

Liberty

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	27/10/2022 10:05 (SGT)
Reported by	Driver
Date of Accident	26/10/2022 15:50 (SGT)
Exact Location of Accident	Thomson Rd, Singapore
Additional Location Information	-
Country/State of Loss	Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SND4002G
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) +65-97539366
Alternative Phone No	(Office) +65-98875600

VEHICLE PARTICULARS

Manufacturer	Toyota
Model	Prius
Variant	PLUS
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	1798

INSURANCE COMPANY

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

DRIVER

Name of Driver	CHEW ZIJING
NRIC No	SXXXXX003J
Date Of Birth	30/04/1990
Occupation	Outdoor

Date Of Driving Pass	22/11/2010
Driving experience	11 YEARS AND 11 MONTHS
Gender	Male
Mobile Number	(Phone) +65-97539366
Alt. Phone Number	-
Email Address	operations@focusrentals.sg
Address	880A TAMPINES AVENUE 8 #02-304
Address complement	-
Postcode	521880
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 - Cross Junction
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

ON 26/10/2022 AT ABOUT 1550HRS I WAS DRIVING VEHICLE A (SND4002G) ALONG THOMSON ROAD. WHILE AFTER THE TRAFFIC LIGHT JUNCTION BETWEEN THOMSON ROAD AND NEWTON ROAD AT THE MERGING LANE SUDDENLY VEHICLE B (XE7405J) WAS TOO CLOSE TO ME AND I DID HORN BUT UNFORTUNATELY VEHICLE B FRONT LEFT PORTION COLLIDED ONTO VEHICLE A RIGHT PORTION. NOBODY WAS INJURED DURING THE ACCIDENT.

ATTACHMENT(S)

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

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	XE7405J
Vehicle Manufacturer	-
Vehicle Model	-
Vehicle Variant	-
Vehicle Colour	-
Vehicle Category	Commercial vehicle

Name of Driver	-
Contact Number	(Phone) +65-90164543
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

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.



**FLASH ACCIDENT
REPORTING OFFICER**
FRO NAZREEN

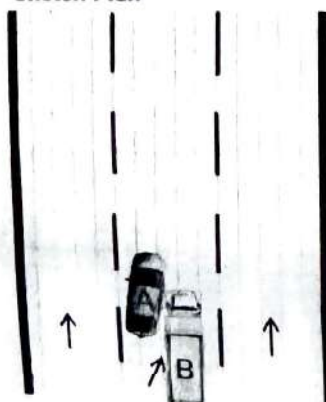


Policyholder's Signature / Date & Time

Driver's Signature (If driver is not the policyholder) / Date & Time
26/10/2022 1755HRS

Witnessed by Reporting Centre Personnel

Sketch Plan



THOMSON ROAD TOWARDS PIE

A - SND4002G

B - XE7405J


Describe Circumstances of the Accident

ON 26/10/2022 AT ABOUT 1550HRS I WAS DRIVING VEHICLE A (SND4002G) ALONG THOMSON ROAD. WHILE AFTER THE TRAFFIC LIGHT JUNCTION BETWEEN THOMSON ROAD AND NEWTON ROAD AT THE MERGING LANE SUDDENLY VEHICLE B (XE7405J) WAS TOO CLOSE TO ME AND I DID HORN BUT UNFORTUNATELY VEHICLE B FRONT LEFT PORTION COLLIDED ONTO VEHICLE A RIGHT PORTION. NOBODY WAS INJURED DURING THE ACCIDENT.

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 26/10/2022 1755HRS

**FLASH ACCIDENT
REPORTING OFFICER**
FRO NAZREEN



Witnessed by Reporting Centre Personnel