

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 06/05/2022 19:38 (SGT)
Date of Accident 06/05/2022 12:00 (SGT)
Exact Location of Accident Loyang Ave, Singapore
Additional Location Information -
Country/State of Loss Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number SNE3674T

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) +65-98805704
Alternative Phone No (Office) +65-98875600

VEHICLE PARTICULARS

Manufacturer Honda
Model Vezel
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 ThirdParty
Fleet Policy Yes
Policy Number D20MFL0007747
Cover Note Number -

DRIVER

Name of Driver LEE MIAO QI
NRIC No SXXXX360E

Date Of Birth	23/08/1990
Occupation	Outdoor
Date Of Driving Pass	17/11/2017
Driving experience	4 YEARS AND 6 MONTHS
Gender	Female
Mobile Number	(Phone) +65-98805704
Alt. Phone Number	-
Email Address	operations@focusrentals.sg
Address	BLK 346 ANG MO KIO AVENUE 3 #10-2270
Address complement	-
Postcode	560346
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	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)	1
Has the driver been approached by unknown person(s) soliciting/offering accident claims assistance?	No

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

ON 06/05/2022 AT ABOUT 1200HRS I WAS DRIVING VEHICLE A. SNE3674T ALONG LOYANG AVE. I WAS ON THE MIDDLE LANE HEADING TOWARDS LOYANG VALLEY. ALL OF SUDDEN VEHICLE B REAR ENDED MY VEHICLE AT THE RIGHT SIDE OF MY REAR BUMPER. EXCHANGE PARTICULAR. NO INJURY AT THE POINT OF TIME.

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	XE1513U
Vehicle Manufacturer	-
Vehicle 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)	1

SKETCH PLAN**IMPORTANT NOTICE**

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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' 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;
(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' 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.

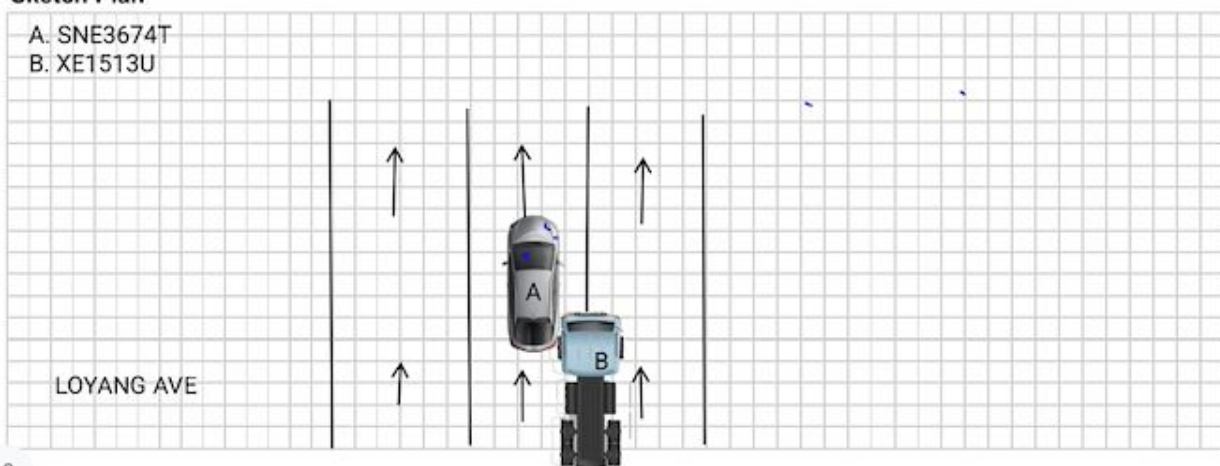
Policyholder's Signature / Date & Time

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

Witnessed by Reporting Centre Personnel

Sketch Plan

A. SNE3674T
B. XE1513U



Describe Circumstances of the Accident

ON 06/05/2022 AT ABOUT 1200HRS I WAS DRIVING VEHICLE A. SNE3674T ALONG LOYANG AVE. I WAS ON THE MIDDLE LANE HEADING TOWARDS LOYANG VALLEY. ALL OF SUDDEN VEHICLE B REAR ENDED MY VEHICLE AT THE RIGHT SIDE OF MY REAR BUMPER. EXCHANGE PARTICULAR. NO INJURY AT THE POINT OF TIME.

