELLING ALONG JALAN BUKIT MERAH ON THE LEFT LANE WITH ONE PASSENGER ON BOARD. VEHICLE B(SMG7321L) WAS ON MY RIGHT BUT WAS SWERVING IN BETWEEN LANES. I KEEP MY DISTANCE AND WHEN HE WENT BACK TO HIS LANE, I PROCEEDED WITH MY OWN LANE. SHORTLY AFTER, VEHICLE B JUST TURNED LEFT AND I TRIEDNT0 AVOID THE COLLISION BUT VEHICLE B GRAZED MY SIDE RIGHT PORTION. VEHICLE DAMAGES ARE MINOR AND NO INJURIES WERE PRESENTED DURING THE COURSE OF COLLISION.

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 22/01/2022 15:30

Witnessed by Reporting Centre Personnel

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