

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 10/08/2022 17:15 (SGT)
Reported by Both
Date of Accident 10/08/2022 13:48 (SGT)
Exact Location of Accident Singapore
Additional Location Information JALAN BUKIT HO SWEE (LOWER DELTA ROAD)
Country/State of Loss Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number SMY591A

INSURED/POLICYHOLDER

Is company? Yes
Name Of Registered Owner FOCUS RENTALS PTE LTD
Company Reg No 201836450G
Email Address operations@focusrentals.sg
Mobile Phone No (Phone) +65-98875600
Alternative Phone No -

VEHICLE PARTICULARS

Manufacturer Toyota
Model PRIUS PLUS
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 1798

INSURANCE COMPANY

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

DRIVER

Name of Driver WONG YEW FAI
NRIC No S1813170F
Date Of Birth 05/07/1967
Occupation Outdoor

Date Of Driving Pass	02/08/1989
Driving experience	33 YEARS
Gender	Male
Mobile Number	(Phone) +65-90888990
Alt. Phone Number	-
Email Address	operations@focusrentals.sg
Address	APT BLK 210 SERANGOON CENTRAL #09-268
Address complement	-
Postcode	550210
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
Translator's name	-
Translator's ID	-
Translator's phone number	-
Translator's email	-
Original language used in the statement	-

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	SMX218J
Vehicle Manufacturer	-
Vehicle Model	-
Vehicle Variant	-
Vehicle Colour	-
Vehicle Category	Private car
Name of Driver	KO HAU YAN
NRIC No	S7786321D

Contact Number -
Address -
Address complement -
Postcode -
Insurance Company Name Allianz Insurance Singapore Pte. Ltd.
Nature Of Damage -
Details of property damaged in accident -
No. Of Passenger (Including Driver) -

SKETCH PLAN

IMPORTANT NOTICE

1. Please read this carefully as it contains important details to the claim process.
2. This Form must be completed by the Policyholder and/or the Authorized Driver.
3. Information provided must be as truthful and accurate as possible. Any willful misrepresentation or withholding of material facts may allow the insurance company to repudiate policy liability.
4. The loss adjuster/adjuster of the insurance company does not assume any liability on the part of the insurance company.
5. Any false reporting may be referred to the Police for investigation.
6. The report will be forwarded to the insurer or the Risk Facility Management Centre located under the General Insurance Board of Singapore. BIR for monitoring and that together with report will be made available upon application to interested parties.
7. By the lodging of this report to the insurers, you hereby consent to the printing 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) The 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 collected by me or provided by my insurer/collectors the "Personal Information". I and my agent and transfer such Personal Information of Insurers who have insured vehicle(s) involved in the accident with insurers who have insured vehicles involved in the accident, shall be subject to reported to the "Insurers", the Insurers' law enforcement firms, the Ministry of Transport of Singapore and any relevant government agencies/authorities to the police for the purposes of:
 - (i) investigating the accident and/or dealing with any claims involved in the settlement of the claim and/or necessary investigations relating to the accident;
 - (ii) investigating the accident and/or dealing with any claims involved in the settlement of the claim and/or necessary investigations relating to the accident;
 - (iii) investigating the accident and/or dealing with any claims involved in the settlement of the claim and/or necessary investigations relating to the accident;
 - (iv) complying with applicable law in administering, processing, handling and/or dealing with my claims collectively the "Purposes";
- (b) Insurers who have insured vehicle(s) 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 agents, including their law enforcement firms, which may be had complete of legal and law enforcement 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 to be 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:

[Handwritten Signature]

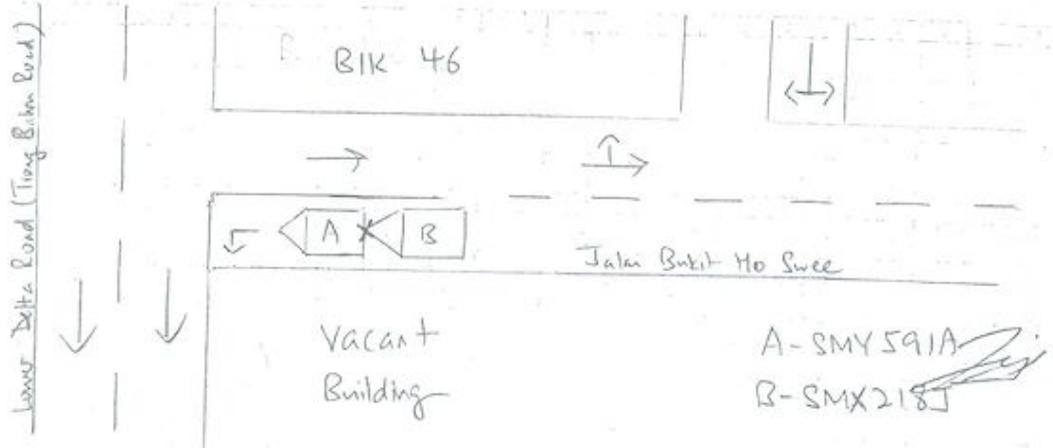
Driver's Signature
(if driver is not the policyholder)
Date & Time:

10/8/2022

CITY AUTO PTE LTD
Blk 8 Sin Ming Road
#01-58/60/62 Sin Ming Ind Est
Singapore 575643
Tel: 6453 1235 / Fax: 6453 7944
(Claims Section)

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

SKETCH PLAN



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

On 10/08/2022 at around 13:43 hrs. I was driving along Jalan Bukit Ho Swee & was slowing down to a stop due to queuing traffic - turning into Lower Delta Road. Suddenly, I heard a thud sound & discovered vehicle B - SMX218J had collided into my vehicle A - SMY591A rear.

