

# 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 ..... 22/05/2023 10:42 (SGT)  
Reported by ..... Actual Driver  
Date of Accident ..... 20/05/2023 00:50 (SGT)  
Exact Location of Accident ..... Buyong Rd, Singapore  
Additional Location Information ..... TOWARDS ORCHARD ROAD  
Country/State of Loss ..... Singapore

## DETAILS OF OWN VEHICLE

Vehicle Registration Number ..... SND6354C

### 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) +65-97861917  
Alternative Phone No ..... (Office) +65-98875600

### VEHICLE PARTICULARS

Manufacturer ..... Toyota  
Model ..... Prius  
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? ..... No - Claiming third party  
Vehicle Category ..... Private hire  
Transmission ..... Auto  
CC ..... 1798

### INSURANCE COMPANY

Name of Insurance Company ..... India International Insurance Pte Ltd  
Policy Number / Cover Note Number ..... D20MFL0007747\_02

### DRIVER

Name of Driver ..... THAM WEI LUN, JERRY  
NRIC No ..... SXXXX209G  
Date Of Birth ..... 16/03/1985  
Occupation ..... Outdoor

Date Of Driving Pass .....	19/04/2006
Driving experience .....	17 YEARS AND 1 MONTH
Gender .....	Male
Mobile Number .....	(Phone) +65-97861917
Alt. Phone Number .....	-
Email Address .....	operations@focusrentals.sg
Address .....	119 POTONG PASIR AVENUE 1 #05-1002
Address complement .....	-
Postcode .....	350119
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 - Change/cross lane
Weather Conditions .....	Clear
Road Surface .....	Dry

#### 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) .....	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 20/05/2023 AT AROUND 0450HRS I VEHICLE A BEARING VEHICLE REGISTRATION PLATE NUMBER SND 6354C WAS DRIVING ALONG BUYONG ROAD TOWARDS ORCHARD ROAD I WAS MOVE SLOWER DUE TO TRAFFIC FLOW, SUDDENLY THIS VEHICLE B BEARING VEHICLE REGISTRATION PLATE NUMBER SMT8999G CAME FROM EXTREME LEFT LANE CHANGE INTO CENTER LANE WITHOUT GIVING SIGNAL AND JAMMED BREAK WHILE VEHICLE A WAS MOVE FORWARD, 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 .....	SMT8999G
Vehicle Manufacturer .....	Toyota
Vehicle Model .....	Alphard
Vehicle Variant .....	-
Vehicle Colour .....	-

Vehicle Category .....	Private car
Name of Driver .....	NOORSHAM AFFANDI BIN RAMDZAN
NRIC No .....	SXXXX613B
Contact Number .....	(Phone) +65-90278232
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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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 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]*

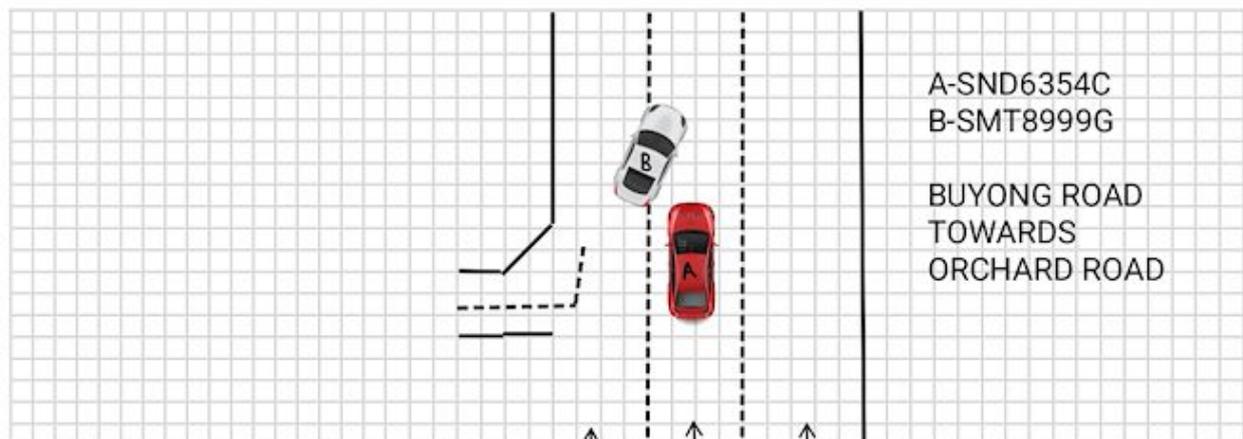
Policyholder's Signature / Date & Time

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

Witnessed by Reporting Centre Personnel

Sketch Plan

20052023 1355HRS



Describe Circumstances of the Accident

ON 20/05/2023 AT AROUND 0450HRS I VEHICLE A BEARING VEHICLE REGISTRATION PLATE NUMBER SND 6354C WAS DRIVING ALONG BUYONG ROAD TOWARDS ORCHARD ROAD I WAS MOVE SLOWER DUE TO TRAFFIC FLOW, SUDDENLY THIS VEHICLE B BEARING VEHICLE REGISTRATION PLATE NUMBER SMT8999G CAME FROM EXTREME LEFT LANE CHANGE INTO CENTER LANE WITHOUT GIVING SIGNAL AND JAMMED BREAK WHILE VEHICLE A WAS MOVE FORWARD, NOBODY WAS INJURED AT THE TIME OF 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  
20052023 1355HRS

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: SJOG235M000G Vehicle Registration No: SND8354C  
 Name (as shown in NRIC): FOCUS RENTALS PTE LTD NRIC/FIN/Passport No: 201836450G  
 (\*Vehicle Driver/Vehicle Owner) (\* Please delete as appropriate)  
 Address: \_\_\_\_\_ Singapore ( )  
 Contact (Tel): \_\_\_\_\_ Mobile No.: \_\_\_\_\_  
 Email Address: \_\_\_\_\_  
 Date of Accident: 20/05/2023 Time of Accident: 00:50  
 Place of Accident: Buyong Rd.  
 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:

UPDATE CLAIM STATUS

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\_\_\_\_\_  
 Policyholder / Driver's Signature  
 Date:

*Siti*  
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 Reporting Centre Personnel's Signature  
 Name:  
 NRIC/FIN No.:  
 Date: 05.06.2023

CLAIMS SUPERVISOR FORM

