

# 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 .....	27/05/2023 10:28 (SGT)
Reported by .....	Actual Driver
Date of Accident .....	26/05/2023 12:05 (SGT)
Exact Location of Accident .....	PIE, Singapore
Additional Location Information .....	TOWARDS PIE(TUAS) NEAR EXIT 12
Country/State of Loss .....	Singapore

## DETAILS OF OWN VEHICLE

Vehicle Registration Number .....	SNK7675H
-----------------------------------	----------

### INSURED/POLICYHOLDER

Is company? .....	Yes
Name Of Registered Owner .....	GETGO SG SPV A PTE. LTD
Company Reg No .....	202311916D
Email Address .....	FLEET@GETGO.COM
Mobile Phone No .....	(Phone) +65-86682038
Alternative Phone No .....	-

### VEHICLE PARTICULARS

Manufacturer .....	Hyundai
Model .....	OS KONA
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? .....	Yes
Vehicle Category .....	Private car
Transmission .....	Auto
CC .....	0

### INSURANCE COMPANY

Name of Insurance Company .....	Allianz Insurance Singapore Pte. Ltd.
Policy Number / Cover Note Number .....	SP2005928295

### DRIVER

Name of Driver .....	EMMANUEL LAI JIAN HAO
NRIC No .....	T0046547F
Date Of Birth .....	23/12/2000
Occupation .....	Outdoor

Date Of Driving Pass .....	21/05/2021
Driving experience .....	2 YEARS
Gender .....	Male
Mobile Number .....	(Phone) +65-86682038
Alt. Phone Number .....	-
Email Address .....	FLEET@GETGO.COM
Address .....	292 BISHAN STREET 22 #13-71
Address complement .....	-
Postcode .....	570292
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 .....	Clear
Road Surface .....	Dry

#### 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) .....	1
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 26/05/2023 AT AROUND 1205HRS I WAS DRIVING VEHICLE A SNK7675H ALONG PIE CHANGI TOWARDS PIE TUAS NEAR EXIT 12, I WAS DRIVING STRAIGHT ON EXTREME RIGHT LANE SUDDENLY VEHICLE B SH7680Z WAS JAMMED BREAK THEN I ALSO FAILED TO BREAK ON TIME BECAUSE OF THE INFRONT TYRE LOCK UP COLLIDED ONTO VEHICLE B REAR BUMPER PORTION AND FOLLOWED BY VEHICLE B COLLIDED ONTO VEHICLE C REAR BUMPER PORTION, NOBODY WAS INJURED AT THE TIME OF 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 .....	SH7680Z
Vehicle Manufacturer .....	-
Vehicle Model .....	-
Vehicle Variant .....	-
Vehicle Colour .....	-

Vehicle Category .....	Taxi
Name of Driver .....	ABDULLAH BIN MAHADI
NRIC No .....	S9027787A
Contact Number .....	(Phone) +65-84991052
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 .....	SNC1822G
Vehicle Manufacturer .....	Mercedes
Vehicle Model .....	-
Vehicle Variant .....	-
Vehicle Colour .....	-
Vehicle Category .....	Private car
Name of Driver .....	ELDON
Contact Number .....	(Phone) +65-97656616
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

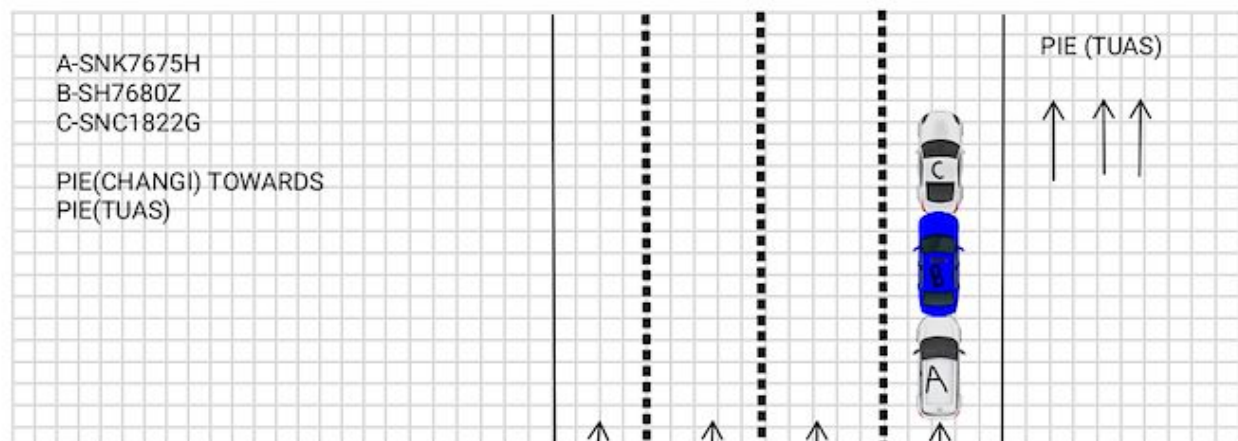
1. Please correctly report the details of the accident to speed up the claims process.
2. This Form must be **completed by the Policyholder and/or the Authorized Driver**.
3. Information provided must be as **truthful and accurate as possible**. Any willful misrepresentation or withholding of material 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 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 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