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:

10/8/2022

CITY AUTO PTE LTD
Blk 8 Silt Ming Road
#01-58/60/62 Silt Ming Ind Est
Singapore 675643
Tel: 6453 1235 Fax: 6453 7944
(Claims Section)

Report No.:
Name:
NIC/FIN No.:

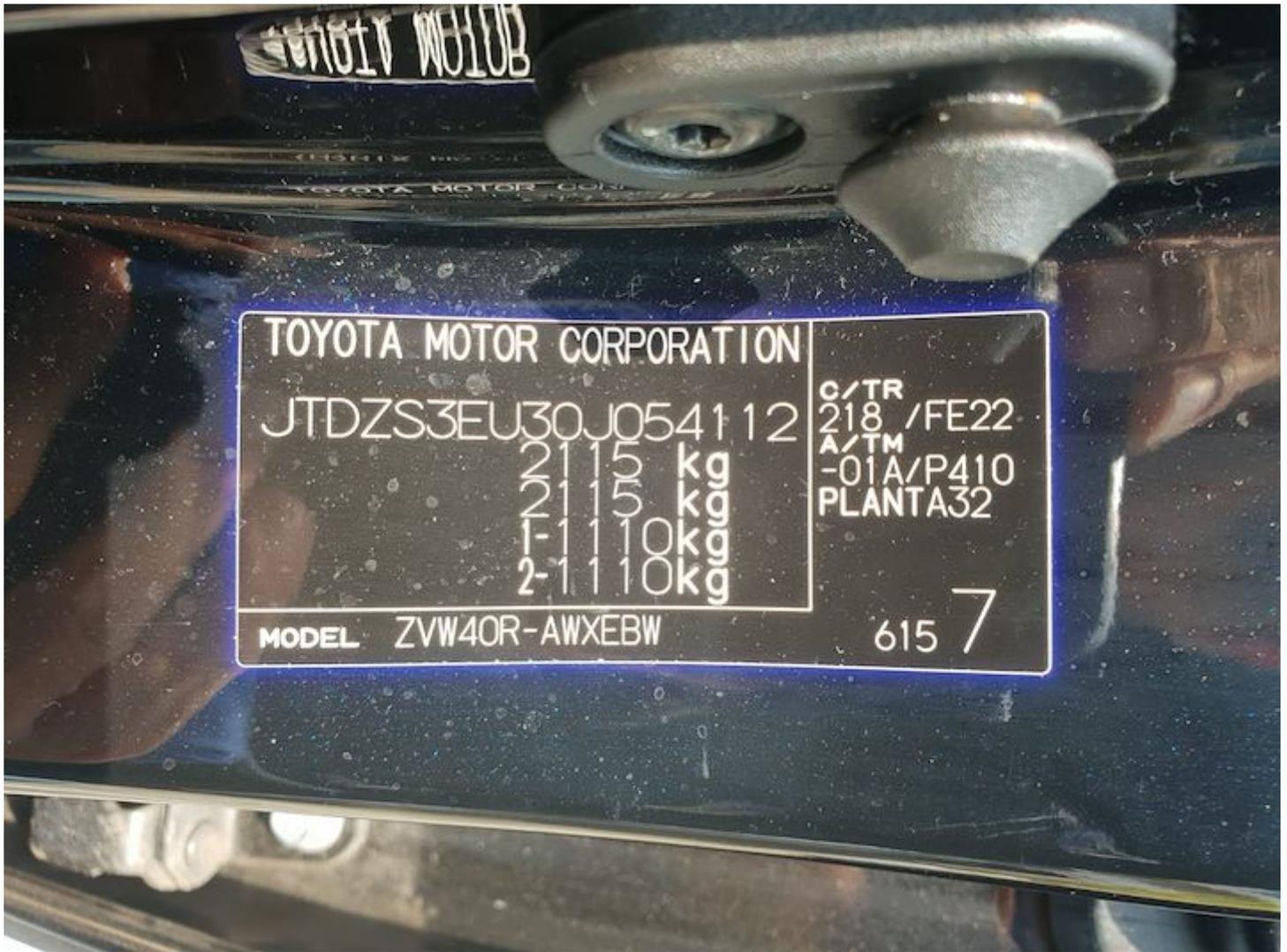




























IMPORTANT NOTE: Please submit the completed Addendum form to the same Accident Reporting Centre with whom you submitted the Original Report.

ADDENDUM

(A) PARTICULARS OF PERSON MAKING THE AMENDMENTS:

Original Report No: SC1N 228 A000C Vehicle Registration No: SMT591A
 Name (as shown in NRIC): FOCUS RENTALS PTE LTD NRIC/FIN/Passport No: 2 XXXXX 4906
 (*Vehicle Driver/Vehicle Owner) (*) Please delete as appropriate
 Address: _____ Singapore ()
 Contact (Tel): _____ Mobile No.: 98875600
 Email Address: operations@focusrentals.sg
 Date of Accident: 10/02/2022 Time of Accident: 13:48
 Place of Accident: JALAN BUKIT HO SWEE (LOWER DELTA ROAD)
 Insurance Company: III

(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:

CITY AUTO PTE LTD
 Blk 8, Sin Ming Road
 #01-58/60/62 Sin Ming Ind Est
 Singapore 575643
 Tel: 6457 8225 Fax: 6457 7811

 Reporting Centre Personnel's Signature
 Name: (Claims Section)
 NRIC/FIN No.:
 Date: