

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	11/12/2024 15:14 (SGT)
Reported by	Actual Driver
Date of Accident	11/12/2024 07:10 (SGT)
Exact Location of Accident	56 Lengkok Bahru, Singapore 150056
Additional Location Information	-
Country/State of Loss	Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SLX1144T
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INSURED/POLICYHOLDER

Is company?	Yes
Name Of Registered Owner	TEAM PERFORMANCE PTE LTD
Company Reg No	200005945R
Email Address	carmen@esteemperf.com.sg
Mobile Phone No	(Phone) +65-67532112
Alternative Phone No	(Office) +65-67532112

VEHICLE PARTICULARS

Manufacturer	Toyota
Model	Prius
Variant	HYBRID 1.8S
Exact purpose for which vehicle was being used at time of accident	Private hire
Are you claiming under your own insurance policy for repair to your vehicle?	No - Claiming third party
Vehicle Category	Private hire
Transmission	Auto
CC	1797
Vehicle Fuel	Petrol-Electric
First Registration Date	-
Chassis no	ZVW506047085
Effective Date/Time of Ownership	-

INSURANCE COMPANY

Name of Insurance Company	India International Insurance Pte Ltd
Policy Number / Cover Note Number	D22MFL0002998_03

DRIVER

Name of Driver	CHONG KENG BAN @JOHNSON CHONG
NRIC No	S1191468C
Date Of Birth	09/07/1956
Occupation	Outdoor
Driving Pass Date	13/02/1978
Driving License Pass Class	3
Driving License Validity	Valid
Driving experience	46 YEARS AND 10 MONTHS
Gender	Male
Mobile Number	(Phone) +65-97564952
Alt. Phone Number	-
Email Address	carmen@esteemperf.com.sg
Address	55 LENGKOK BAHRU #07-429
Address complement	-
Postcode	151055
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	Collision - Major/Minor Rd
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

ON THE 11/12/2024 AT AROUND 0715HRS, I WAS DRIVING VEHICLE A BEARING REGISTRATION NUMBER (SLX1144T) ALONG 56 LENGKOK BAHRU CARPARK. I WAS EN-ROUTE FROM 55 LENGKOK BAHRU HEADED TOWARDS SHEPERDS DRIVE TO PICK UP PASSENGER FOR WORK PURPOSES. SUDDENLY, AS I WAS HEADED TOWARDS THE EXIT, THERE WAS AN IMPACT FROM THE FRONTAL LEFT OF VEHICLE A. VEHICLE A COLLIDED FRONTAL LEFT ONTO RIGHT REAR OF VEHICLE B BEARING REGISTRATION NUMBER (SNQ5870S). VEHICLE B DID NOT STOP AT THE STOP LINE BEFORE MOVING OFF. DAMAGES WERE FOUND ON THE FRONTAL LEFT PORTION OF VEHICLE A AND RIGHT REAR PORTION OF VEHICLE B. NO INJURIES WERE SUSTAINED AT THE TIME OF ACCIDENT.

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	SNQ5870S
Vehicle Manufacturer	Byd
Vehicle Model	ATTO 3 EXTENDED RANGE
Vehicle Variant	-
Vehicle Colour	Gray
Vehicle Category	Private hire
Name of Driver	WAN WEI HAN, ANDY
Contact Number	(Phone) +65-91172537
Address	-
Address complement	-
Postcode	-
Insurance Company Name	-
Nature Of Damage	RIGHT HAND SIDE REAR
Details of property damaged in accident	-
No. Of Passenger (Including Driver)	-

SKETCH PLAN**IMPORTANT NOTICE**

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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 center 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.

Policyholder's Signature / Date & Time

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

11/12/2024 - 1200HRS

Witnessed by Reporting Centre Personnel

Sketch Plan

A - SLX1144T
B - SNQ5870S

56 LENGKOK BAHRU

Describe Circumstances of the Accident

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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





