

## 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	23/11/2020 11:02
Date Of Accident	21/11/2020 12:45
Exact Location Of Accident	PIE
Country/State of Loss	SINGAPORE

### DETAILS OF OWN VEHICLE

Vehicle Registration Number	SMQ6499L
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### Insured/Policyholder

Name Of Registered Owner	KINETIC REGENCY PTE LTD
Co Reg No	2XXXXX177M
Email Address	SUPPORT@KINETIC-ALLIANCE.COM
Mobile Phone No	
Alternative Phone No	OFFICE-97849075

### Vehicle Particulars

Manufacturer	HYUNDAI
Model	AVANTE-1.6 (A)
Exact Purpose for which vehicle was being used at time of accident	PTE USE
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

### Insurance Company

Name of Insurance Company	CHINA TAIPING INSURANCE (SINGAPORE) PTE. LTD.
Type Of Coverage	COMPREHENSIVE
Fleet Policy	NO
Policy Number	DMHCSNA00003512000
Cover Note Number	08/06/2020 - 07/06/2021

### Driver

Name of Driver	SUHAIMI BIN AMIN
NRIC No	SXXXX807B
Date Of Birth	21/04/1959
Occupation	OUTDOOR
Date Of Driving Pass	31/07/1980
Driving Experience	40 YEARS AND 3 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-91073504
Fax Number	
Contact Number	
Email Address	NOEMAIL

Address	BLK 305 JURONG EAST ST 32 #06-142
Postcode	600305
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

Type Of Accident	COLLISION - HEAD TO REAR
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?	YES
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: : CHE' SELIMAH BINTE WAHAB GENDER: : FEMALE

#### Details of Police Action

Was the accident reported to the police?	YES
If Yes, Please state which Police Station	
Police Station Name	JURONG EAST NEIGHBOURHOOD POLICE CENTRE
Police Station Address	<b>ROAD:</b> NO. 92 BOON LAY WAY , <b>POSTCODE:</b> 609962 , <b>COUNTRY:</b> SINGAPORE
Police Station Contact	<b>TEL NO:</b> 1800-8999999 - <b>FAX NO:</b> 66655791
Was notice of intended Prosecution given?	NO
If Yes, against whom?	

#### Circumstances of Accident

REFER TO POLICE REPORT

#### 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	SBH9893P
Vehicle Make/Model/Colour	WHITE MERCEDES
Details Of Properties	
Vehicle Category	TAXI
Name of Driver	LEONG
NRIC/Passport Number	
Contact Number	96658867
Address	

Postcode

Insurance Company Name

Nature Of Damage

No. Of Passenger (Including Driver)

**DETAILS OF INJURED PERSON 1**

Name

CHE' SELIMAH BINTE WAHAB

Approximate Age

Injuries Sustain

Injured person in which vehicle?

SMQ6499L

Were seat belts worn?

Was this injured conveyed to hospital by ambulance?

Address

Postcode

## Sketch Plan

### SKETCH PLAN

VEHICLE NO.: SMD 6499 L  
INSURER : China Taiping  
DATE & TIME: 21/11/2020 @ 12:45pm

### IMPORTANT NOTICE

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5. **Any false reporting may be referred to the Police for investigation.**
6. The 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 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:
  - (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.
- (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.



Policyholder's Signature  
Date & Time: 23/11/2020

Driver's Signature  
(If driver is not the policyholder)  
Date & Time: 23/11/2020

Reporting Centre Personnel's Signature  
Name: [Signature]  
NRIC/FIN No.: [Signature] 23/11/2020

### Sketch Plan #2

### SKETCH PLAN

(A) SMQ 6499L  
(B) SBH 9893P

PIE towards Ton Payoh

**DESCRIBE CIRCUMSTANCES OF THE ACCIDENT**

Police Report No. T/20201121/2108

## DECLARATION

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

Policyholder's Signature

Date & Time: 23/11/2020

Driver's Signature

(If driver is not the policyholder)

Date & Time:

Reporting Centre Personnel's Signature

Name:

NRIC/FIN No.:

GIARMC SketchPlanForm\_V3 ( ) Claim Own Policy (X) Claim Third Party ( ) Reporting Only  
(X) Claim OD/TP at other workshop (Optima Workz Pre Paid)

## Sketch Plan #3



**SINGAPORE  
POLICE FORCE**



T/20201121/2108

Police Station Of Origin:  
Jurong East N.P.C  
92 Boon Lay Way SINGAPORE 609962  
Tel No: 1800-8999999

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Report No. T/20201121/2108

**REPORT OF A TRAFFIC ACCIDENT**

Date/Time Report Made: 21/11/2020 21:37	Vide Report No.:	Station Diary No.: 68
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**Informant's Particulars**

Name of Informant: SUHAIMI BIN AMIN			Address: APT BLK 305 JURONG EAST STREET 32 #06-142 SINGAPORE 600305	
ID Type / ID No.: NRIC NO / S2174807B			Contact No.: Home/Office: Mobile: 91073504	
Nationality: SINGAPORE CITIZEN			Email:	
Sex: Male	Age: 61	Date of Birth: 21/04/1959	Type of Informant: Driver	
Race: Malay			Language: English	Institution / School Name:
Occupation: NEA OFFICER			Driving Licence Information: Class: 2,3,4,5 Date of Expiry:	

