SJ0G22CH0003 / JP Knights Pte Ltd ENTRY DATE & TIME: 17/12/2022 09:18 (SGT) SUBMITTED BY: Weine Chieng VERSION: 1 (17/12/2022 09:18 (SGT))



SINGAPORE ACCIDENT STATEMENT

IMPORTANT NOTICE

Please report <u>correctly</u> the details of the accident to speed up the claims process.
 This Form must be <u>completed by the Policyholder and/or the Actual Driver</u>.

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.

4. The issue and acceptance of this norm 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 Reported by Date of Accident **Exact Location of Accident** Additional Location Information Country/State of Loss

17/12/2022 09:18 (SGT) 16/12/2022 19:40 (SGT) Orchard Blvd, Singapore

Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number

SMS2571B

INSURED/POLICYHOLDER

Is company? Name Of Registered Owner Company Reg No **Email Address** Mobile Phone No Alternative Phone No

YAS FOCUS RENTALS PTE LTD 2XXXXX450G operations@focusrentals.sg (Phone) +65-91997477 (Office) +65-98875600

VEHICLE PARTICULARS

Manufacturer Model Variant Exact purpose for which vehicle was being used at time of Are you claiming under your own insurance policy for repair to your vehicle? Vehicle Category Transmission CC

Honda Shuttle **HYBRID**

Private hire

No - Claiming third party Private hire Auto 1496

INSURANCE COMPANY

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

DRIVER

Name of Driver NRIC No Date Of Birth Occupation

CHIANG CHEH WEI SXXXX768G 26/06/1973 Outdoor



Date Of Driving Pass Driving experience

Gender Mobile Number

Alt. Phone Number **Email Address**

Address

Address complement

Postcode

Is the driver the policyholder?

If No, Relationship of the Driver with the Insured

Does Driver Own Other Vehicles?

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 Weather Conditions Road Surface

Raining Wet

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? 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 16/12/22 AT ABOUT 1940HRS I WAS DRIVING VEHICLE A SMS2571B ALONG LANE 2 AT ORCHARD BOULEVARD. I BEGAN TO SLOWLY FILTER TO THE THIRD LANE. BEFORE I EVEN ABLE TO FILTER HALF OF MY VEHICLE I FELT A BANG FROM RIGHT (DRIVER) SIDE. I NOTICED THAT VEHICLE S3609CD WHICH WAS IN LANE ONE COLLIDED INTO THE RIGHT SIDE OF MY VEHICLE. AS A RESULT SOME OF THE PAINT AT THE FRONT RIGHT SIDE OF MY VEHICLE SCRATCHED. WE BOTH STOPPED FUTHER DOWN AND EXCHANGED PARTICULARS. NO GOVERNMENT PROPERTY WAS DAMAGED AND NO INJURIES AT POINT OF TIME.

17/11/2017

Male

461045

Side Swipe

No

No

Hirer

5 YEARS AND 1 MONTH

operations@focusrentals.sq

45 CHAI CHEE ST #03-160

(Phone) +65-91997477

ATTACHMENT(S)

Are accident photos available for attachment? Was there any video captured by Car Camera?

Yes Yes

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number Vehicle Manufacturer Vehicle Model Vehicle Variant

S3609CD Kia

Accident report SJ0G22CH0003

Vehicle Colour
Vehicle Category
Name of Driver
Contact Number
Address
Address complement
Postcode

Postcode Insurance Company Name Nature Of Damage

Details of property damaged in accident No. Of Passenger (Including Driver) Private car RODERICK (Phone) +65-93391955

SKETCH PLAN

IMPORTANT NOTICE

- Please report <u>correctly</u> the details of the accident to speed up the claims process.
- 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 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. 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)

lunderstand, acknowledge, agree and consent that

- (a) My insurer , my w orkshop 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;
- (W) 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
- (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 law yers/law firms), which may be sited outside of Singapore, for one or more of the above Purposes

Driver's Signature (If driver is not the policyholder) / Date & Time 2300hrs 16/12/22

FRO BALAJI Witnessed by Reporting Centre Personne

FLASH ACCIDENT REPORTING OFFICER

Sketch Plan

A. SMS2571B B. S3609CD

Policyholder's Signature / Date &

ORCHARD BOULEVARD

Describe Circumstances of the Accident

ON 16/12/22 AT ABOUT 1940HRS I WAS DRIVING VEHICLE A SMS2571B ALONG LANE 2 AT ORCHARD BOULEVARD. I BEGAN TO SLOWLY FILTER TO THE THIRD LANE. BEFORE I EVEN ABLE TO FILTER HALF OF MY VEHICLE I FELT A BANG FROM RIGHT (DRIVER) SIDE. I NOTICED THAT VEHICLE S3609CD WHICH WAS IN LANE ONE COLLIDED INTO THE RIGHT SIDE OF MY VEHICLE. AS A RESULT SOME OF THE PAINT AT THE FRONT RIGHT SIDE OF MY VEHICLE SCRATCHED. WE BOTH STOPPED FUTHER DOWN AND EXCHANGED PARTICULARS. NO GOVERNMENT PROPERTY WAS DAMAGED AND NO INJURIES AT POINT OF TIME.

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 2300hrs 16/12/22

Witnessed by Reporting Centre Personnel

