

SINGAPORE ACCIDENT STATEMENT

IMPORTANT NOTICE

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 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

17/01/2022 19:14 (SGT) Date of Submission 16/01/2022 08:45 (SGT) Date of Accident Singapore **Exact Location of Accident** UPPER BUKIT TIMAH ROAD @JLM JURONG KECHIL JUCTION Additional Location Information Singapore Country/State of Loss

DETAILS OF OWN VEHICLE

GBG8537E Vehicle Registration Number

INSURED/POLICYHOLDER

Is company? KOMOCO CAR RENTALS PTE LTD Name Of Registered Owner 1XXXXX095K Company Reg No YUNOS@KOMOCO.COM.SG Email Address (Phone) +65-98793040 Mobile Phone No Alternative Phone No +65-98793040

VEHICLE PARTICULARS

Hyundai Manufacturer Starex Model Variant Exact purpose for which vehicle was being used at time of Are you claiming under your own insurance policy for repair to

your vehicle? Vehicle Category Transmission

CC

No - Claiming third party Commercial vehicle Manual 2500

INSURANCE COMPANY

Name of Insurance Company **AXA Insurance Pte Ltd** Comprehensive Type of Coverage Fleet Policy No Policy Number CN147610 Cover Note Number

DRIVER

Name of Driver VEERAIAH RAJAH BABU NRIC No GXXXX274P

Accident report SK0G221H0002

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of Birth 16/04/1978 pation Outdoor e Of Driving Pass 11/01/2010 riving experience 12 YEARS Gender Male Mobile Number (Phone) +65-90569141 Alt. Phone Number Email Address YUNOS@KOMOCO.COM.SG Address 7 JOO KOON CIRCLE Address complement Postcode 629039 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 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) 2 Has the driver been approached by unknown person(s) No soliciting/offering accident claims assistance? PASSENGER 1 Name MURU RAPISURA Gender Female 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 REFER SKETCH PLAN & STATEMENT 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



SKNG221H0002

SKETCHPLAN

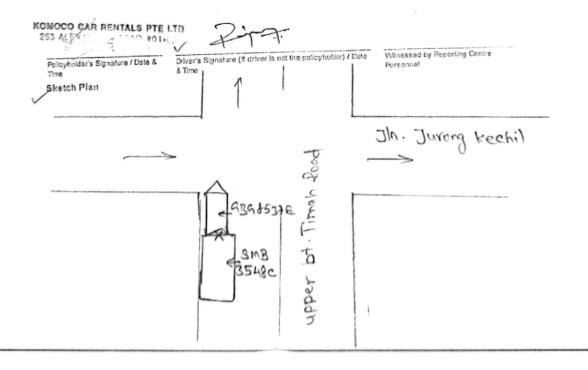
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- 7. By the lodgement of this report to the insurers, you hereby consent to the archiving of this report at the centre and to copies of the report being made available aforesaid.
- 8. Consent under the Personal Data Protection Act (PDPA)

t understand, acknowledge, agree and consent that

- (a) My Insurer , my warkshop and the General Insurance Association of Singapore ("GM") may/are permitted to collect, use, disclose andler process my personal detalpersonal 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 flow firms, the Monetary Authority of Singapore and any relevant government agency/authorky (such as the police), for the purpose(s) of
- (ii) 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 end/or dealing with my instructions or responding to any enquiries by ne
- (iv) administering my claims (including the mailing of correspondence, statements, involces, reports or notices to mo, 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 envolopes/mail
- packages); and/or (v) complying with applicable law in administering, processing, handling and/or dealing with my claims.

- (b) all insurer(s) who have insured vehicle(s) involved in this accident and the insurers' law years/law firms, may/are permitted to collect. (collectively the "Purposes")
- 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 GM to their fhird party service providers or agents (including that law yers/law firms), which may be sited outside of Singapore, for one or more of the above Purposes.



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Policyhokter's Signature / Date & Tirre