**General Information of the Accident**

Type of Accident:	Injury Others	Drink Drive: No	Date/Time of Accident: 21/11/2020 12:45	Type of Location: Straight Road
Location:  PAN-ISLAND EXPRESSWAY				
Weather: Clear		Road Surface: Dry	Road Speed Limit:	
Traffic Flow:		Traffic Control:	Traffic Volume: Moderate	
Type of Collision: Between Moving Vehicles - Head To Rear			Anyone conveyed by ambulance: No	

**Details of Vehicle Involved**

Vehicle No.	Type	Make	Model	Color	Condition	No of Passenger
SBH9893P	Car	MERCEDES BENZ		White		0
SMQ6499L	Car	HYUNDAI	AVANTE	Grey	Slightly Damaged	1

**Details of Vehicle Insurance**

Vehicle No.	Insurance Company	Insurance No	Effective	Expiry Date
SMQ6499L	CHINA TAIPING INSURANCE (SINGAPORE) PTE. LTD.	DMHCSNA0000351 2000	08/06/2020	07/06/2021

## Sketch Plan #4



**SINGAPORE  
POLICE FORCE**



T/20201121/2108

Police Station Of Origin:  
Jurong East N.P.C  
92 Boon Lay Way SINGAPORE 609962  
Tel No: 1800-8999999

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Report No. T/20201121/2108

## CONTINUATION OF REPORT

Details of Person Involved			
Any Pedestrian Involved: No			
No. of Pedestrians Injured: NIL		Use of Pedestrian Crossing: NA	
Driver			
Name	LEONG	ID No.	NIL
Related Vehicle	SBH9893P (Car)	Contact No.	96658867
Hospital/Clinic	NIL	Class of Driving Licence & Expiry Date	Class: NIL Date of Expiry: NIL
Date Treatment	NIL	Date Discharge	NIL
No. of Days granted Medical Leave	NIL	Degree of Injury	NIL
Driver			
Name	SUHAIMI BIN AMIN	ID No.	S2174807B
Related Vehicle	SMQ6499L (Car)	Contact No.	91073504
Hospital/Clinic	NIL	Class of Driving Licence & Expiry Date	Class: 2,3,4,5 Date of Expiry: NIL
Date Treatment	NIL	Date Discharge	NIL
No. of Days granted Medical Leave	NIL	Degree of Injury	NIL
Passenger			
Name	CHE' SELIMAH BINTE WAHAB	ID No.	S1542622E
Related Vehicle	SMQ6499L (Car)	Contact No.	88753630
Hospital/Clinic	NG TENG FONG GENERAL HOSPITAL	Class of Driving Licence & Expiry Date	Class: NIL Date of Expiry: NIL
Date Treatment	21/11/2020	Date Discharge	21/11/2020
No. of Days granted Medical Leave	01	Degree of Injury	Slight

**Brief Details.**

On the 21 November 2020 at about 1245hrs, I was driving my vehicle, one grey colour Hyundai Avante bearing registration plate number SMQ6649L along Pan Island Expressway (PIE) towards Changi direction on the first lane. Subsequently, a vehicle in front of me applied emergency brake, and I followed suit, where I managed to stop in time. However, a vehicle behind of me could not stop in time and hit onto my vehicle's rear, causing dent and my registration plate to drop. The vehicle that hit onto my rear was SBH9893P, one white colour Mercedes car.

Hence, we stopped and exchange particulars. My wife was the passenger with me in the car and I am

Sketch Plan #5



**SINGAPORE  
POLICE FORCE**



T/20201121/2108

Police Station Of Origin:  
Jurong East N.P.C  
92 Boon Lay Way SINGAPORE 609962  
Tel No: 1800-8999999

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Report No. T/20201121/2108

**CONTINUATION OF REPORT**

unsure if the other vehicle have any passenger with him.

Initially, we are fine with private settlement, where I only took down his name, handphone number and car plate number for insurance claim purpose. However, in the evening about 1843hrs, my wife complaint of neck and shoulder pain and hence, I brought her to Ng Teng Fong general hospital, where she was given only 1 day of MC dated 23 November 2020. She was discharged from the hospital on the same day. Her MC number 1113132718.

I wish to inform that my wife was actually given 3 days MC inclusive today till 23 November 2020, however she told the doctor to only give her MC on 23 November 2020 because she is on leave and 21 and 22 November is also her off days.

I wish to state that I am not injured, and I have also told the Mercedes driver that I will be lodging a Police report and he acknowledged. I am unsure of the repair cost, but should be about SGD\$3000 to SGD\$5000.



Sketch Plan #6



**SINGAPORE  
POLICE FORCE**



T/20201121/2108

Police Station Of Origin:  
Jurong East N.P.C  
92 Boon Lay Way SINGAPORE 609962  
Tel No: 1800-8999999

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Report No. T/20201121/2108

**CONTINUATION OF REPORT**

**Sketch Plan**

Informant is not able to provide sketch plan

**IMPORTANT:** Please attach a copy of your vehicle's Insurance Certificate to this report. If you don't have the certificate with you now, please fax a copy to 65474885 stating the report number as reference.

Signature Of Officer Recording The Report:

D /

Sgt 3 KOAK CHAN SIONG WILLIAM

Signature Of Interpreter:

Not applicable

Officer In Charge Of Case:

TP / AEIT /

Staff Sgt WONG SIEU LUI

Contact No.: 65476151

Signature Of Informant:

Date/Time:

21/11/2020 21:37

Classification Of Case:

Authentication Stamp

NP180 SINGAPORE POLICE FORCE

SN 35

SIGNATURE