

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 13/04/2023 10:39 (SGT)
Reported by Actual Driver
Date of Accident 12/04/2023 19:40 (SGT)
Exact Location of Accident SLE, Singapore
Additional Location Information CTE BEFORE WOODLANDS AVE 12 EXIT
Country/State of Loss Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number SMQ6285L

INSURED/POLICYHOLDER

Is company? Yes
Name Of Registered Owner FOCUS RENTALS PTE LTD
Company Reg No 201836450G
Email Address operations@focusrentals.sg
Mobile Phone No (Phone) +65-87580813
Alternative Phone No (Office) +65-98875600

VEHICLE PARTICULARS

Manufacturer Toyota
Model Vios
Variant (AUTO)
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 - Reporting only
Vehicle Category Private hire
Transmission Auto
CC 1496

INSURANCE COMPANY

Name of Insurance Company India International Insurance Pte Ltd
Policy Number / Cover Note Number D20MFL0007747

DRIVER

Name of Driver CHONG KIM FEE
NRIC No S1124918C
Date Of Birth 23/06/1955
Occupation Outdoor

Date Of Driving Pass	23/01/1976
Driving experience	47 YEARS AND 3 MONTHS
Gender	Male
Mobile Number	(Phone) +65-87580813
Alt. Phone Number	-
Email Address	operations@focusrentals.sg
Address	BLK 693 JURONG WEST CENTRAL 1 #11-109
Address complement	-
Postcode	640693
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 - Head to Rear
Weather Conditions	DRIZZLING
Road Surface	Wet

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)	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	UNKNOWN
Gender	Male

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 12/04/2023 AT ABOUT 1940HRS, IT WAS DRIZZLING AND THE ROAD IS WET. I WAS DRIVING VEHICLE A (SMQ6285L) ALONG SLE TOWARDS CTE ON LANE 2. WHILE DRIVING FOLLOWING THE TRAFFIC FLOW SHORTLY BEFORE WOODLANDS AVE 12 EXIT, VEHICLE B (PC5856J) MAKE A SUDDEN STOPPED AND VEHICLE A DID NOT MANAGE TO STOP IN TIME AND REAR ENDED VEHICLE B. 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	PC5856J
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Vehicle Manufacturer	Nissan
Vehicle Model	Nv350
Vehicle Variant	-
Vehicle Colour	-
Vehicle Category	Bus
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

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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 involvedisclosure 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.



[Handwritten Signature]

FLASH ACCIDENT REPORTING OFFICER
FRO NAZREEN



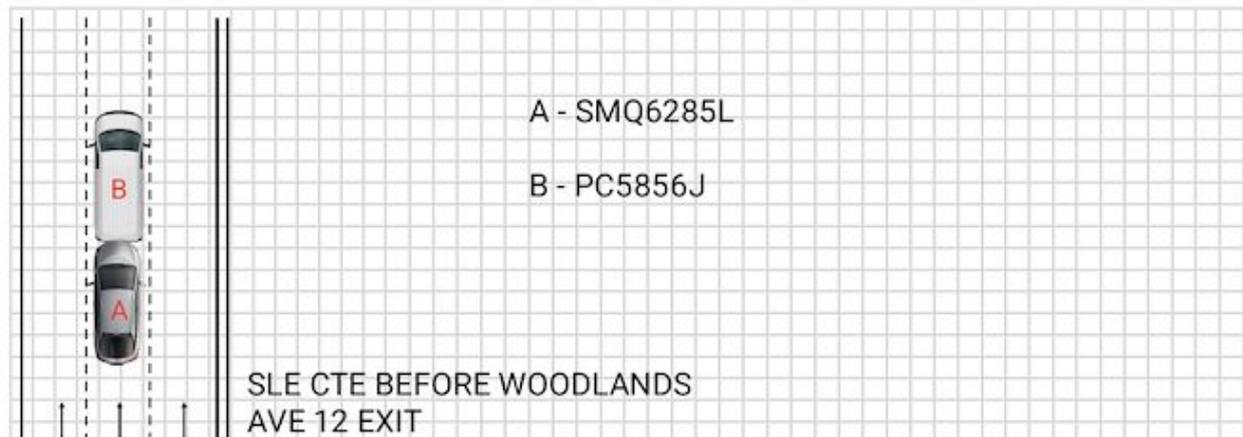
Policyholder's Signature / Date & Time

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

Witnessed by Reporting Centre Personnel

Sketch Plan

12/04/2023 2130HRS



Describe Circumstances of the Accident

ON 12/04/2023 AT ABOUT 1940HRS, IT WAS DRIZZLING AND THE ROAD IS WET. I WAS DRIVING VEHICLE A (SMQ6285L) ALONG SLE TOWARDS CTE ON LANE 2. WHILE DRIVING FOLLOWING THE TRAFFIC FLOW SHORTLY BEFORE WOODLANDS AVE 12 EXIT, VEHICLE B (PC5856J) MAKE A SUDDEN STOPPED AND VEHICLE A DID NOT MANAGE TO STOP IN TIME AND REAR ENDED VEHICLE B. NOBODY WAS INJURED DURING THE ACCIDENT.

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

12/04/2023 2130HRS

**FLASH ACCIDENT
REPORTING OFFICER**

FRO NAZREEN



Witnessed by Reporting Centre Personnel











