

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	01/11/2024 16:46 (SGT)
Reported by	Actual Driver
Date of Accident	30/10/2024 19:45 (SGT)
Exact Location of Accident	Singapore
Additional Location Information	OXLEY ROAD /ORCHARD ROAD , T JUNCTION
Country/State of Loss	Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SMX1164Z
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INSURED/POLICYHOLDER

Is company?	Yes
Name Of Registered Owner	EC AUTO LEASING PTE. LTD.
Company Reg No	201815817W
Email Address	ecuberental@gmail.com
Mobile Phone No	(Phone) +65-96979666
Alternative Phone No	-

VEHICLE PARTICULARS

Manufacturer	Toyota
Model	Prius
Variant	PLUS (AUTO)
Exact purpose for which vehicle was being used at time of accident	Employment
Are you claiming under your own insurance policy for repair to your vehicle?	No - Claiming third party
Vehicle Category	Private hire
Transmission	Auto
CC	1798
Vehicle Fuel	Petrol-Electric
First Registration Date	20/12/2020
Chassis no	JTDZS3EUX0J061011
Effective Date/Time of Ownership	28/12/2020 00:00 (SGT)

INSURANCE COMPANY

Name of Insurance Company	China Taiping Insurance (Singapore) Pte. Ltd.
Policy Number / Cover Note Number	DMHCSNA00000732400

DRIVER

Name of Driver KANG GEK KENG
 NRIC No S68219771
 Date Of Birth 12/06/1968
 Occupation Outdoor
 Driving Pass Date 20/06/2002
 Driving License Pass Class 3
 Driving License Validity Valid
 Driving experience 22 YEARS AND 4 MONTHS
 Gender Female
 Mobile Number (Phone) +65-87422044
 Alt. Phone Number -
 Email Address ecuberental@gmail.com
 Address 125A TENGAH DRIVE #07-245
 Address complement -
 Postcode 691125
 Is the driver the policyholder? No
 If No, Relationship of the Driver with the Insured Hirer
 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 Collided into Motorcyclist
 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 TO SKETCH

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 FBV4262U
 Vehicle Manufacturer -

Vehicle Model	-
Vehicle Variant	-
Vehicle Colour	-
Vehicle Category	Motorcycle
Name of Driver	-
Contact Number	(Phone) +65-96158301
Address	-
Address complement	-
Postcode	-
Insurance Company Name	-
Nature Of Damage	-
Details of property damaged in accident	-
No. Of Passenger (Including Driver)	1

SKETCH PLAN

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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 Traffic Police Department for investigation.**
6. This report will be forwarded by the Insurer to 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 centre, you hereby consent to the archiving of this report at the centre and to copies of the report being made available (where) (if).

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 be 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 its causes;

(iii) carrying out and/or dealing with my claim and/or responding to any enquiries by me;

(iv) administering my claims including the issuing of correspondence, statements, invoices, reports or notices to me, which could involve disclosure of certain personal data about me, such as delivery of the same as well as on the external cover of enveloped/signed 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 be permitted to collect, use, disclose and/or process my Personal Information for one or more of the above Purposes; and

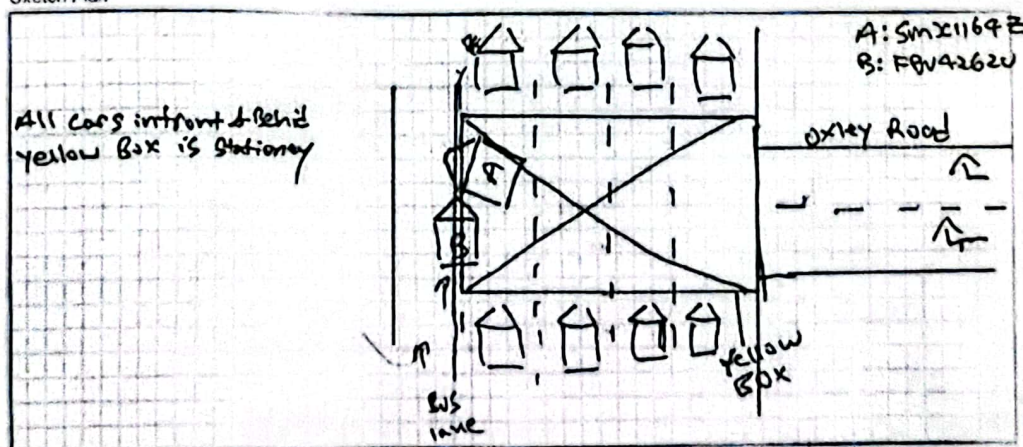
(c) my Personal Information may also be disclosed by any of the Insurers and/or GIA to their third-party service providers or agents (including their lawyers/law firms, which may be based outside of Singapore, for one or more of the above Purposes.

[Signature]
Policyholder's Signature (Date & Time)

[Signature]
Insurer's Signature (Date & Time)

[Signature]
Witnessed by Reporting Centre Personnel (Marking as N/A if not used)

Sketch Plan



1


Describe Circumstance of the Accident


My vehicle was Stationery inside the yellow Box
All vehicles in front of and behind the yellow Box
are Stationery due to the Red light in front.

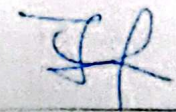
AS I was stationery, suddenly vehicle B dash
out with high speed and crash onto the left hand
front.
Side of my Bumper, Ripping off the whole Bumper.
vehicle B did not fall during the impact
and only slowed down to stop about 100m away
from the accident site.

Declaration

I/We declare the foregoing particulars are true in every respect.


The driver's Signature (Must be legible)


The driver's Signature (Must be legible) Date & Time


The reporting officer's Signature (Must be legible) Date & Time