SJ0G237L000E / JP Knights Pte Ltd ENTRY DATE & TIME: 21/07/2023 10:21 (SGT) SUBMITTED BY: Weine Chieng VERSION: 1 (21/07/2023 10:21 (SGT))

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.

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 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 First Submission 21/07/2023 10:21 (SGT) Reported by **Actual Driver** Date of Accident 19/07/2023 17:45 (SGT) Exact Location of Accident SG, Lor Chuan, 151, Singapore 556741 Additional Location Information Country/State of Loss Singapore

DETAILS OF OWN VEHICLE

Honda

Auto

1318

Vehicle Registration Number **SMK289Y**

INSURED/POLICYHOLDER

Is company? Yes Name Of Registered Owner FRESH CARS PTE LTD Company Reg No 201608540Z **Email Address** REPORTING@MYCAR.SG Mobile Phone No (Phone) +65-86561878 Alternative Phone No (Office) +65-65508768

VEHICLE PARTICULARS

Manufacturer

Model Jazz 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 No - Claiming third party your vehicle? Vehicle Category Private hire Transmission

INSURANCE COMPANY

Name of Insurance Company India International Insurance Pte Ltd Policy Number / Cover Note Number D22MFL0002324

DRIVER

CC

Name of Driver NURZULKHAIRI BIN MOHAMAD ZULKEPLI NRIC No S9324664J Date Of Birth 09/07/1993 Occupation Outdoor

Date Of Driving Pass 28/11/2013 Driving experience 9 YEARS AND 8 MONTHS Gender Mobile Number (Phone) +65-86561878 Alt. Phone Number Email Address REPORTING@MYCAR.SG Address 793 WOODLANDS AVENUE 6 #13-669 Address complement Postcode 730793 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 Side Swipe 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 DETAILS OF POLICE ACTION Was the accident reported to the police? No

Was the accident reported to the police?

Was notice of intended Prosecution given?

No
If yes, against whom?

CIRCUMSTANCES OF ACCIDENT

ON 19/07/23 1745HRS, I WAS DRIVING VEHICLE A (SMK289Y) OUT FROM NEW TECH PARK LORONG CHUAN, VEHICLE B (SLX4722E) WAS AHEAD OF ME, QUEUING TO EXIT THE VICINITY. WHEN SUDDENLY VEHICLE B MOVED AND GRAZED THE LEFT PORTION OF VEHICLE A. NO INJURIES.

ATTACHMENT(S)

Are accident photos available for attachment?

Was there any video captured by Car Camera?

No

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration NumberSLX4722EVehicle ManufacturerBMWVehicle Model420iVehicle Variant-Vehicle Colour-Vehicle CategoryPrivate car

Name of Driver	DAWN MICHELLE GOH HUI LIN
NRIC No	S7803750D
Contact Number	(Phone) +65-96566488
Address	<u>-</u>
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.
- (ii) 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.

FRESH CARS PTE LTD UEN: 201608540Z

Policyholder's Signature / Date &

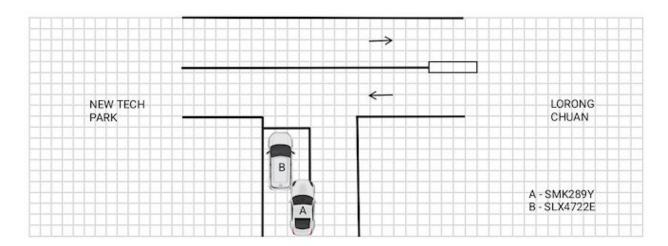
Driver's Signature (If driver is not the policyholder) / Date & Time

200723 IS20

Witnessed by Reporting Centre Personnel

Sketch Plan

Time



Describe Circumstances of the Accident ON 19/07/23 1745HRS, I WAS DRIVING VEHICLE A (SMK289Y) OUT FROM NEW TECH PARK LORONG CHUAN, VEHICLE B (SLX4722E) WAS AHEAD OF ME, QUEUING TO EXIT THE VICINITY. WHEN SUDDENLY VEHICLE B MOVED AND GRAZED THE LEFT PORTION OF VEHICLE A. NO INJURIES. Declaration I/We declare the foregoing particulars are true in every respect. FRESH CARS PTE LTD

200923 1520

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

& Time

Time

UEN: 201608540Z

Policyholder's Signature / Date &

Witnessed by Reporting Centre

Personnel













