

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 willful 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	26/10/2022 16:51 (SGT)
Reported by	Both
Date of Accident	25/10/2022 18:30 (SGT)
Exact Location of Accident	Balestier Rd, Singapore
Additional Location Information	infront of Northlight School
Country/State of Loss	Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SMZ3778D
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INSURED/POLICYHOLDER

Is company?	Yes
Name Of Registered Owner	Gravity Car Leasing Pte Ltd
Company Reg No	202112245W
Email Address	hyms@live.com.sg
Mobile Phone No	(Phone) +65-83336725
Alternative Phone No	-

VEHICLE PARTICULARS

Manufacturer	Honda
Model	Vezel
Variant	-
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	1500

INSURANCE COMPANY

Name of Insurance Company	Etika Insurance Pte Ltd
Policy Number / Cover Note Number	M0016926

DRIVER

Name of Driver	Lau Sit Hui
NRIC No	S7041884C
Date Of Birth	27/11/1970
Occupation	Outdoor

Date Of Driving Pass	24/02/1993
Driving experience	29 YEARS AND 8 MONTHS
Gender	Male
Mobile Number	(Phone) +65-81618999
Alt. Phone Number	-
Email Address	hyms@live.com.sg
Address	Blk 689D Woodlands Drive 75 #03-118
Address complement	-
Postcode	734689
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	Chain Collision
Weather Conditions	Raining
Road Surface	Wet

OTHER INFORMATION

Was any foreign vehicle involved in the accident?	No
Number of vehicles involved in the accident	3
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)	5
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	RYDE Passenger
Gender	Male

PASSENGER 2

Name	RYDE Passenger
Gender	Male

PASSENGER 3

Name	RYDE Passenger
Gender	Female

PASSENGER 4

Name	RYDE Passenger
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

Please refer to the sketch plan.

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 SJV5095J
 Vehicle Manufacturer -
 Vehicle Model -
 Vehicle Variant -
 Vehicle Colour -
 Vehicle Category Private car
 Name of Driver Lim Peng Kheong
 NRIC No S7109521E
 Contact Number (Phone) +65-98292053
 Address -
 Address complement -
 Postcode -
 Insurance Company Name -
 Nature Of Damage -
 Details of property damaged in accident -
 No. Of Passenger (Including Driver) -

DETAILS OF OTHER VEHICLE PROPERTY 2

Vehicle Registration Number SMM485L
 Vehicle Manufacturer -
 Vehicle Model -
 Vehicle Variant -
 Vehicle Colour -
 Vehicle Category Private car
 Name of Driver Cha See Wee
 NRIC No S7418825G
 Contact Number (Phone) +65-98439762
 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**

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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' 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.



Policyholder's Signature / Date & Time

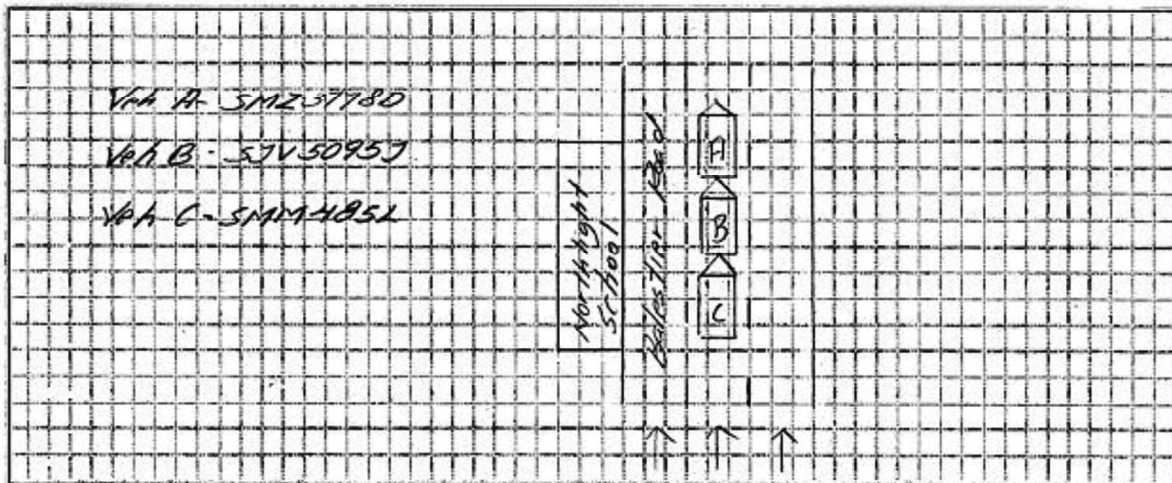
[Signature]

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

[Signature]
Witnessed by Reporting Centre Personnel
(Name as in NRIC/ID card)

Sketch Plan

26/10/2022



Describe Circumstance of the Accident

On 25/10/22 at 6.30pm, my vehicle A (SM23778D) was travelling along Balestier Road. Vehicles in front came to a stop, so I follow suit. Suddenly, I felt an impact, vehicle B (SVV 5095J) from behind had hit onto the rear portion of my vehicle A. When I alight from my vehicle then realise it's a chain collision involving vehicle C (SMM 485L).

Declaration

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



Policyholder's Signature / Date & Time

26/10/2022

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

Witnessed by Reporting Centre Personnel
(Name as in NRIC/ID card)