

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 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	20/08/2022 09:09 (SGT)
Reported by	Both
Date of Accident	19/08/2022 13:50 (SGT)
Exact Location of Accident	Singapore
Additional Location Information	ZEBRA CROSSING, SENGKANG WEST AVE (INTO SENGKANG WEST ROAD)
Country/State of Loss	Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SNF5244H
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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) +65-98875600
Alternative Phone No	-

VEHICLE PARTICULARS

Manufacturer	Hyundai
Model	Ioniq
Variant	-
Exact purpose for which vehicle was being used at time of accident	-
Are you claiming under your own insurance policy for repair to your vehicle?	No - Claiming third party
Vehicle Category	Private hire
Transmission	Auto
CC	1580

INSURANCE COMPANY

Name of Insurance Company	India International Insurance Pte Ltd
Policy Number / Cover Note Number	D20MFL0007747_01

DRIVER

Name of Driver	JASIM BAHARUDHEEN SHAIK ALLAVIDEEN
NRIC No	SXXXX218J
Date Of Birth	13/07/1983

Occupation	Outdoor
Date Of Driving Pass	12/11/2020
Driving experience	1 YEAR AND 9 MONTHS
Gender	Male
Mobile Number	(Phone) +65-97877863
Alt. Phone Number	-
Email Address	operations@focusrentals.sg
Address	APT BLK 446C JALAN KAYU #03-340
Address complement	-
Postcode	793446
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)	3
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	-

PASSENGER 1

Name	MOHD AYMAN
Gender	Male

PASSENGER 2

Name	AFRIN FAHRA
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 TO SKETCH PLAN

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	GBK14D
Vehicle Manufacturer	-
Vehicle Model	-
Vehicle Variant	-
Vehicle Colour	-
Vehicle Category	Commercial vehicle
Name of Driver	LIM YIT CHUAN
NRIC No	SXXXX489A
Contact Number	(Phone) +65-96879535
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

1. Please read carefully the attached statement to read up the policy content.
2. This form must be completed by the Policyholder and/or the Authorized Driver.
3. Information provided must be truthful and accurate as possible. Any willful misrepresentation in withholding or making false claim of two insurance companies to repudiate policy liability.
4. The above statement of this Form is the insurance companies' proven admission of liability for the claim of the insurance companies.
5. Any false reporting may be referred to the Police for investigation.
6. The claim will be processed on the basis of the BIP Period Management (BIP) period used by the General Insurance Association of Singapore (GIA) for settling and that later report will stay the course until a claim application is presented later.
7. By the judgment of the report to the relevant authorities, it is the responsibility of the report to the terms and to comply with the report being made available aforesaid.
8. Consent under the Personal Data Protection Act (PDPA)
 - (i) understand, acknowledge, agree and consent that:
 - (a) My Insurers, my workshop and the General Insurance Association of Singapore (GIA) may be 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 provided by another person including the "Personal Information" and provide and transfer such information to any third party who have agreed with me to be involved in this accident and insurers who have insured me and who are involved in the accident, and the subsequent information to the "Insurers", the Insurers' lawyers, law firms, the "Mediators", the court, or the relevant government agencies and/or individuals to the extent, for the purposes:
 - (i) for settling, negotiating and dealing with my claims including the settlement of the claims and any necessary investigation relating to the claims;
 - (ii) in investigating the incident and the accident;
 - (iii) to provide and/or dealing with my information, in responding to my enquiries and;
 - (iv) in carrying out my duties in relation to the claims, if necessary, to my insurers, workshop, my third party, or individuals, which could include disclosure of certain personal data about my accident and/or my vehicle and/or of the claim as well as on the internet over e-mailing, text messages and/or;
 - (v) complying with applicable law in admitting, processing, handling and/or dealing with my claims, collectively the "Purposes";
 - (b) Insurers and/or who have insured vehicles involved in this accident and the Insurers' lawyers, law firms, may be 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 agent, including their lawyers, law firms, which may be third parties of the Insurers, for one or more of the above Purposes;
 - (d) my Personal Information will also be collected and used to compile claims history for the purpose of fraud detection, investigation and management in present and all future claims;
 - (e) the Information so collected under (d) above may be shared / disclosed:
 - (i) to all Insurers and/or any other third parties that assist in evaluating, investigating, controlling or managing fraud, regulators, law enforcement and government agencies as reasonably required for the purposes stated, or
 - (ii) for complying with requirements under any regulations, laws or court orders;



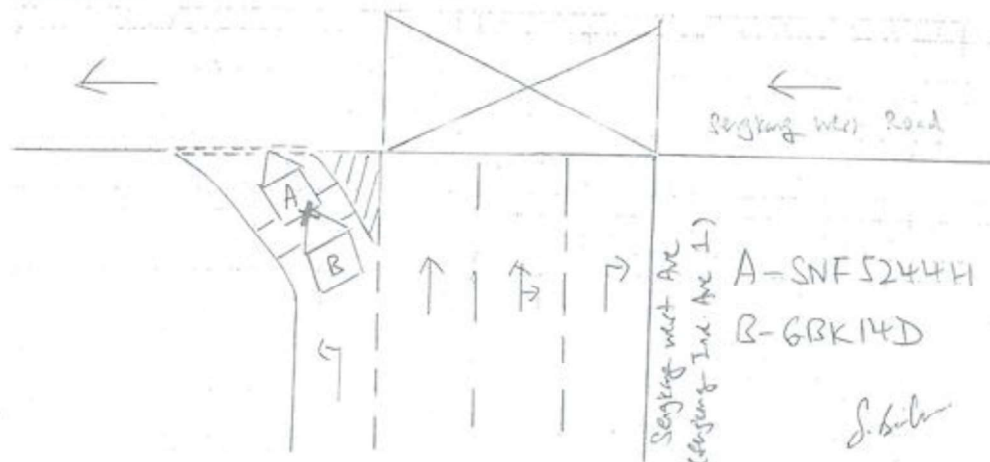
Policyholder's Signature
Date & Time:

Driver's Signature
(if driver is not the policyholder)
Date & Time:

CITY AUTO PTE LTD
Blk 8 Sin Ming Road
#01-58/60/62 Sin Ming Ind Est
Singapore 575643
Tel: 6453 1234 Fax: 6453 7944
(Claims Section)

Reporting Centre Personnel's Signature
Name:
NRIC/IN No.:

SKETCH PLAN



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

On 19/08/2022 at around 13:50 hrs, I was driving with my family members along Seng Kang West Avenue. While I brought my vehicle A - SNF5244H to a stop at the Give-way line, to give way to passing traffic on Seng Kang West Road. Suddenly, I heard a loud impact & realised that vehicle B - GBK14D had collided into vehicle A's rear.

S. Bull



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

Policyholder's Signature
Date & Time:

Witness, Grounds/Inspector's

Driver's Signature
(if driver is not the policyholder)
Date & Time:

CITY AUTO PTE LTD
Blk 8 Sin Ming Road
#01-58/60/62 Sin Ming Ind Est
Singapore 575643
Tel: 6453 1245 / Fax: 6453 7944
(Claims Section)

Reporting Centre Signature
Name:
NRIC/FIN No.: