

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	17/10/2024 17:24 (SGT)
Reported by	Actual Driver
Date of Accident	16/10/2024 16:20 (SGT)
Exact Location of Accident	Bukit Timah Expy, Singapore
Additional Location Information	ALONG BKE
Country/State of Loss	Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SNQ7132B
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INSURED/POLICYHOLDER

Is company?	Yes
Name Of Registered Owner	MOTORIST FINANCIAL SERVICES PTE LTD
Company Reg No	2XXXXX964D
Email Address	donlimky@gmail.com
Mobile Phone No	(Phone) +65-88111886
Alternative Phone No	-

VEHICLE PARTICULARS

Manufacturer	Mercedes
Model	E200
Variant	SALOON
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	Private car
Transmission	Auto
CC	1800
Vehicle Fuel	Petrol
First Registration Date	18/09/2020
Chassis no	W1K2130802A770083
Effective Date/Time of Ownership	18/09/2020 00:01 (SGT)

INSURANCE COMPANY

Name of Insurance Company	Income Insurance Limited
Policy Number / Cover Note Number	5138885341-01

DRIVER

Name of Driver	DON LIM KIAN YIAP
NRIC No	SXXXX425B
Date Of Birth	29/04/1993
Occupation	Indoor
Driving Pass Date	29/11/2013
Driving License Pass Class	3
Driving License Validity	Valid
Driving experience	10 YEARS AND 11 MONTHS
Gender	Male
Mobile Number	(Phone) +65-88111886
Alt. Phone Number	-
Email Address	donlimky@gmail.com
Address	NA
Address complement	-
Postcode	-
Is the driver the policyholder?	No
If No, Relationship of the Driver with the Insured	DIRECTOR OF COMPANY
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

REFER ATTACHED STATEMENT AND VIDEO FOOTAGE

ATTACHMENT(S)

Are accident photos available for attachment?	Yes
Was there any video captured by Car Camera?	Yes

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	SMX5335X
Vehicle Manufacturer	-

Vehicle Model	-
Vehicle Variant	-
Vehicle Colour	White
Vehicle Category	Private hire
Name of Driver	CHAI MING HUEI
NRIC No	SXXXX157Z
Contact Number	(Phone) +65-92223294
Address	-
Address complement	-
Postcode	-
Insurance Company Name	-
Nature Of Damage	ACCIDENT
Details of property damaged in accident	RIGHTHAND PORTION
No. Of Passenger (Including Driver)	-

SKETCH PLAN**IMPORTANT NOTICE**

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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.



Policyholder's Signature / Date & Time

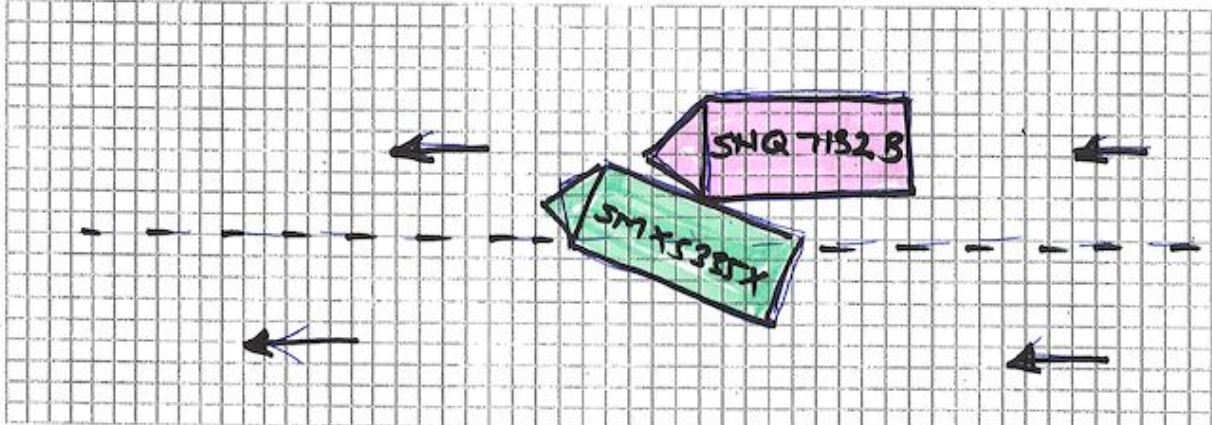



Driver's Signature (If driver is not the policyholder) / Date & Time



TC AUTOCLINIC PTE LTD
19 LORONG 8 TOA PAYOH
SINGAPORE 119265

T: (65) 6703 8668 / 6703 8669
Witnessed by Reporting Centre Personnel

Sketch Plan

Describe Circumstances of the Accident

I WAS DRIVING STRAIGHT AHEAD IN MY
LANE WHEN SUDDENLY SMX533TX SWITCH
LANE AND HIT MY CAR.

REFER 3RD PARTY VIDEO FOOTAGE.

Declaration

We declare the foregoing particulars are true in every respect.


ILLUSTRIOUS MOTORS PRIVATE LIMITED
UEN 202331891M

Policyholder's Signature / Date & Time


ILLUSTRIOUS MOTORS PRIVATE LIMITED
UEN 202331891M

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

TC AUTOCLINIC PTE LTD
19 LORONG 8 TOA PAYAH
SINGAPORE 319255
T: (65) 6703 8668 / 6703 8669

Witnessed by Reporting Centre Personnel



















