

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 Authorised 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 Report	29/04/2019 22:24
Date Of Accident	27/04/2019 18:05
Exact Location Of Accident	ALG MARINE PARADE RD NEAR PARKWAY PARADE MALL
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SKP3305L
Insured/Policyholder	
Name Of Registered Owner	KEVIN THOMAS WHITE
Work Permit No	F1440665N
Email Address	KEVIN.T.WHITE@JCI.COM
Mobile Phone No	(LOCAL) +65-96478802
Alternative Phone No	OFFICE-96478802

Vehicle Particulars

Manufacturer	MINI
Model	COOPER S PACEMAN-CAPACITY1598
Exact Purpose for which vehicle was being used at time of accident	PRIVATE
Are you claiming under your own insurance policy for repair to your vehicle?	NO
If No, Please state action to be taken	THIRD PARTY
Vehicle Category	PRIVATE CAR

Insurance Company

Name of Insurance Company	SOMPO INSURANCE SINGAPORE PTE. LTD.
Type Of Coverage	COMPREHENSIVE
Fleet Policy	NO
Policy Number	D18MTPV01014261
Cover Note Number	

Driver

Name of Driver	KEVIN THOMAS WHITE
Work Permit No	F1440665N
Date Of Birth	24/02/1964
Occupation	INDOOR
Date Of Driving Pass	20/04/2009
Driving Experience	10 YEARS AND 0 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-96478802
Fax Number	
Contact Number	OFFICE-96478802
EEmail Address	KEVIN.T.WHITE@JCI.COM

Address	NIL
Postcode	
Was driver an employee of the Insured's Company	NO
If No, Relationship of the Driver with the Insured	OWNER
Vehicle Registration Number of Driver's Own Vehicle	-
	-
	-
Insurance Company of Driver's Own Vehicle	-
	-
	-

General Information of the Accident

Type Of Accident	SIDE SWIPE
Weather Conditions	CLEAR
Road Surface	DRY

Other Information

Was any foreign vehicle involved in this accident?	NO
Number of vehicles (including own vehicle) involved in the accident	2
Was any body injured in the Accident?	NO
Was any injured conveyed to hospital by ambulance?	NO
Was any other material or property damaged?	YES
I have been approached by unknown person(s) soliciting/offering accident claims assistance.	NO
Number of Passengers (Including Driver)	2
Passenger 1	NAME: : HILARY WHITE GENDER: : FEMALE

Details of Police Action

Was the accident reported to the police?	NO
If Yes, Please state which Police Station	
Was notice of intended Prosecution given?	NO
If Yes, against whom?	

Circumstances of Accident

I was driving my car along Marine Parade Road. I was going straight in a lane that allowed a left turn into Parkway Parade or to go straight. I was going straight. Suddenly a taxi turned left to try and turn into Parkway Parade from the second lane that was not a turning lane and cut across the front right of my car causing a collision. Damage was caused to my car front right side position. No injuries were involved.

Attachment(s)

Are accident photos available for attachment?	YES
Was there any video captured by Car Camera?	NO
Was there any audio recorded?	NO

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	SHC8702U
Vehicle Make/Model/Colour	HYUNDAI/I40 1.7 CRDI F/L AT ABS AIRBAG 4DR
Details Of Properties	NA
Vehicle Category	TAXI
Name of Driver	SIM YONG GEAP
NRIC/Passport Number	S0075857D
Contact Number	
Address	
Postcode	
Insurance Company Name	

Nature Of Damage
No. Of Passenger (Including Driver)

Sketch Plan

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.
 - (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.

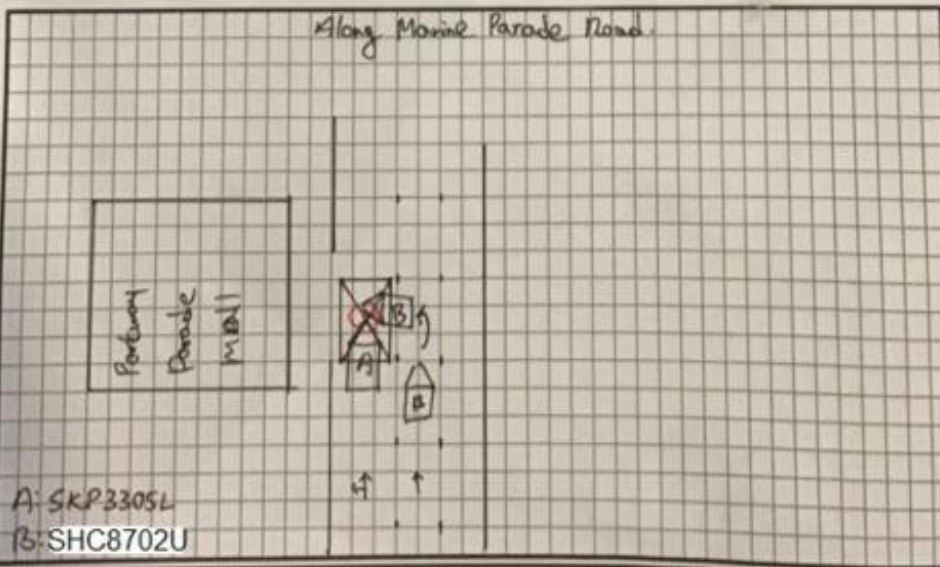
VERIFIED BY AJAX MARS
REPORTING OFFICER
JOHNNY VOO

Policyholder's Signature / Date & Time

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

Witnessed by Reporting Centre
Personnel

Sketch Plan



ACCIDENT STATEMENT (2000 characters)

