SINGAPORE ACCIDENT STATEMENT

IMPORTANT NOTICE

Fax Number Contact Number

EMail Address

- 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 <u>truthful and accurate</u> as possible. Any wilful misrepresentation or witholding 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	17/07/2020 16:02	12 12 12 12 12 12 12 12 12 12 12 12 12 1
Date Of Accident	16/07/2020 18:10	
Exact Location Of Accident	DRIVEWAY OF KAKI BUKIT SHUN LI INDUSTRIAL PARK	
Country/State of Loss	SINGAPORE	
D	DETAILS OF OWN VEHICLE	
Vehicle Registration Number	SLV3347Y	
Insured/Policyholder		
Name Of Registered Owner	BIS MOTORING PTE LTD	
Co Reg No	2XXXXX055D	
Email Address	KEIFTAN@BISMOTORING.COM.SG	
Mobile Phone No		
Alternative Phone No	OFFICE-62523822	
Vehicle Particulars		
Manufacturer	KIA	
Model	CARENS-1.7 D DCT 5DR FWD (A)	
Exact Purpose for which vehicle was being used at time of accident	HIRE AND REWARDS	
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 HIRE	charles and the
Insurance Company		
Name of Insurance Company	ETIQA INSURANCE PTE LTD	
Type Of Coverage	COMPREHENSIVE	
Fleet Policy	YES	
Policy Number		
Cover Note Number		
Driver		
Name of Driver	CHIAM JOO HUAT	
NRIC No	SXXXX878A	
Date Of Birth	06/07/1957	
Occupation	OUTDOOR	
Date Of Driving Pass	22/12/2004	
Driving Experience	15 YEARS AND 6 MONTHS	
Gender	MALE	
Mobile Number	(LOCAL) +65-88136113	

JOOHUATCHIAM@GMAIL.COM

BLOCK 128 BEDOK RESERVOIR ROAD Address

#10-1299

470128 Postcode

Was driver an employee of the Insured's Company NO

If No, Relationship of the Driver with the Insured OTHER - HIRER

Vehicle Registration Number of Driver's Own

Vehicle

Insurance Company of Driver's Own Vehicle

General Information of the Accident

COLLISION - MAJOR/MINOR RD Type Of Accident

2

NO

YES

NO

1

NO

NO

CLEAR Weather Conditions

DRY Road Surface

Other Information

NO Was any foreign vehicle involved in this accident?

Number of vehicles (including own vehicle)

involved in the accident

Was any body injured in the Accident? YES

Was any injured conveyed to hospital by

ambulance?

Was any other material or property damaged?

I have been approached by unknown person(s)

soliciting/offering accident claims assistance.

Number of Passengers (Including Driver)

Details of Police Action

Was the accident reported to the police?

If Yes, Please state which Police Station

Was notice of intended Prosecution given?

If Yes, against whom?

Circumstances of Accident

On 16/07/2020 at about 1810hrs, I was driving my vehicle (A: SLV3347Y) along the entrance of 61 Kaki Bukit Avenue 1 (Shun Li Industrial Park) and heading straight to pick up my passenger. Suddenly, an impact on my vehicle's right portion. A vehicle (B: SML6191A) had dashed out from right side of the road and hit onto right portion of my vehicle. After the accident, I felt unwell. Both vehicles have no passenger on board.

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

SML6191A

Vehicle Make/Model/Colour

PEUGEOT

Details Of Properties

SALOON CAR

Vehicle Category

PRIVATE CAR

Name of Driver

NRIC/Passport Number

Contact Number

Address

Postcode

Insurance Company Name

Nature Of Damage

No. Of Passenger (Including Driver)

DETAILS OF INJURED PERSON 1

CHIAM JOO HUAT Name

63 Approximate Age

Injuries Sustain

SLV3347Y Injured person in which vehicle?

YES Were seat belts worn?

Was this injured conveyed to hospital by

ambulance?

NO

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#10-1299

470128 Postcode

SKETCH PLAN

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 Association of Singapore (GIA) for archiving and that copies of this report will for a fee be made available upon application by
 interested parties.
- By the lodgment 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.
- 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 the purpose(s) and the purpose of the p
 - 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.
- (d) my Personal Information will also be collected and used to compile claims history for the purpose of fraud detection, investigation and management in present and all future claims.
- (e) the information so collected under (d) above may be shared / disclosed:
 - (i) to all insurers and/or any other third parties that assist in evaluating, investigating, controlling or managing fraud, regulators, law enforcement and government agencies as reasonably required for the purposes stated, or

(ii) for complying with requirements under any regulations, laws or court orders.

