

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	12/11/2024 17:01 (SGT)
Reported by	Actual Driver
Date of Accident	12/11/2024 08:07 (SGT)
Exact Location of Accident	Singapore
Additional Location Information	115 MSCP SIMEI ST 1
Country/State of Loss	Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SMJ4169P
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INSURED/POLICYHOLDER

Is company?	Yes
Name Of Registered Owner	HUI HUA CREDIT PTE LTD
Company Reg No	199301638D
Email Address	merylng.gh@gmail.com
Mobile Phone No	(Phone) +65-64696611
Alternative Phone No	-

VEHICLE PARTICULARS

Manufacturer	Mercedes
Model	C200
Variant	-
Exact purpose for which vehicle was being used at time of accident	-
Are you claiming under your own insurance policy for repair to your vehicle?	No - Claiming third party
Vehicle Category	Private car
Transmission	Auto
CC	1500
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	DMTPSNA00000012403

DRIVER

Name of Driver	LOO CHEE CHONG
NRIC No	S1462065F
Date Of Birth	20/05/1961
Occupation	Indoor
Driving Pass Date	11/04/2019
Driving License Pass Class	3
Driving License Validity	Valid
Driving experience	5 YEARS AND 7 MONTHS
Gender	Male
Mobile Number	(Phone) +65-98153166
Alt. Phone Number	-
Email Address	merylng.gh@gmail.com
Address	114 SIMEI STREET 1 #08-608
Address complement	-
Postcode	520114
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	Collided into Parked Vehicle
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)	0
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 PLAN

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	SNJ9819C
Vehicle Manufacturer	Hyundai

Vehicle Model	-
Vehicle Variant	-
Vehicle Colour	-
Vehicle Category	Private car
Name of Driver	LOUIS MICHEAL GALISTAN
NRIC No	S7820418D
Contact Number	-
Address	-
Address complement	-
Postcode	-
Insurance Company Name	-
Nature Of Damage	-
Details of property damaged in accident	-
No. Of Passenger (Including Driver)	-

This morning about 9am found that was a note ✓
on the car windscreen, checked and found the
damaged according to the note mentioned.
Contacted the gentleman Louis and agreed to
settle the case via the insurance company.
No injuries reported.

4:37 pm

SKETCH PLAN

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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

Witnessed by Reporting Centre Personnel
(Name as in NRIC/ID card)

Sketch Plan

A: SMJ4169P

B: UNKNOWN

Describe Circumstance of the Accident

DOA: 12 NOV 24

TIME: 0807hrs

LOCATION: 115 MSCP SIMEI ST 1

REFER TO ATTACHMENT.

Declaration

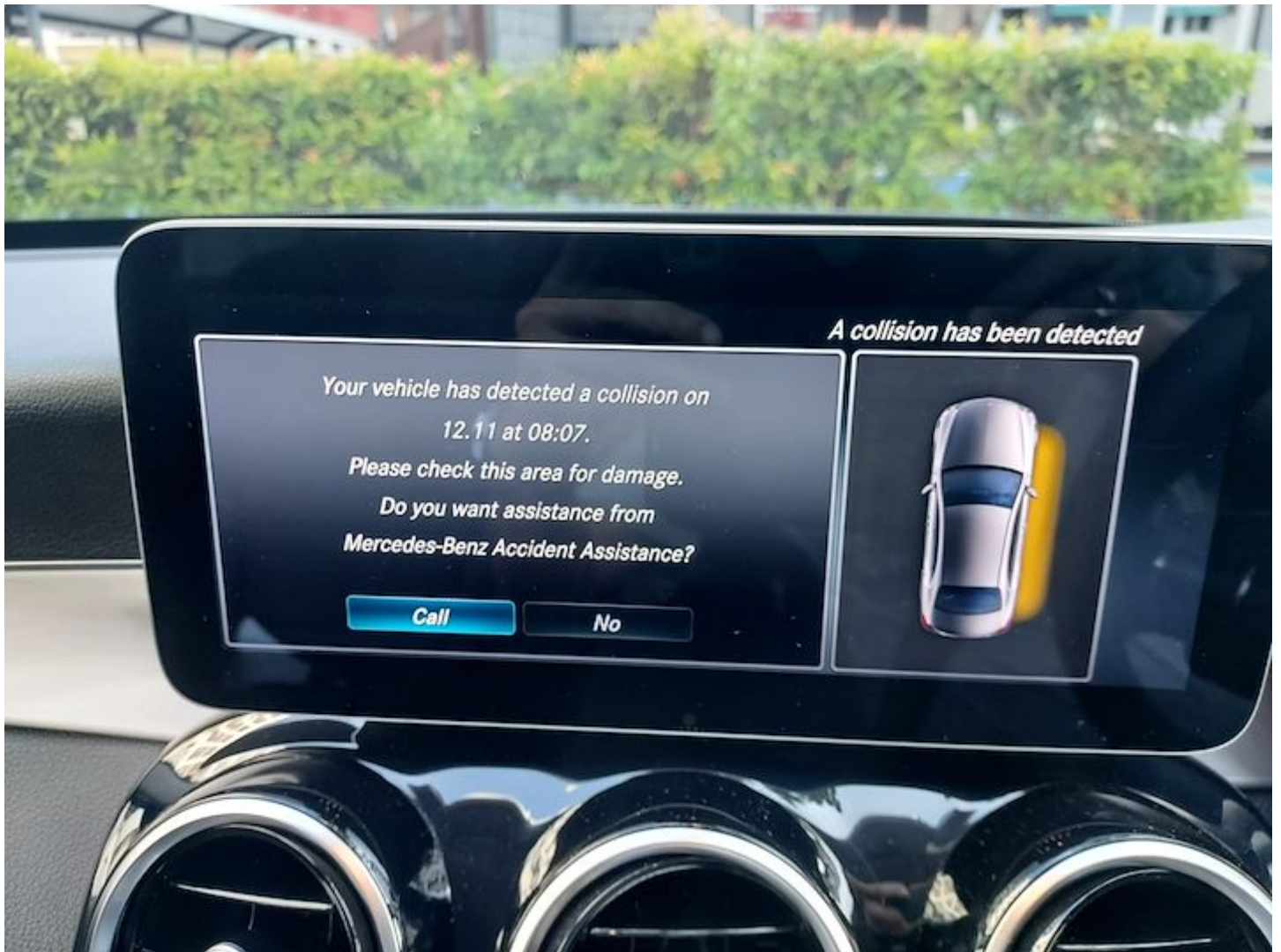
I/We declare the foregoing particulars are true in every respect.

