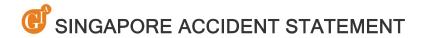
SM0Y23190003 / MBM WHEELPOWER PTE LTD ENTRY DATE & TIME: 09/01/2023 17:42 (SGT) SUBMITTED BY: Danny Ong VERSION: 1 (09/01/2023 17:42 (SGT))



- 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 09/01/2023 17:42 (SGT) Reported by Driver Date of Accident 08/01/2023 08:01 (SGT) Exact Location of Accident Woodlands Ave 2, Singapore Additional Location Information JUNCTION BETWEEN AVE 2 & AVE 7 Country/State of Loss Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number SKQ754M

INSURED/POLICYHOLDER

Is company? No Name Of Registered Owner SUBRAMANIAM S/O PALANSWAMI NRIC No S0178499D Email Address Claims@focusauto.com.sg Mobile Phone No (Phone) +65-98573351 Alternative Phone No

VEHICLE PARTICULARS

Manufacturer Volvo Model V40 Variant Exact purpose for which vehicle was being used at time of accident Private use Are you claiming under your own insurance policy for repair to

your vehicle? No - Claiming third party Vehicle Category Private car Transmission Auto CC 1560

INSURANCE COMPANY

Name of Insurance Company Income Insurance Limited Policy Number / Cover Note Number 5132817018

DRIVER

Name of Driver MISHANTI D/O SUBRAMANIAM NRIC No S9203784C Date Of Birth 22/01/1992 Occupation Indoor

Date Of Driving Pass 15/12/2022 Driving experience 1 MONTH Gender Female Mobile Number (Phone) +65-91450039 Alt. Phone Number Email Address Claims@focusauto.com.sg Address **BLK 511 WOODLANDS DRIVE 14** Address complement #04-55 Postcode 730511 Is the driver the policyholder? No If No, Relationship of the Driver with the Insured Parent 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 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) 2 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 **PASSENGER** Gender 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 REFER TO THE ATTACHED SKETCH PLAN 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 XE1950R Vehicle Manufacturer -

Vehicle Colour	-
Vehicle Category	Commercial vehicle
Name of Driver	-
Contact Number	-
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

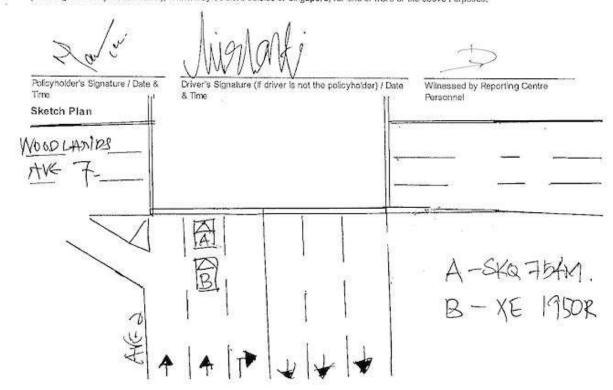
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- 2. This Formmust be completed by the Policyholder and/or the Authorised Driver.
- Information provided must be as truttiful and accurate as possible. Any wilful misrepresentation or willholding of material facts may allow insurance companies to repudiate policy liability.
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- By the ladgement 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.
- B. Consent under the Personal Data Protection Act (PDPA)

l'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;
- (ii) 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/inail 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.



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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 Roporting Contre Personnel























