Your NCD will be affected due to late reporting

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 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	05/10/2022 14:33 (SGT)
Reported by	Driver
Date of Accident	01/10/2022 15:00 (SGT)
Exact Location of Accident	Singapore
Additional Location Information	PIE B4 EXIT 31 FROM JURONG TOWN HALL RD
Country/State of Loss	Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number	GBH4583S

INSURED/POLICYHOLDER

Is company?	Yes
Name Of Registered Owner	SIANG HOCK CAR RENTAL PTE LTD
Company Reg No	2XXXXX271R
Email Address	car.rental@sianghock.com.sg
Mobile Phone No	(Phone) +65-98792002
Alternative Phone No	-

VEHICLE PARTICULARS

Manufacturer	Ssangyong
Model	Actyon
Variant	-
Exact purpose for which vehicle was being used at time of accident	Employment
Are you claiming under your own insurance policy for repair to your vehicle?	Yes
Vehicle Category	Commercial vehicle
Transmission	Auto
CC	2157

INSURANCE COMPANY

Name of Insurance Company	MS First Capital Insurance Ltd
Policy Number / Cover Note Number	D-22099203MFCV/20

DRIVER

Name of Driver	WONG LIP FONG
NRIC No	SXXXX884Z
Date Of Birth	02/11/1981
Occupation	Outdoor

Date Of Driving Pass	06/04/2009
Driving experience	13 YEARS AND 6 MONTHS
Gender	Male
Mobile Number	(Phone) +65-83835385
Alt. Phone Number	-
Email Address	car.rental@sianghock.com.sg
Address	BLK 609 CCK ST 62
Address complement	#05-73
Postcode	680609
Is the driver the policyholder?	No
If No, Relationship of the Driver with the Insured	RENTAL
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	DRIZZLING
Road Surface	Wet

OTHER INFORMATION

Was any foreign vehicle involved in the accident?	No
Number of vehicles involved in the accident	1
Was anybody injured in the Accident?	No
Was any injured conveyed to hospital by ambulance?	-
Was any other vehicle or property damaged?	No
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

PLS REFER TO THE ATTACHED STATEMENT

ATTACHMENT(S)

Are accident photos available for attachment?	Yes
Was there any video captured by Car Camera?	No

SKETCH PLAN

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. 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.
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)**

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.

SIANG HOCK CAR RENTAL PTE LTD 201508217R UEN

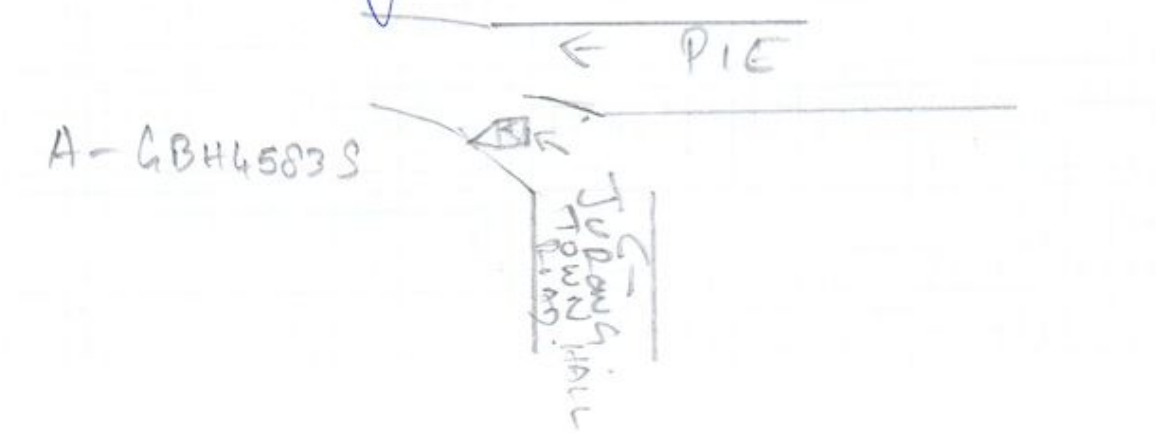
Policyholder's Signature / Date & Time

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

05/10/22

Witnessed by Reporting Centre Personnel

Sketch Plan



Describe Circumstances of the Accident

pls refer to the attached statement.

Declaration

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

SIANG HOCK CAR RENTAL PTE LTD 201508217R UEN

Policyholder's Signature / Date & Time

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

05/10/22

Witnessed by Reporting Centre Personnel

I, Wong Up Fong, I/C: S8173884Z. Reported an ~~the~~ car accident at 01/07/2022, around 1500 hrs. It was drizzling and floor condition was wet.
Doing vehicle SBH 4583S, from Jurong Town Hall road, turning left into PIE (Before Exit 31. Suddenly the vehicle skidding. Immediately, I apply braking, and turning right to prevent the vehicle continue skidding to left further. By doing so, the vehicle was suddenly hard turn to right and crash to the road barrier.

After that the vehicle has stopped moving. I get down the vehicle to check for any damages. During the accident, not human injuries or other vehicles involved in the accident. After checked, front left bumper was found damaged, front left light cover damaged, vehicle number plate was shattered, and rear right bumper was dented.

01/07/2022
1635 hrs.

IMAGES

IMAGES #2

IMAGES #3

IMAGES #4

IMAGES #5

IMAGES #6

IMAGES #7

IMAGES #8


C
H
E
F
x1000rpm
km/h
20
40
60
80
100
120
140
160
180
240
BRAKE
D
47986
km


SsangYong Motor Co., Ltd.
KPADA1EESJP328005
GROSS VEHICLE WEIGHT RATING
2640 KG
GROSS VEHICLE WEIGHT TRAILER WITH BRAKE
4940 KG
FRONT AXLE MAX WEIGHT RATING
1400 KG
REAR AXLE MAX WEIGHT RATING
1585 KG
BODY PAINT COLOR
SAF
DATE OF MANUFACTURE

IMAGES #10

GENERAL INSURANCE ASSOCIATION
RECORDS MANAGEMENT CENTRE

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: SN0922A5007 Vehicle Registration No: GBH4535

Name (as shown in NRIC): WONG LIP FONG NRIC/FIN/Passport No: SXXXX8842

(*Vehicle Driver/Vehicle Owner) (*) Please delete as appropriate

Address: BLK 609 CCK ST 62 #05-73 680609 Singapore ( )

Contact (Tel): Mobile No.: 83835385

Email Address:

Date of Accident: 01/10/22 Time of Accident: 1500

Place of Accident: PIE B4 EXIT 31 FROM JURONG TOWNHALL RD

Insurance Company: FIRST CAPITAL

(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:

FORGET TO ADD IN STATEMENT

Policyholder / Driver's Signature
Date:

05/10/22
Reporting Centre Personnel's Signature
Name:
NRIC/FIN No.:
Date:

GIARMC Addendum Form