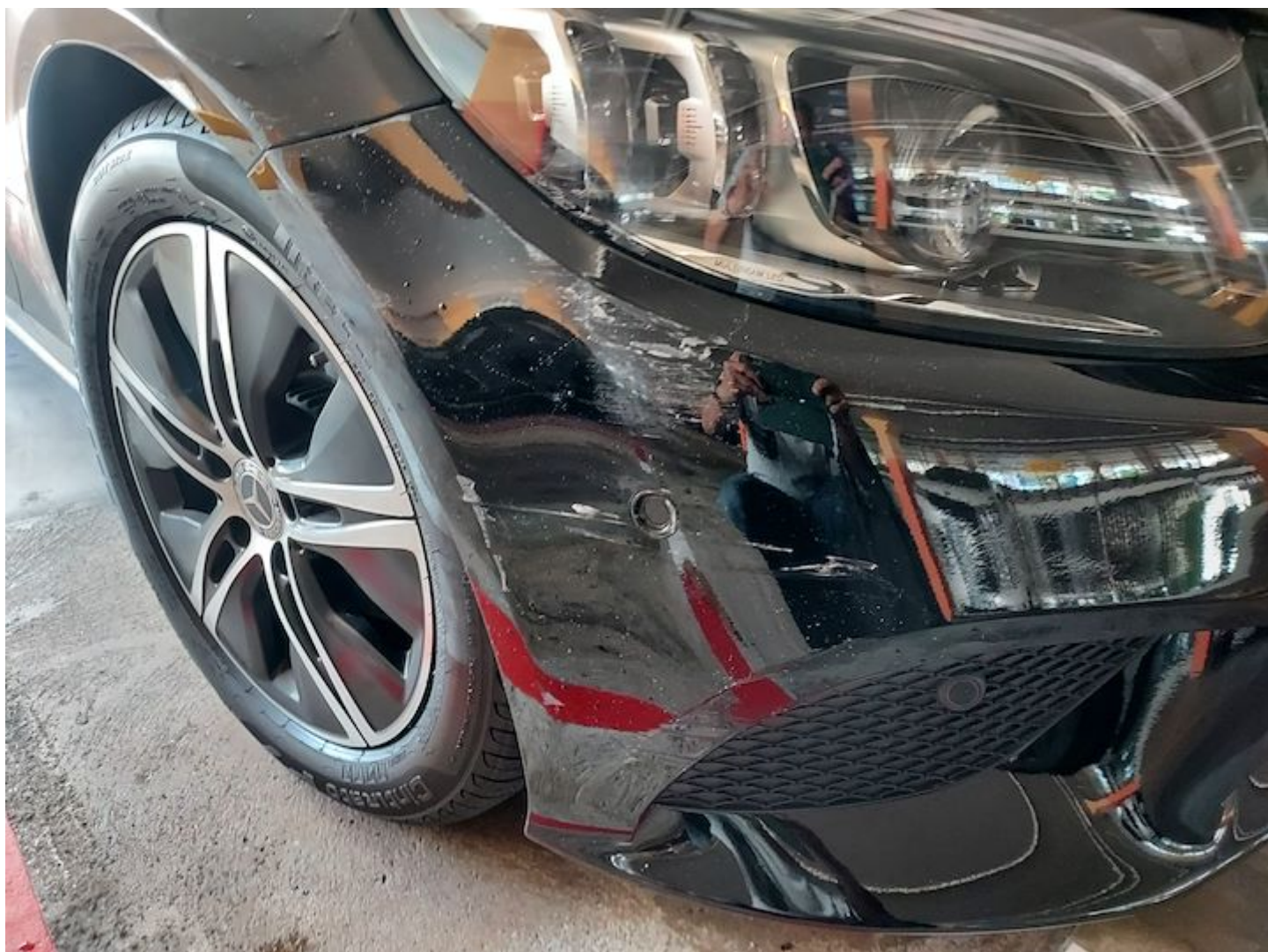


Policyholder's Signature & Date & Time

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

Witnessed by Reporting Centre Personnel
(Name as in NRIC/ID card)