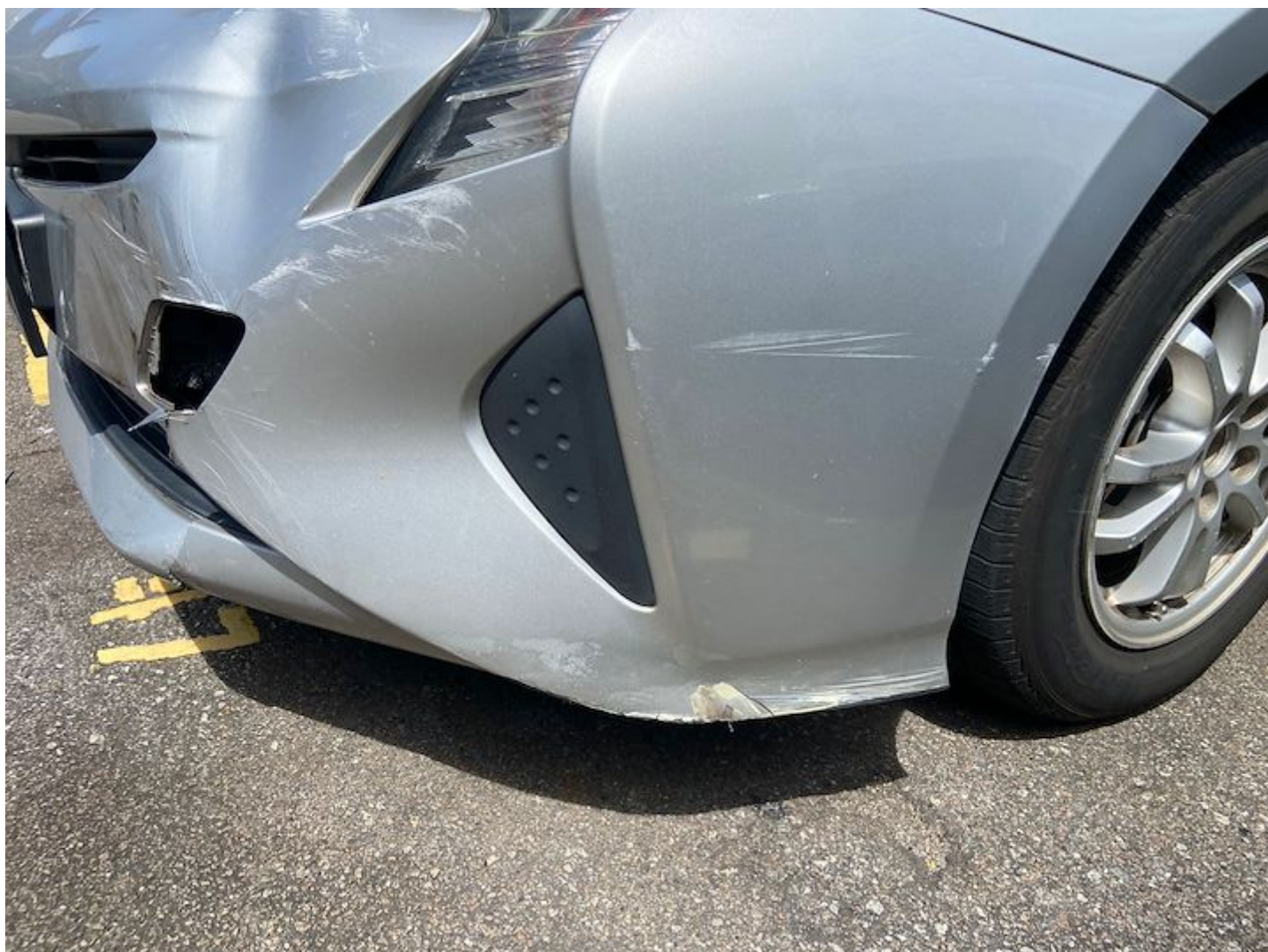




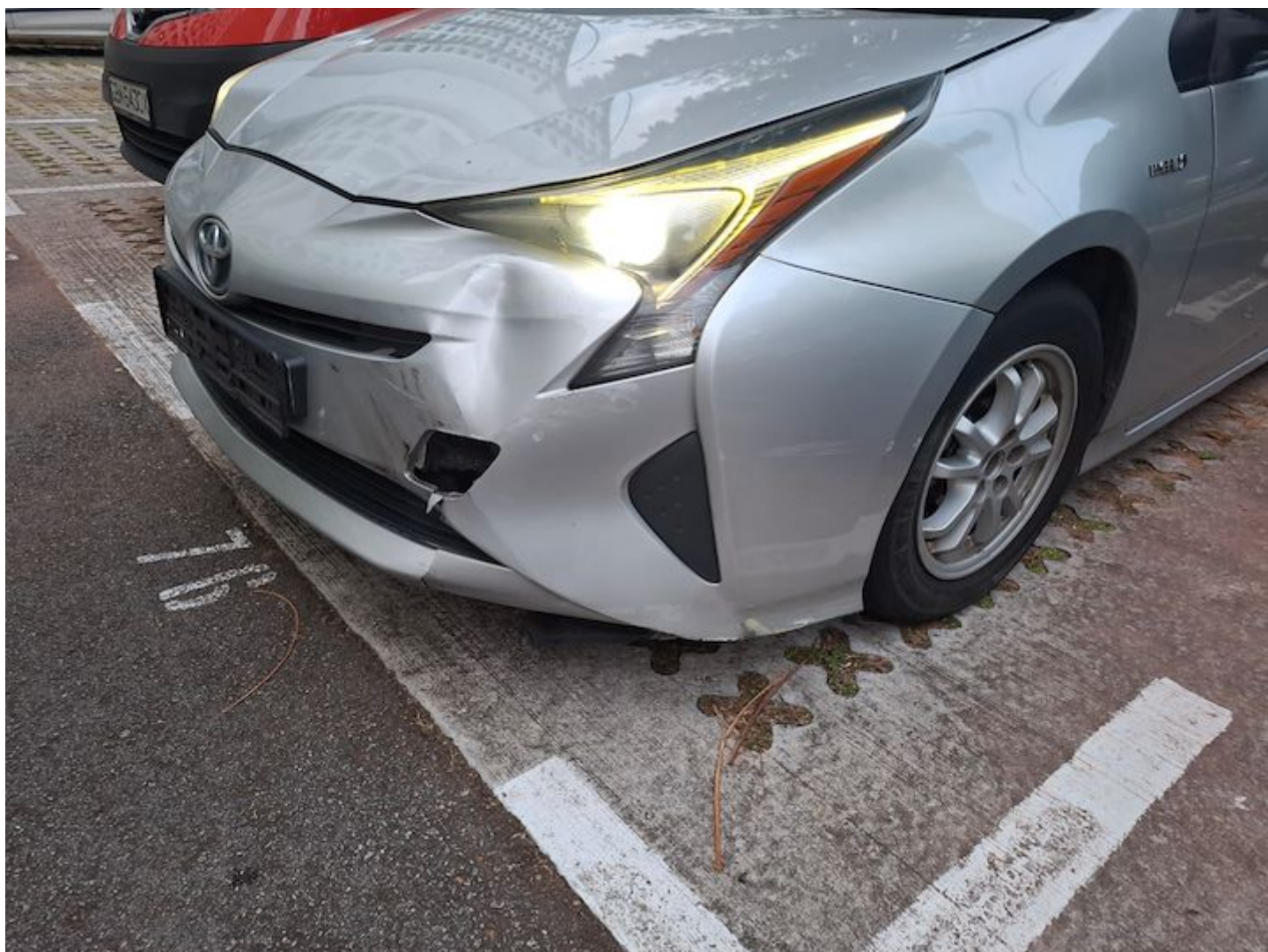






















IMPORTANT NOTE: Please submit the completed Addendum form to the same Accident Reporting Centre with whom you submitted the Original Report.

ADDENDUM

(A) PARTICULARS OF PERSON MAKING THE AMENDMENTS:

Original Report No: SJ0G24CB000J Vehicle Registration No: SLX1144T
 Name (as shown in NRIC): TEAM PERFORMANCE PTE LTD NRIC/FIN/Passport No: 2XXXXX945R
 (*Vehicle Driver/Vehicle Owner) (*) Please delete as appropriate
 Address: _____ Singapore ()
 Contact (Tel): _____ Mobile No.: _____
 Email Address: _____
 Date of Accident: 11/12/2024 Time of Accident: 07:10
 Place of Accident: 56 Lengkok Bahru,
 Insurance Company: India International Insurance 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:

UPDATE THIRD PARTY CLAIM



 Policyholder / Driver's Signature
 Date:

 Reporting Centre Personnel's Signature
 Name:
 NRIC/FIN No.:
 Date: 16.12.2024