Declaration

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

7 / 8

Policyholder's Signature / Date & Time

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



06/05/2022 / 1300HRS

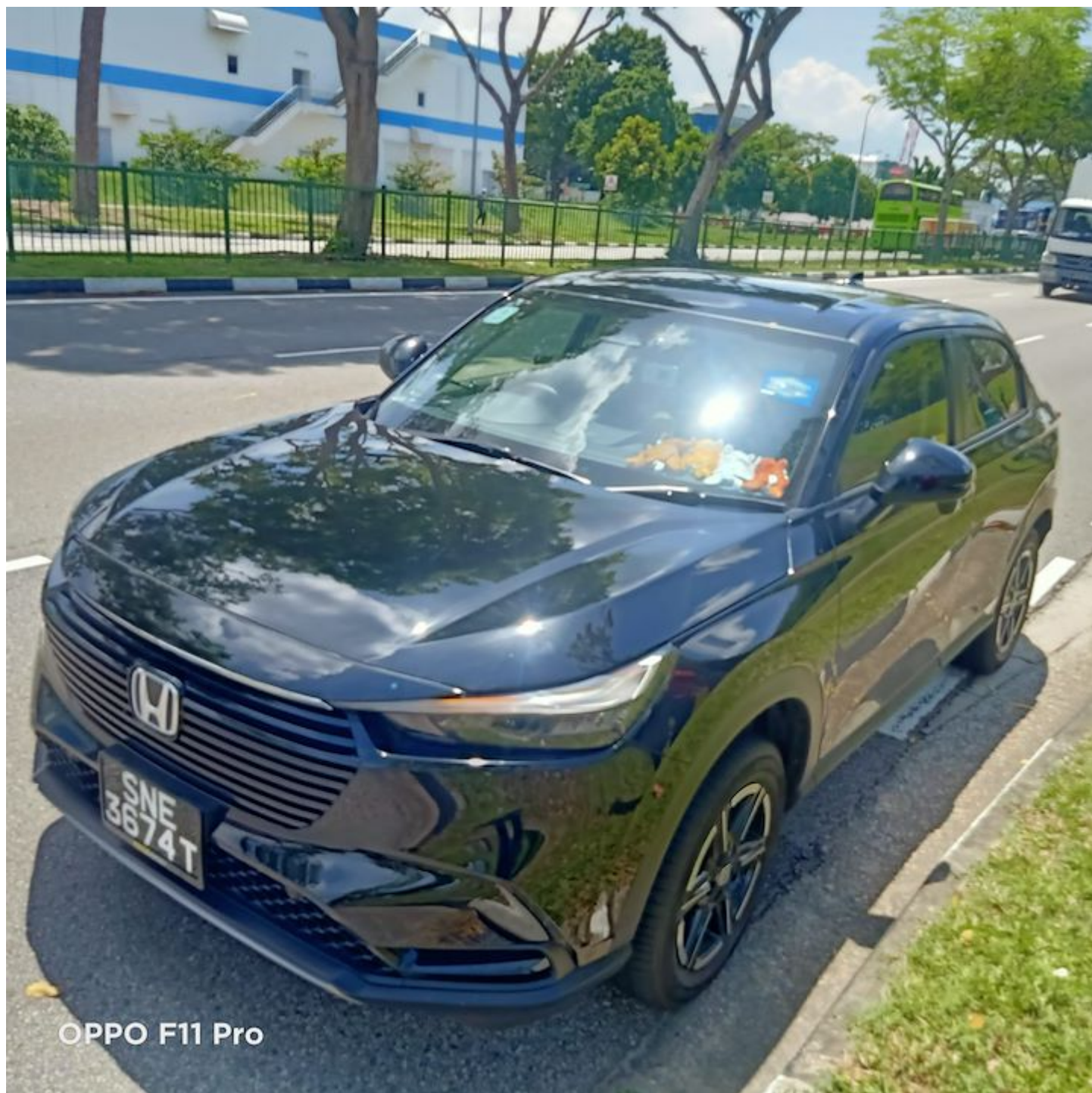
Witnessed by Reporting Centre Personnel



TAMIL

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OPPO F11 Pro









OPPO F11 Pro













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

ADDENDUM

(A) PARTICULARS OF PERSON MAKING THE AMENDMENTS:

Original Report No: SJ0422560000 Vehicle Registration No: SNE3674T
 Name (as shown in NRIC): Foone Rentals Pte Ltd NRIC/FIN/Passport No: 201836450G
 (~~Vehicle Driver~~/Vehicle Owner) (*) Please delete as appropriate
 Address: _____ Singapore ()
 Contact (Tel): _____ Mobile No.: _____
 Email Address: _____
 Date of Accident: 06/05/2022 Time of Accident: 12:00 hrs
 Place of Accident: Loyang Avenue (Tampines Avenue 7)
 Insurance Company: TU

(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:

- upload video footage



Policyholder / Driver's Signature
 Date: 06/05/2022

siti

Reporting Centre Personnel's Signature
 Name: Siti
 NRIC/FIN No.:
 Date: 09.05.2022