Driver's Signature'
18 driver is not the policyholder!
Date & Time: 17/07/2020 @ 16/54/s

NECESIAN / PH

Sketch Plan Pg. 2

KETCH PLAN	EXH C Fataural	1.011121478
	Entrance	A: SLV33479 B: 5ML6191A
1	路過	Kaki Bukiy
ESCRIBE CIRCUMSTANCES (OF THE ACCIDENT	Shun Li Industrial p
	peper to e	11A leport
/		
ECLAPATION		
ECLARATION We declare the foregoing particu	alars are true in every respect.	
	olars are true in every respect. Driver's Signature	Reporting Centre Personnel's Signature

etiqa Insurance

INTERVIEW FORM

Name (Driver) : Chian Jou	Hust
Policy No : M 0014609	
Vehicle No : SLU 3347 Y	;
Place of Accident : Priveway of Ka	41 Bully Industrial Park (Shunci)
Insured Driver's relationship with Insured : \\\ \\ \\ \\ \\ \\ \\ \\ \\ \\ \\ \\	
Drink Driving of Insured and/or Insured Driver : NO	
No of passenger(s) in Insured vehicle :	
Injury to Insured and/or Insured driver, please indicate which	hospital:
Third Party Vehicle No (if any): SML 6/9/A	
No of passenger(s) in Third Party Vehicle :	
Injury to Third Party driver and/or passenger(s), please indica	ite which hospital:
Type of collision and the extensiveness of the damages to all	
Any witness to the accident (if yes, please indicate Name, Co	ntact No and a copy of the statement):
Traffic Police report (enclosed): Yes / No	
Please obtain a copy of the driving licence of Insured driv worker is involved)	er and/or work permit (where foreign)
	William Lan
Driver (Name & Signature)	Attended by (Name & Signature)
I, affirmed the above information is given to my best knowledge	Workshop Name: Ton Llm Motor Ate Ud
Etiqa Insurance Berhad (Company Reg. No. TogFCoo54K) 1 North Bridge Road, #08-o1 High Street Centre, Singapore 179094 T: +65 6336 0477 F: +65 6339 2109	Allowand date (III Dell'investigation of the

Alternativithe Wivs my to merate once

> Back to OneMotoring

Enquire PARF/COE Rebate for Registered Vehicle

Vehicle Owner Particulars	
Owner ID Type:	Company
Owner ID: Vehicle Details	055D
/ehicle No.:	SLV3347Y
/ehicle to be Exported:	No
ntended Deregistration Date:	21 Jul 2020
/ehicle Make:	KIA
/ehicle Model:	CARENS 1.7 DCT DIESEL 5DR FWD
Primary Colour:	Brown
Manufacturing Year:	2017
Engine No.:	D4FDHH547583
Chassis No.:	KNAHU815VJ7195302
Maximum Power Output:	104.0 kW (139 bhp)
Open Market Value:	\$19,822.00
Original Registration Date:	28 Dec 2017
First Registration Date:	28 Dec 2017
Transfer Count:	0
Actual ARF Paid: Intended PARF Rebate Details	\$14,822.00 741/
PARF Eligibility:	Yes
PARF Eligibility Expiry Date:	27 Dec 2027
PARF Rebate Amount: Intended COE Rebate Details	\$11,116.00
COE Expiry Date:	27 Dec 2027
COE Category:	B - Car above 1600cc or 97kW (130bhp)
COE Period(Years):	10
QP Paid:	\$53,711.00
COE Rebate Amount:	\$39,922.00
Total Rebate Amount:	\$51,038.00

The information contained herein is correct as at 21 Jul 2020

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1

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Kia Carens

Anv

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2017

Anv

Anv

Kia Carens Diesel 1.7A SX

\$82,800

\$10,520 /yr

13-Jul-2017

1.685 cc

45,905 km

Fuel Type: Diesel (Euro 5 Engine and Above)

1 Owner! 5 Years Standard Warranty And 10 Years For Engine At C&C.Low Mileage. High Spec Model! Full Service Record With C&C. New Road Tax. \$0 Down Payment Scheme Available. Economical For Private Hire Drivers. Call Me Now Before It Is Gone.

Viking Motor Pte Ltd

Posted: 18-Jul-2020 Tags: 2017 Kia Carens, Kia Carens, Kia, Carens

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Model

Depreciation

Eng Cap

Mileage

Veh T

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