Driver's Signature (If driver is not the policyholder) / Date & Time  
26052023 1600HRS

Witnessed by Reporting Centre Personnel

### Sketch Plan




## Describe Circumstances of the Accident

ON 26/05/2023 AT AROUND 1205HRS I WAS DRIVING VEHICLE A SNK7675H ALONG PIE CHANGI TOWARDS PIE TUAS NEAR EXIT 12, I WAS DRIVING STRAIGHT ON EXTREME RIGHT LANE SUDDENLY VEHICLE B SH7680Z WAS JAMMED BREAK THEN I ALSO FAILED TO BREAK ON TIME BECAUSE OF THE INFRONT TYRE LOCK UP COLLIDED ONTO VEHICLE B REAR BUMPER PORTION AND FOLLOWED BY VEHICLE B COLLIDED ONTO VEHICLE C REAR BUMPER PORTION, NOBODY WAS INJURED AT THE TIME OF ACCIDENT

## 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 26052023 1600HRS



Witnessed by Reporting Centre Personnel

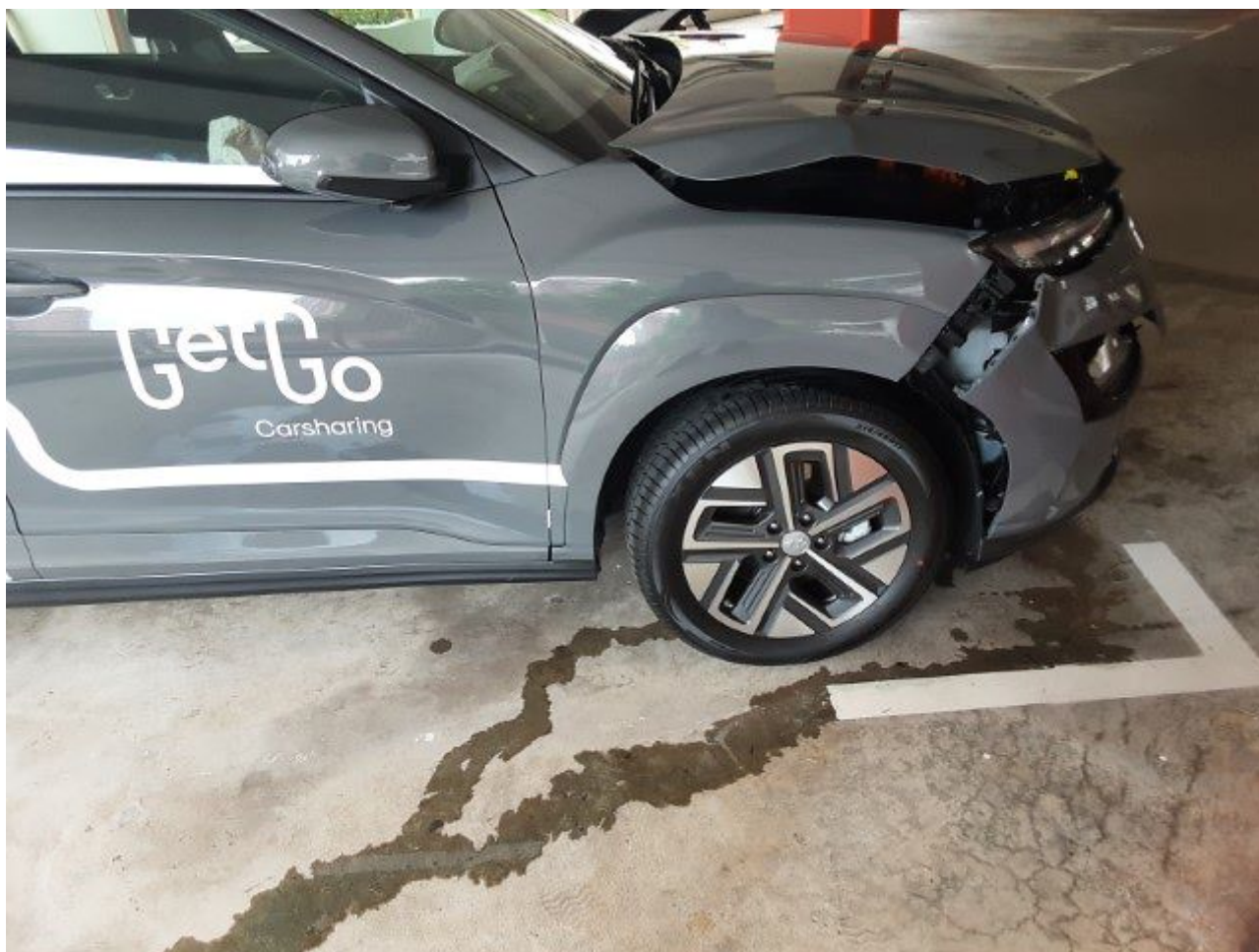


































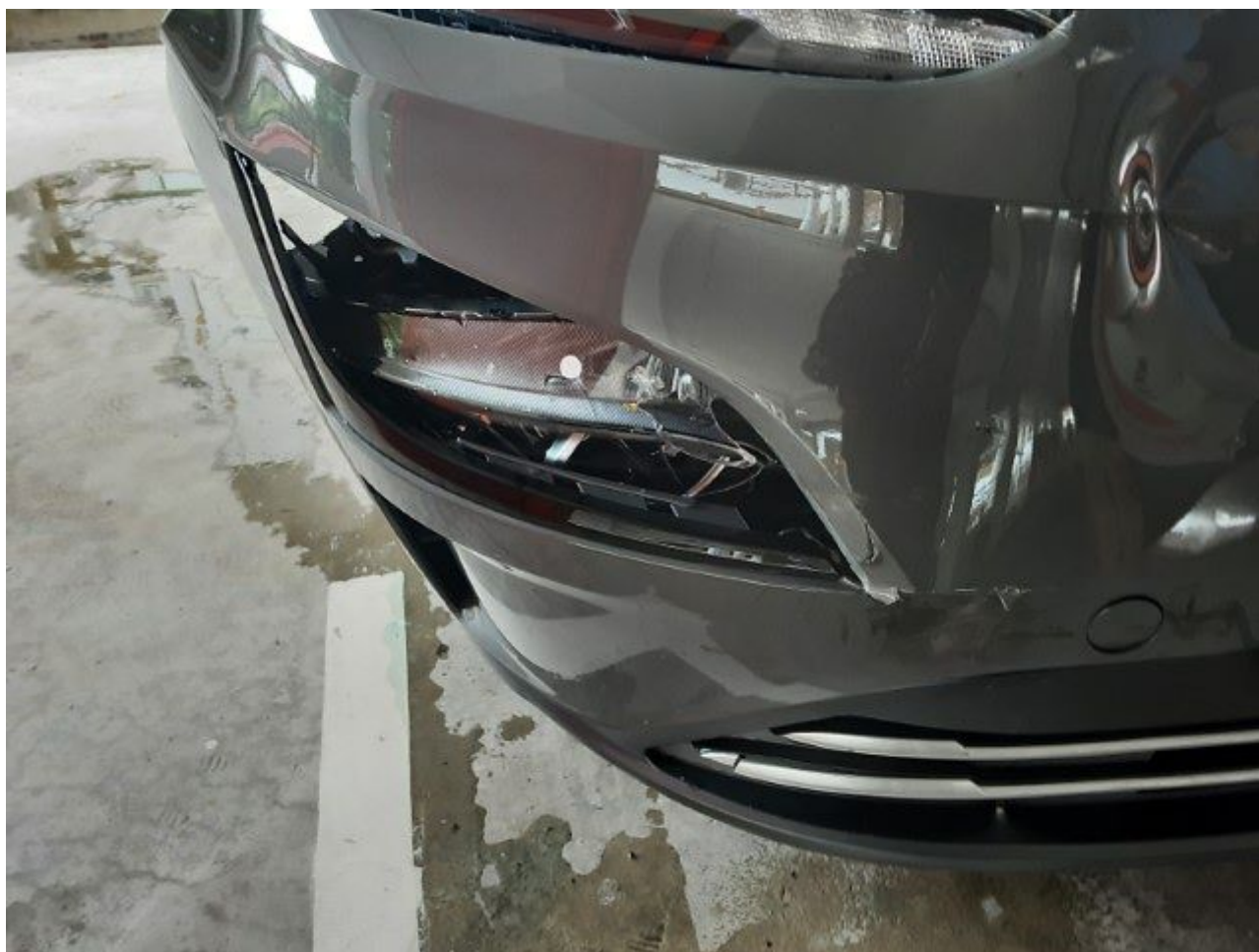












































































