SK0W249E0001 / KY AUTO PTE. LTD. ENTRY DATE & TIME: 16/09/2024 19:26 (SGT) SUBMITTED BY: BELLA SU VERSION: 1 (16/09/2024 19:26 (SGT))



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.

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 16/09/2024 19:26 (SGT) Reported by **Actual Driver** Date of Accident 13/09/2024 19:40 (SGT) Exact Location of Accident 82 Amoy St, Singapore 069901 Additional Location Information **AMOY STREET** Country/State of Loss Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number SNJ9307M

INSURED/POLICYHOLDER

Is company? Yes

Name Of Registered Owner AUTOBAHN RENT A CAR PTE LTD

Company Reg No 201607970Z

Email Address kyautosq@gmail.com Mobile Phone No (Phone) +65-96461329

Alternative Phone No

VEHICLE PARTICULARS

Manufacturer Toyota Model **Alphard**

Exact purpose for which vehicle was being used at time of Private hire accident

Are you claiming under your own insurance policy for repair to

your vehicle? Yes Vehicle Category Private hire

Transmission Auto 2493 Vehicle Fuel Petro

First Regisration Date 08/03/2023 Chassis no AGH300442949

Effective Date/Time of Ownership 08/03/2023 00:00 (SGT)

INSURANCE COMPANY

Name of Insurance Company China Taiping Insurance (Singapore) Pte. Ltd.

Policy Number / Cover Note Number DMHCSNA00004662400

Name of Driver NRIC No Date Of Birth Occupation Driving Pass Date Driving License Pass Class Driving License Validity Driving experience Gender Mobile Number Alt. Phone Number Email Address Address Address Address Address Is the driver the policyholder? If No, Relationship of the Driver with the Insured Does Driver Own Other Vehicles? Vehicle Registration Number of Other Vehicle Owned by Driver	ABDUL RASHID BIN ABDUL KARIM S1738305A 13/07/1966 Outdoor 28/02/2003 3 Valid 21 YEARS AND 7 MONTHS Male (Phone) +65-87603875 kyautosg@gmail.com BLK 630 PASIR RIS DRIVE 3 #04-860 510630 No Hirer No
GENERAL INFORMATION OF THE ACCIDENT	-
Type of Accident Weather Conditions Road Surface OTHER INFORMATION	Collision - Head to Rear Clear Dry
Was any foreign vehicle involved in the accident? Number of vehicles involved in the accident Was anybody injured in the Accident? Was any injured conveyed to hospital by ambulance? Was any other vehicle or property damaged? Number of Passengers (Including Driver) Has the driver been approached by unknown person(s) soliciting/offering accident claims assistance? 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? Was notice of intended Prosecution given? If yes, against whom?	No No -
CIRCUMSTANCES OF ACCIDENT	
I WAS DRIVING AMOY STREET. SUDDENLY, VEHICLE NO: SLE2978Y STOP THE VEHICLE AND MAKE ME UNABLE REACT ON TIME THEN HIT INTO THE CAR.	
ATTACHMENT(S)	
Are accident photos available for attachment? Was there any video captured by Car Camera?	Yes No

DETAILS OF OTHER VEHICLE PROPERTY 1

SKETCH PLAN

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- The issue and acceptance of this Form by insurance companies is not an admission of policy liability on the part of the insurance companies.
- 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.
- 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.
- 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' law yers/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' law yers/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 law yers/law firms), which may be sited outside of Singapore, for one or more of the above Purposes.

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

Witnessed by Reporting Centre Personnel

Sketch Plan

A: SN59274 B: SLE2978Y

	e Circumstances of the Accident
	I was driving along Away Street. Suddenly, vehicle no: SLE29784 Stop vehicle and make me unable react on time then hit into the car.
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the	vehicle and make me unable react on time then hit into the car.
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te: Pl	ease note that your insurer may have 14 days time frame for you to submit an Own Damage Claim under you
UE OWI	n comprehensive policy. Please check your policy for more information.

Declaration

We declare the foregoing particulars are true in every respect.

Policyholder's Signature / Date & Time

Witnessed by Reporting Centre Personnel

























