

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	11/06/2024 10:53 (SGT)
Reported by	Actual Driver
Date of Accident	08/06/2024 11:15 (SGT)
Exact Location of Accident	Singapore
Additional Location Information	ALONG SOUTH BRIDGE RD B4 HONGKONG RD
Country/State of Loss	Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SNQ8131Y
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INSURED/POLICYHOLDER

Is company?	Yes
Name Of Registered Owner	MY AUTO LEASING PTE LTD
Company Reg No	201840603E
Email Address	myautoleasingpl@gmail.com
Mobile Phone No	(Phone) +65-82687588
Alternative Phone No	

VEHICLE PARTICULARS

Manufacturer	Toyota
Model	Noah
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	Private car
Transmission	Auto
CC	1800

INSURANCE COMPANY

Name of Insurance Company	China Taiping Insurance (Singapore) Pte. Ltd.
Policy Number / Cover Note Number	DMHCSNA00008262400

DRIVER

Name of Driver	LIM SONG HUAT,PETER
NRIC No	S8901058F
Date Of Birth	10/01/1989
Occupation	Outdoor

Driving Pass Date	06/06/2013
Driving experience	11 YEARS
Gender	Male
Mobile Number	(Phone) +65-89498320
Alt. Phone Number	
Email Address	myautoleasingpl@gmail.com
Address	BLK 175B YUNG KUANG RD
Address complement	#05-35
Postcode	612175
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 - Head to Rear
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?	Yes
Was any injured conveyed to hospital by ambulance?	No
Was any other vehicle or property damaged?	Yes
Number of Passengers (Including Driver)	4
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	HO KOK HONG
Gender	Male

PASSENGER 2

Name	HESKEY
Gender	Male

PASSENGER 3

Name	MANORANJAN S/O KUNASEGARAN
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

PLS REFER TO THE ATTACHED STATEMENT

ATTACHMENT(S)

Are accident photos available for attachment?	Yes
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Was there any video captured by Car Camera? ☐ Yes
 Reasons for not uploading a video of the accident ☐ WITH WORKSHOP

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number SHD3254Z
 Vehicle Manufacturer -
 Vehicle Model -
 Vehicle Variant -
 Vehicle Colour -
 Vehicle Category Taxi
 Name of Driver LOH YUE KONG
 Contact Number -
 Address -
 Address complement -
 Postcode -
 Insurance Company Name -
 Nature Of Damage -
 Details of property damaged in accident -
 No. Of Passenger (Including Driver) -

INJURED PERSONS DETAILS

INJURED 1

Name of injured person LIM SONG HUAT,PETER
 Gender Male
 Phone No -
 Address -
 Address Complement -
 Post Code -
 Approximate Age Years Old -
 Injuries Sustained SLIGHT
 Injured person in which vehicle? SNQ8131Y
 Were seat belts worn? Yes
 Was this injured conveyed to hospital by ambulance? No

INJURED 2

Name of injured person HO KOK HONG
 Gender Male
 Phone No -
 Address -
 Address Complement -
 Post Code -
 Approximate Age Years Old -
 Injuries Sustained SLIGHT
 Injured person in which vehicle? SNQ8131Y
 Were seat belts worn? -
 Was this injured conveyed to hospital by ambulance? -

INJURED 3

Name of injured person HESKEY
 Gender Male
 Phone No -
 Address -
 Address Complement -
 Post Code -
 Approximate Age Years Old -
 Injuries Sustained SLIGHT
 Injured person in which vehicle? SNQ8131Y
 Were seat belts worn? -
 Was this injured conveyed to hospital by ambulance? -

INJURED 4

Name of injured person MANORANJAN S/O KUNASEGARAN

Gender	Male
Phone No	-
Address	-
Address Complement	-
Post Code	-
Approximate Age Years Old	-
Injuries Sustained	SLIGHT
Injured person in which vehicle?	SNQ8131Y
Were seat belts worn?	-
Was this injured conveyed to hospital by ambulance?	-

SKETCH PLAN

IMPORTANT NOTICE

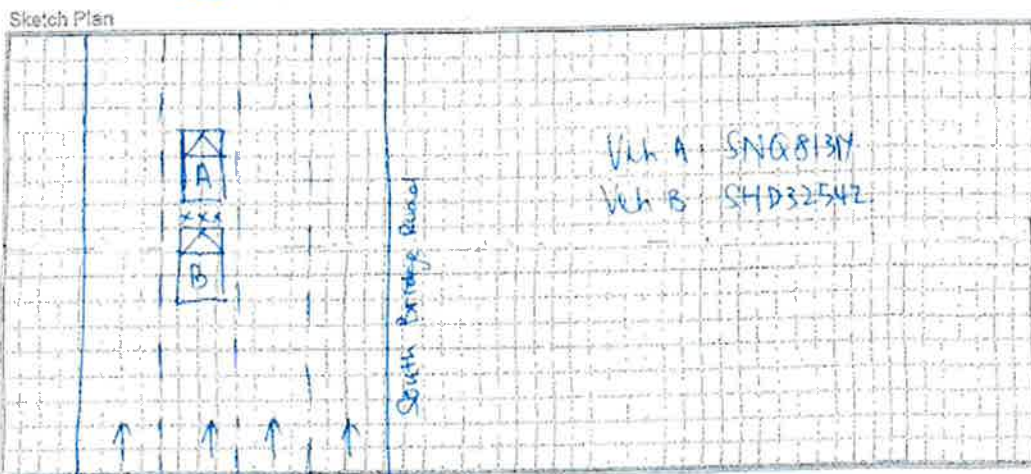
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8. Consent under the Personal Data Protection Act (PDPA)

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/paets/packages); and/or
 - (v) complying with a 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/are 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:   Driver's Signature (If driver is not the policyholder) / Date & Time:  Witnessed By Reporting Centre Personnel (Name as in NRIC/ID card):  11/06/24




Describe Circumstance of the Accident

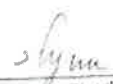
On above date & time, I was driving my vehicle A (SNA 81314) travelling along South Bridge Road towards Tanjong Pagar Road on third lane of a 4-lanes, road. My vehicle was stationary while waiting traffic light to turn green. Out of sudden, vehicle B (SHD3254Z) came from rear and collided into the rear portion of my vehicle.

Declaration

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

 
Policyholder's Signature & Time


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

 11/06/24
Witnessed by Reporting Centre Personnel
(Name as in NRIC/ID card)