

## 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 First Submission	15/10/2024 17:30 (SGT)
Reported by	Both Policyholder and Actual Driver
Date of Accident	08/10/2024 20:15 (SGT)
Exact Location of Accident	Marina Blvd, Singapore
Additional Location Information	TURN INTO SHEARES AVE
Country/State of Loss	Singapore

### DETAILS OF OWN VEHICLE

Vehicle Registration Number	PC7133Z
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#### INSURED/POLICYHOLDER

Is company?	Yes
Name Of Registered Owner	LIMO 2000 TRANSPORT & LIMOUSINE
Company Reg No	52988574C
Email Address	MELVIN.TYPOH@GMAIL.COM
Mobile Phone No	(Phone) +65-94494685
Alternative Phone No	-

#### VEHICLE PARTICULARS

Manufacturer	Mercedes
Model	V220D
Variant	-
Exact purpose for which vehicle was being used at time of accident	Private use
Are you claiming under your own insurance policy for repair to your vehicle?	No - Claiming third party
Vehicle Category	Commercial vehicle
Transmission	Auto
CC	2200
Vehicle Fuel	-
First Registration Date	-
Chassis no	-
Effective Date/Time of Ownership	-

#### INSURANCE COMPANY

Name of Insurance Company	China Taiping Insurance (Singapore) Pte. Ltd.
Policy Number / Cover Note Number	DMB1SNW00005112405

#### DRIVER

Name of Driver .....	POH TECK YEE MELVIN
NRIC No .....	S8946688A
Date Of Birth .....	27/12/1989
Occupation .....	Outdoor
Driving Pass Date .....	18/04/2013
Driving License Pass Class .....	3
Driving License Validity .....	Valid
Driving experience .....	11 YEARS AND 6 MONTHS
Gender .....	Male
Mobile Number .....	(Phone) +65-94494685
Alt. Phone Number .....	-
Email Address .....	MELVIN.TYPOH@GMAIL.COM
Address .....	32 LUCKY HEIGHTS
Address complement .....	-
Postcode .....	467586
Is the driver the policyholder? .....	No
If No, Relationship of the Driver with the Insured .....	Employee
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 .....	Side Swipe
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) .....	6
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 .....	UNKNOWN
Gender .....	Male

#### PASSENGER 2

Name .....	UNKNOWN
Gender .....	Female

#### PASSENGER 3

Name .....	UNKNOWN
Gender .....	Male

#### PASSENGER 4

Name .....	UNKNOWN
Gender .....	Female

#### PASSENGER 5

Name .....	UNKNOWN
Gender .....	Male

#### 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

I WAS DRIVING MY VEHICLE AND PREPARING TO MAKE A LEFT TURN FROM MARINA BOULEVARD INTO SHEARES AVE. WHILE I WAS MAKING A LEFT TURN, A RED CAR TRAVELLING BEHIND ME AT A HIGH SPEED, ATTEMPTED TO TURN LEFT AS WELL. DURING THE TURN, THE RED CAR SCRATCH AGAINST MY VEHICLE FRONT RIGHT SIDE. I STOPPED MY VEHICLE AND EXITED TO EXCHANGE PARTICULARS WITH THE OTHER DRIVER.

#### 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 ..... SNL3444D  
 Vehicle Manufacturer ..... -  
 Vehicle Model ..... -  
 Vehicle Variant ..... -  
 Vehicle Colour ..... -  
 Vehicle Category ..... Private car  
 Name of Driver ..... -  
 Contact Number ..... -  
 Address ..... -  
 Address complement ..... -  
 Postcode ..... -  
 Insurance Company Name ..... -  
 Nature Of Damage ..... -  
 Details of property damaged in accident ..... VEHICLE B  
 No. Of Passenger (Including Driver) ..... -

**SKETCH PLAN**

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7. By the lodgment 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)

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.
- (d) my Personal Information will also be collected and used to compile claims history for the purpose of fraud detection, investigation and management in present and all future claims.
- (e) the Information so collected under (d) above may be shared / disclosed:
  - (i) to all insurers and/or any other third parties that assist in evaluating, investigating, controlling or managing fraud, regulators, law enforcement and government agencies as reasonably required for the purposes stated, or
  - (ii) for complying with requirements under any regulations, laws or court orders.

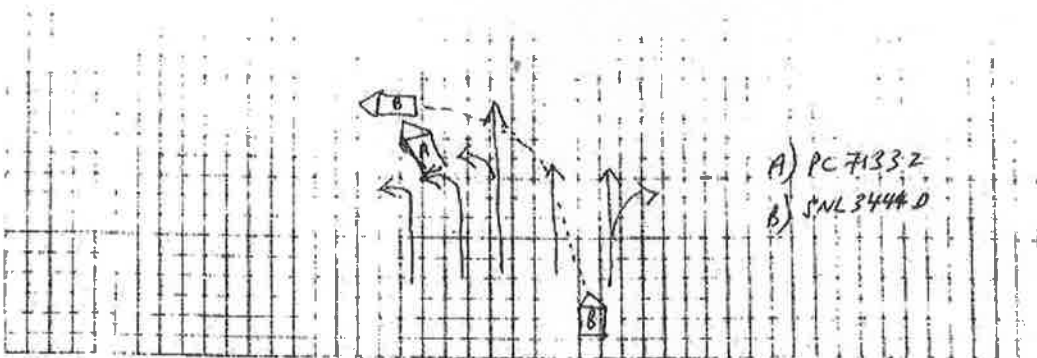
  
Limo 2000 Transport & Linen Services

Policyholder's Signature  
Date & Time:

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

Reporting Centre Personnel's Signature  
Name:  
NRIC/PRN No.:

SKETCH PLAN



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

I was driving my vehicle and preparing to make a left turn from Marina Boulevard into Sheard Avenue. While I was making a left turn, a red car, traveling behind me at a high speed, attempted to turn left as well. During the turn, the red car scratch against my vehicle front right side. I stopped my vehicle and exited to exchange particulars with the other driver.

**DECLARATION**  
 I hereby declare the foregoing particulars are true in every respect.  
 Lino 2000 Transport & Leasing Inc.

Policyholder's Signature  
 Date & Time:

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

15/10/2024  
 Reporting Centre Personnel's Signature  
 Name:  
 MRCC/EM No: