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 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.

- 4. The issue and acceptance of this is form by instrained 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 30/06/2023 14:34 (SGT) Reported by Both Policyholder and Actual Driver Date of Accident 28/06/2023 09:45 (SGT) Exact Location of Accident Singapore Additional Location Information JALAN BAHAR Country/State of Loss Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number SNB8172H

INSURED/POLICYHOLDER

Is company? Yes Name Of Registered Owner KOMOCO CAR RENTALS PTE LTD Company Reg No 1XXXXX095k Email Address yunos@komoco.com.sg Mobile Phone No (Phone) +65-98793040 Alternative Phone No

VEHICLE PARTICULARS

Manufacturer

Hyundai Model Avante Variant Exact purpose for which vehicle was being used at time of accident Are you claiming under your own insurance policy for repair to your vehicle? No - Claiming third party Vehicle Category Private car Transmission Auto CC 1600

INSURANCE COMPANY

Name of Insurance Company MSIG Insurance (Singapore) Pte. Ltd. Policy Number / Cover Note Number B 400001992 MCY

DRIVER

Name of Driver **CHOONG HUI TING** NRIC No SXXXX368G Date Of Birth 02/10/1992 Occupation Outdoor

Date Of Driving Pass 05/12/2011 Driving experience 11 YEARS AND 6 MONTHS Gender Female Mobile Number (Phone) +65-97529089 Alt. Phone Number Email Address yunos@komoco.com.sg Address 331 TAH CHING RD #08-157 Address complement Postcode 611331 Is the driver the policyholder? No If No, Relationship of the Driver with the Insured Hirer Does Driver Own Other Vehicles? Nο 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 Raining Road Surface Wet 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) 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 **CHOONG** Gender Male PASSENGER 2 Name MARIE Gender Female PASSENGER 3 Name **JANE** 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 Refer to the sketch plan & statement ATTACHMENT(S)

Yes

Are accident photos available for attachment?

DETAILS OF OTHER VEHICLE PROPERTY 1

| Vehicle Registration Number Vehicle Manufacturer Vehicle Model | SMP1376X Toyota Sienta |
|--|------------------------------|
| Vehicle Variant | - |
| Vehicle Colour | - |
| Vehicle Category | Private hire |
| Name of Driver | KENG YONG |
| Contact Number | (Phone) +65-91123835 |
| 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.
- Information provided must be as <u>truthful and accurate as possible</u>. Any willful misrepresentation or withholding of material facts may allow insurance companies to <u>repudiate policy liability</u>.
- 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.
- 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.
- 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)

Lunderstand, 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, involces, 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.

259 ALEXANDRA FOAD #01-02 SINGAPORE 150936

Policyholder's Signature / Date &

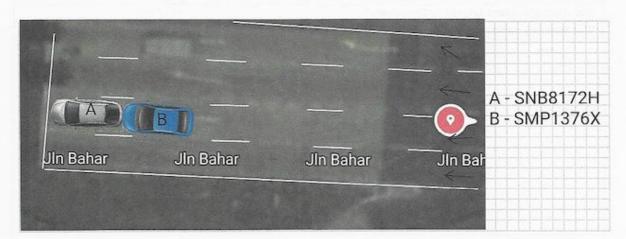
A

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

Witnessed by Reporting Centre Personnel

Sketch Plan

28/06/2023 - 16:15Hrs



Describe Circumstances of the Accident

ON 28/06/2023 AT ABOUT 0945HRS, I WAS DRIVING VEHICLE (SNB8172H)ALONG JALAN BAHAR. AS MY VEHICLE WAS STATIONARY DUE TO RED TRAFFIC, VEHICLE B (SMP1376X) FROM BEHIND COLLIDED ONTO VEHICLE A REAR BUMPER. NOBODY WAS INJURED AT THE MOMENT OF ACCIDENT.

Declaration

IWe declare the foregoing particulars are true in every respect.

KOMOCO CAR RENTALS PTE LTD 253 ALEXANDRA ROAD #01-02 SINGAPORE 158936

Pericyholder's Signature / Date & Time

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

^{& Time} 28/06/2023 - 16:15Hrs

Witnessed by Reporting Centre Personnel





