

# 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 .....	24/01/2023 10:37 (SGT)
Reported by .....	Driver
Date of Accident .....	22/01/2023 14:00 (SGT)
Exact Location of Accident .....	PIE, Singapore
Additional Location Information .....	TOWARD CHANGI AFTER ENG NEO
Country/State of Loss .....	Singapore

## DETAILS OF OWN VEHICLE

Vehicle Registration Number .....	SMZ6725L
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### 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) +65-91449648
Alternative Phone No .....	(Office) +65-98875600

### VEHICLE PARTICULARS

Manufacturer .....	Toyota
Model .....	Yaris
Variant .....	CROSS
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 hire
Transmission .....	Auto
CC .....	1490

### INSURANCE COMPANY

Name of Insurance Company .....	India International Insurance Pte Ltd
Policy Number / Cover Note Number .....	D20MFL0007747_02

### DRIVER

Name of Driver .....	LIM KAR HONG
NRIC No .....	SXXXX240Z
Date Of Birth .....	18/10/1996
Occupation .....	Outdoor

Date Of Driving Pass .....	20/09/2018
Driving experience .....	4 YEARS AND 4 MONTHS
Gender .....	Male
Mobile Number .....	(Phone) +65-91449648
Alt. Phone Number .....	-
Email Address .....	operations@focusrentals.sg
Address .....	678C JURONG WEST ST 64 #03-331
Address complement .....	-
Postcode .....	643678
Is the driver the policyholder? .....	No
If No, Relationship of the Driver with the Insured .....	Employee
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? .....	Yes
Was any injured conveyed to hospital by ambulance? .....	No
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 .....	KERINA CHUA
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

ON 22/01/2023 AROUND 1400HRS I WAS DRIVING VEHICLE A (SMZ6725L) ON PIE TOWARDS CHANGI , ON 1ST LANE SUDDENLY THERE WAS THIS VEHICLE C(SLW6768R) JAM BRAKE INFRONT OF ME AND VEHICLE A COULDN'T STOP IN TIME DUE TO WET SURFACE AND REAR ENDED VEHICLE C, AND FOLLOWED BY VEHICLE B (SNF1017Z) REAR ENDED VEHICLE A.

I AND MY PASSENGER IS SLIGHTLY INJURED AND MIGHT GO SEE A DOCTOR SOON.

#### 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 .....	SNF1017Z
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Vehicle Manufacturer .....	Audi
Vehicle Model .....	-
Vehicle Variant .....	-
Vehicle Colour .....	-
Vehicle Category .....	Private car
Name of Driver .....	ONG SHAOJIE EDDIE
NRIC No .....	SXXXX868I
Contact Number .....	(Phone) +65-90259991
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 .....	SLW6768R
Vehicle Manufacturer .....	Peugeot
Vehicle Model .....	-
Vehicle Variant .....	-
Vehicle Colour .....	-
Vehicle Category .....	Private car
Name of Driver .....	SHARIFFAH RAUDHA BINTE SYED AL-ATTAS
NRIC No .....	SXXXX377A
Contact Number .....	(Phone) +65-91124674
Address .....	-
Address complement .....	-
Postcode .....	-
Insurance Company Name .....	-
Nature Of Damage .....	-
Details of property damaged in accident .....	-
No. Of Passenger (Including Driver) .....	-

#### INJURED PERSONS DETAILS

##### INJURED 1

Name of injured person .....	LIM KAR HONG
Gender .....	Male
Phone No .....	(Phone) +65-91449648
Address .....	678C JURONG WEST ST 64 #03-331
Address Complement .....	-
Post Code .....	643678
Approximate Age Years Old .....	26
Injuries Sustained .....	-
Injured person in which vehicle? .....	SMZ6725L
Were seat belts worn? .....	Yes
Was this injured conveyed to hospital by ambulance? .....	-

**SKETCH PLAN****IMPORTANT NOTICE**

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7. By the lodgment of this report to the insurers, you hereby consent to the archiving of this report at the center 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 involved 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

**Sketch Plan**

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

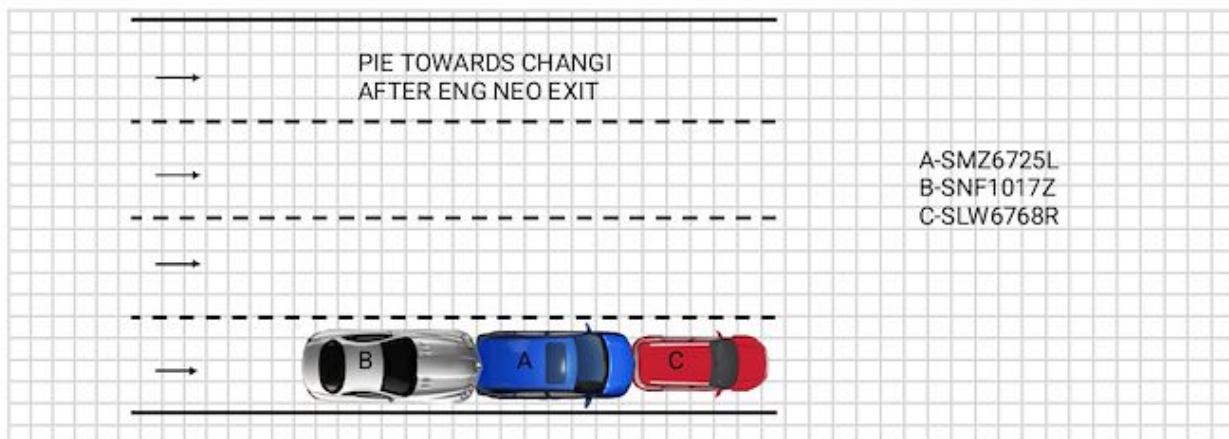
22/01/2023 1730HRS

**FLASH ACCIDENT  
REPORTING OFFICER**

FRO VICKY



Witnessed by Reporting Centre Personnel



## Describe Circumstances of the Accident

ON 22/01/2023 AROUND 1400HRS I WAS DRIVING VEHICLE A (SMZ6725L) ON PIE TOWARDS CHANGI, ON 1ST LANE  
SUDDENLY THERE WAS THIS VEHICLE C(SLW6768R) JAM BRAKE INFRONT OF ME AND VEHICLE A COULDN'T STOP IN TIME DUE TO WET SURFACE AND REAR ENDED VEHICLE C, AND FOLLOWED BY VEHICLE B (SNF1017Z) REAR ENDED VEHICLE A.  
I AND MY PASSENGER IS SLIGHTLY INJURED AND MIGHT GO SEE A DOCTOR SOON.

## 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

**FLASH ACCIDENT  
REPORTING OFFICER**

FRO VICKY



Witnessed by Reporting Centre Personnel

22/01/2023 1730HRS













