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.

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 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 13/10/2022 12:18 (SGT) Reported by Driver Date of Accident 12/10/2022 13:12 (SGT) Exact Location of Accident 21 Evans Rd, Singapore 259366 Additional Location Information EVANS ROAD TOWARDS BUKIT TIMAH ROAD Country/State of Loss Singapore

DETAILS OF OWN VEHICLE

2359

Vehicle Registration Number SBJ21M

INSURED/POLICYHOLDER

Is company? No Name Of Registered Owner ONG CHENG SIM MELISSA NRIC No SXXXX618E Email Address GS@MOJO.PARTNERS Mobile Phone No (Phone) +65-92970276 Alternative Phone No

VEHICLE PARTICULARS

INSURANCE COMPANY

Manufacturer Hyundai Model TM SANTA FE 2.4 GDI AT 4WD SR Variant TM SANTA FE 2.4 GDI AT 4WD SR

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 Private car Transmission Auto

Name of Insurance Company MS First Capital Insurance Ltd Policy Number / Cover Note Number D-22099176MFPC

DRIVER

CC

Name of Driver M SUBRAMANIAM NRIC No SXXXX016D Date Of Birth 15/12/1965 Occupation Outdoor

Date Of Driving Pass 23/08/1988 Driving experience 34 YEARS AND 2 MONTHS Gender Mobile Number (Phone) +65-98574125 Alt. Phone Number +65-81217439 Email Address GS@MOJO.PARTNERS Address BLK 976 HOUGANG STREET 91 #02-256 Address complement Postcode 530976 Is the driver the policyholder? No If No, Relationship of the Driver with the Insured Paid Driver 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 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 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? Nο 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? Nο Was notice of intended Prosecution given? Nο If yes, against whom? CIRCUMSTANCES OF ACCIDENT ON 12/10/22 I WAS DRIVING VEH-A SBJ21M ALONG EVANS ROAD TOWARDS BUKIT TIMAH ROAD. AS I APPROACH A T-JUNCTION, I SLOW DOWN AND CONTINUE. THERE WAS A VEH-B SKX9929E IN-FRONT OF ME. AS WE REACH THE YELLOW BOX, THE TRAFFIC IN-FRONT OF VEH-B WAS CLEAR. BUT VEH-B DRIVER STOP BEFORE YELLOW BOX TO GIVE WAY TO VEH-C UNKNOWN. I WAS UNABLE TO STOP MY VEH-A, SO I TRIED TO SHIFT MORE TO MY RIGHT TO AVOID THE COLLISION. BY MY VEH-A SLIGHTLY TOUCH ONTO VEH-B ATTACHMENT(S) Are accident photos available for attachment? Yes Was there any video captured by Car Camera? Nο **DETAILS OF OTHER VEHICLE PROPERTY 1** Vehicle Registration Number SKX9929E Vehicle Manufacturer Vehicle Model

Vehicle Variant
Vehicle Colour

Vehicle Category Name of Driver NRIC No	Private car NIA LU SOO HIA SXXXX570A
Contact Number	(Phone) +65-98206182
Address	-
Address complement	-
Postcode	-
Insurance Company Name	-
Nature Of Damage	-
Details of property damaged in accident	-
No. Of Passenger (Including Driver)	-

. . , . . .

TIMON ROAD. AS I PARROCH DOWN AND CONTINUE. 1929 E IN-FRONT OF ME. 180x, THE TRAFFIC IN-FRONT BUT VEN-B DRIVER STOP GIVE WAY TO VENC-UNKNOW VEN A, SO I TRIED TO SHIFT AVOID THE COLLISION. DUCH ONTO VEN B.
,Nric No: Vehicle no: for my vehicle damaged repairs and discharged Goldbell Engineering Pte Ltd
Y

Declaration

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

Witnessed by Reporting Centre Personnel

SKETCH PLAN

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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.
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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' 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.