I was driving my car along Marine Parade Road. I was going straight in a lane that allowed a left turn into Parkway Parade or to go straight. I was going straight. Suddenly a taxi turned left to try and turn into Parkway Parade from the second lane that was not a turning lane and cut across the front right of my car causing a collision. Damage was caused to my car front right side position. No injuries were involved.

Taxi Voucher No.:

DECLARATION

I/We declare that the above particulars & information provided above are true in every aspect

VERIFIED BY AJAX MARS REPORTING OFFICER -
JOHNNY VOO CHEON YEE

MARS Officer



Registered Owner or Driver's Signature

Job Complete Date/Time

29 April 2019 at 7:35 PM

Date/Time:

29 April 2019 at 7:35 PM

Elizabeth Lee

From: Kevin T White <kevin.t.white@jci.com>
Sent: Monday, 6 May 2019 10:45 AM
To: Sabitra
Cc: group@ajaxmars.com
Subject: RE: GIA Report - SKP3305L

Sabrita, I just spoke to Elisabeth. There is a mistake in the report, the taxi number should be SHC8702U. Please change it on the **report** and Also the **sketch** of the accident. Please get me the report back asap as my guy at Mini is waiting for it.

It seems the taxi driver when he wrote his particulars gave his name and IC on the paper but the wrong taxi number, so that's where the mistake came. See below the photo. Please email back to me on this email address today, thanks,
Kevin,



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Driving License

EMPLOYMENT PASS
Employment of Foreign Manpower Act (Chapter 91A)
Republic of Singapore

Employer
TYCO FIRE & BUILDING PRODUCTS ASIA PTE. LTD.

 Name
KEVIN THOMAS WHITE
FIN
F1440665N

 **K1198928**

REPUBLIC OF SINGAPORE DRIVING LICENCE

Licence Number **F1440665N**
Name
KEVIN THOMAS WHITE

Birth Date **24 Feb 1964**
Issue Date **27 May 2014**
Valid Till **26 May 2019**

 **0023089008**

Driving License

VISIT PASS

Immigration Regulations

26-02-2019

Name

KEVIN THOMAS WHITE

FDN

F1440665N

Date of Birth

24-02-1964

Sex

M

Nationality

AUSTRALIAN

Download SGWorkPass App to check status

YOU ARE TO SURRENDER THIS CARD WHEN IT IS CANCELLED OR HAS EXPIRED, OR WHEN A NEW CARD IS ISSUED TO YOU.

YOU ARE LICENSED TO DRIVE VEHICLES IN THE FOLLOWING CLASSES

EFFECTIVE DATE

Class 2B

MOTORCYCLES NOT EXCEEDING 200 CC

20 Apr 2009

Class 2A

MOTORCYCLES BETWEEN 201 CC AND 400 CC

28 Oct 2014

Class 2

MOTORCYCLES EXCEEDING 400 CC

12 May 2016

Class 3

MOTOR CARS AND MOTOR TRACTORS THE WEIGHT OF WHICH UNLADEN DOES NOT EXCEED 2500 KILOGRAMS

20 Apr 2009

F1440665N

S / No. 9000247690

NP 428A

Licence No: F1440665N

Addendum Sheet Pg. 1



GENERAL INSURANCE ASSOCIATION OF SINGAPORE RECORDS MANAGEMENT CENTRE
6 Raffles Quay #18-00 Singapore 048580
Tel (65) 6224 0010 Fax (65) 6224 0030
Operating Hours : Monday to Friday, 09:00 – 17:00
UEN: S66S0020G / GST Reg. No.: M400017735

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

ADDENDUM

(A) PARTICULARS OF PERSON MAKING THE AMENDMENTS:

Original Report No : MBHH19055560 Vehicle Registration No: SKP3305L
Name(as shown in NRIC) : KEVIN THOMAS WHITE NRIC/FIN/Passport No : F1440665N
(*Vehicle Driver / Vehicle Owner) (*) Please delete as appropriate
Address : _____ Singapore()
Contact (Tel) : _____ Mobile No. : 96478802
Email Address : kevin.t.white@jci.com
Date of Accident : 27/04/2019 Time of Accident : 18:05 HRS
Place of Accident : Along Marine Parade Road near Parkway Parade mall second entrance.
Insurance Company : SOMPO 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:

AMEND THIRD PARTY VEHICLE NUMBER TO SHC8702U.

ATTACHED AMENDED SKETCH PLAN.

Policyholder / Driver's Signature
Date:

Elizabeth

Reporting Centre Personnel's Signature
Name: Elizabeth
NRIC/FIN No.:
Date: 06/05/2019