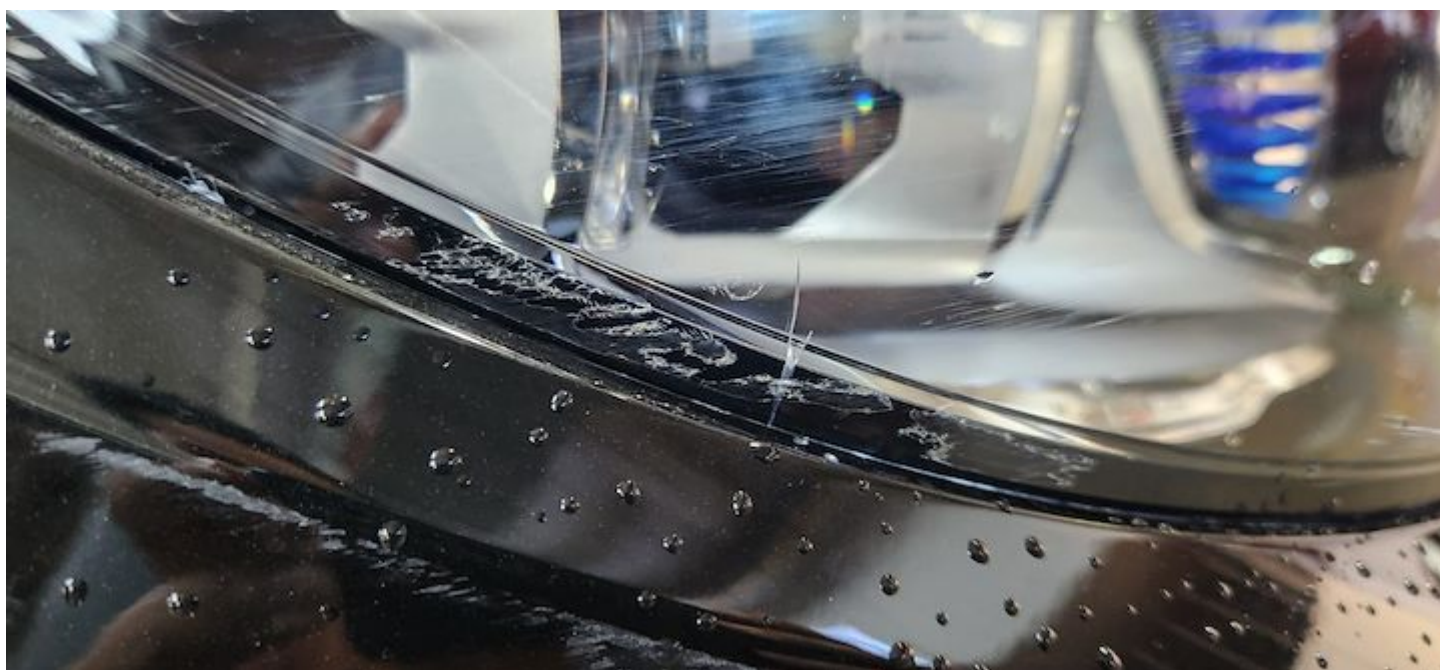




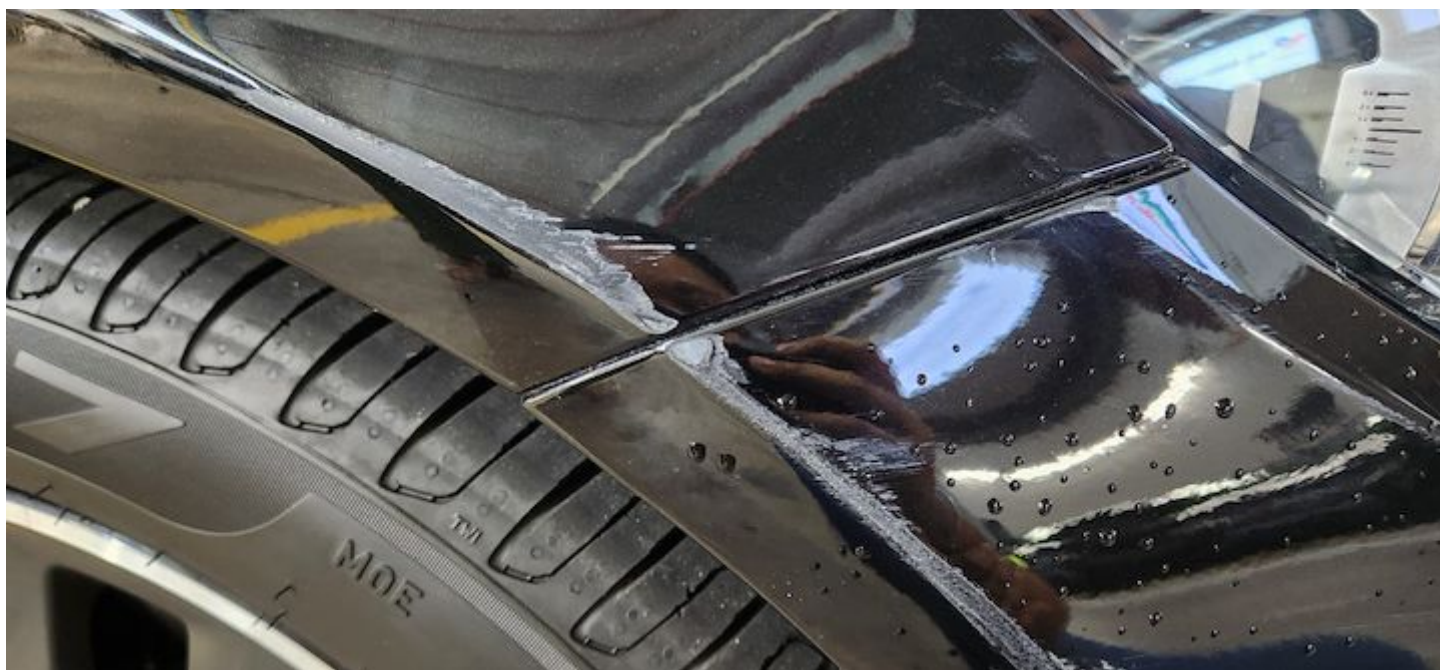




















1512.4
km
75849

Hi, I hit 2 front of
your right bumper,
my contact 91849725;
Pls contact me.
Louis.



IMPORTANT NOTE: Please submit the completed Addendum form to the same Accident Reporting Centre with whom you submitted the Original Report.

ADDENDUM

(A) PARTICULARS OF PERSON MAKING THE AMENDMENTS:

Original Report No: SA1T24BC0009 Vehicle Registration No: SMJ4169P

Name (as shown in NRIC): HUI HUA CREDIT PTE LTD NRIC/FIN/Passport No: 199301638D

(*Vehicle Driver/Policyholder) (*) Please delete as appropriate

Address: 1 BUKIT BATOK CRESCENT, #02-22, WCEGA PLAZA, Singapore 658064 Singapore ()

Contact (Tel): _____ Mobile No.: 64696611 / 86175555

Email Address: merylng.gh@gmail.com

Date of Accident: 12/11/2024 Time of Accident: 08.07am

Place of Accident: 115 MSCP SIMEI ST 1

Insurance Company: China Taiping Insurance (Singapore) Pte. Ltd.

(B) ADDITIONAL INFORMATION /AMENDMENTS:

I have made a report on the above-mentioned accident and would like to include additional information or make the following amendments:

Email to be replaced with "merylng.gh@gmail.com"

Name of driver to be replaced with "Loo Chee Chong"

HUI HUA CREDIT PTE LTD

Policyholder / Actual Driver's Signature
Date:

RAYNA

Reporting Centre Personnel's Signature
Name (as in NRIC/ID card):
Date:

Date:12/11/2024

Dear Officer In Charge,

LETTER OF AUTHORISATION

This is to confirm that MR LOO CHEE CHONG, (S1462065F) is authorised to drive the vehicle and is covered under the motor trade insurance and in authorised to make this report.

Thank you.

Regards,



Pansy Seet Ai Neo
(Company Director)
Hui Hua Credit Pte Ltd