**IMPORTANT NOTE:** Please submit the completed Addendum form to the same Accident Reporting Centre with whom you submitted the Original Report.

### ADDENDUM

**(A) PARTICULARS OF PERSON MAKING THE AMENDMENTS:**

Original Report No: SJ0G235R0007 Vehicle Registration No: SNK7675H  
 Name (as shown in NRIC): LION CITY RENTALS PTE LTD NRIC/FIN/Passport No: 201504621K  
 (\*Vehicle Driver/Vehicle Owner) (\*) Please delete as appropriate  
 Address: \_\_\_\_\_ Singapore ( )  
 Contact (Tel): \_\_\_\_\_ Mobile No.: 6252 5525  
 Email Address: \_\_\_\_\_  
 Date of Accident: 26/05/2023 Time of Accident: 12:05  
 Place of Accident: PIE, SINGAPORE, TOWARDS PIE(TUAS) NEAR EXIT 12  
 Insurance Company: INDIA INTERNATIONAL INSURANCE PTE LTD

**(B) ADDITIONAL INFORMATION /AMENDMENTS:**

I have made a report on the above-mentioned accident and would like to include additional information or make the following amendments:

AMEND CLAIM STATUS

---

---

---

---

---

---

---

---

---

---



Policyholder / Driver's Signature  
Date:

*NAVA*

Reporting Centre Personnel's Signature  
Name:  
NRIC/FIN No.:  
Date: 29.05.2023