# **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 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 Submission 29/04/2022 15:20 (SGT) Date of Accident 29/04/2022 12:45 (SGT) Exact Location of Accident Near 3 Russels Rd, Singapore 118282 Additional Location Information AYE (Near Alexandra Exit) Country/State of Loss Singapore

# **DETAILS OF OWN VEHICLE**

Vehicle Registration Number SLG3480Z

Manufacturer

#### INSURED/POLICYHOLDER

Is company? Yes Name Of Registered Owner Craft Leasing Pte Ltd Company Reg No 2XXXXX381N Email Address kh@craftleasing.com Mobile Phone No (Phone) +65-93833162 Alternative Phone No (Home) +65-93833162

### VEHICLE PARTICULARS

Toyota Model Prius Variant ..... Exact purpose for which vehicle was being used at time of Private hire accident Are you claiming under your own insurance policy for repair to No - Claiming third party your vehicle? Vehicle Category Private hire Transmission Auto 1798

# **INSURANCE COMPANY**

Name of Insurance Company India International Insurance Pte Ltd Type of Coverage Comprehensive Fleet Policy Policy Number D21MFL0005172 Cover Note Number

## DRIVER

Name of Driver Chua Rodney SXXXX931A

Date Of Birth 29/01/1977 Occupation Outdoor Date Of Driving Pass 12/03/2008 Driving experience 14 YEARS AND 1 MONTH Gender Mobile Number (Phone) +65-81883312 Alt. Phone Number Email Address rodneychua77@gmail.com Address Blk 248 Jurong East Street 24 Address complement #11-60 Postcode 600248 Is the driver the policyholder? Nο 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 PASSENGER 1 Name Mr Lee Gender Male PASSENGER 2 Name Mrs Lee Gender Female PASSENGER 3 Name Mr Lee Gender Male DETAILS OF POLICE ACTION Was the accident reported to the police? No Was notice of intended Prosecution given? Nο If yes, against whom? CIRCUMSTANCES OF ACCIDENT ON 29/04/2022 @ 12:45 HOURS, I WAS DRIVING ALONG AYE (NEAR ALEXANDRA EXIT). VEHICLE AHEAD OF ME SLOW AND I

ON 29/04/2022 @ 12:45 HOURS, I WAS DRIVING ALONG AYE (NEAR ALEXANDRA EXIT). VEHICLE AHEAD OF ME SLOW AND I FOLLOWED SUIT. SUDDENLY VEHICLE B: SDK2205H COLLIDED INTO MY VEHICLE A: SLG3480Z REAR PORTION CAUSING DAMAGE. AFTER THE ACCIDENT I CAME DOWN FROM MY VEHICLE, AND NOTICED IT WAS A CHAIN COLLISION, INVOLVING TOTAL OF 3 VEHICLES. ANOTHER VEHICLE IS SGW8717J WHICH WAS BEHIND VEHICLE B: SDK2205H. I WAS THE 1ST VEHICLE. WE ALL EXCHANGED OUR PARTICULARS.

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 SDK2205H Vehicle Manufacturer Toyota Vehicle Model Vios Vehicle Variant Vehicle Colour Red Vehicle Category Private car Name of Driver Koh Mary Anne Nee Sim NRIC No. SXXXX833Z Contact Number (Phone) +65-81151551 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 SGW8717J Vehicle Manufacturer Honda Vehicle Model Civic Vehicle Variant Vehicle Colour **Black** Vehicle Category Private car Name of Driver Chua Zhi Hong (Zai Zhihong) NRIC No SXXXX696C Contact Number (Phone) +65-97610501 Address Address complement Postcode Insurance Company Name Nature Of Damage Details of property damaged in accident No. Of Passenger (Including Driver)

#### SKETCH PLAN

#### IMPORTANT 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.
- 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 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;
- (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 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 sited outside of Singapore, for one or more of the above Purposes.



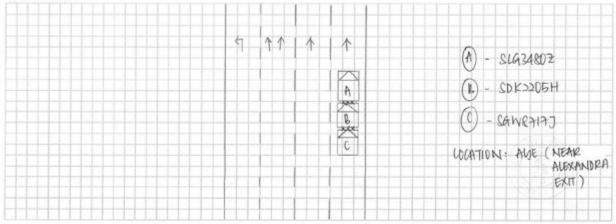
Policyholder's Signature / Date &

29/4/2

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

Witnessed by Reparting Centre

#### Sketch Plan



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# Declaration

We declare the foregoing particulars are true in every respect.



Policyholder's Signature / Date &

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

Witnessed by Reporting Centre