

## 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 Submission ..... 07/01/2021 15:57 (SGT)  
Date of Accident ..... 02/01/2021 10:20 (SGT)  
Exact Location of Accident ..... Singapore  
Additional Location Information ..... BLK 123 BEDOK NORTH AVE 3 OSCP  
Country/State of Loss ..... Singapore

### DETAILS OF OWN VEHICLE

Vehicle Registration Number ..... GBJ5029J

#### INSURED/POLICYHOLDER

Is company? ..... Yes  
Name Of Registered Owner ..... BHONG HOLDINGS PTE LTD  
Company Reg No ..... 201526515R  
Email Address ..... daricsu@bhong.sg  
Mobile Phone No ..... (Phone) +65-62199879  
Alternative Phone No ..... +65-62199879

#### VEHICLE PARTICULARS

Manufacturer ..... Kia  
Model ..... K2500  
Variant ..... -  
Exact purpose for which vehicle was being used at time of accident ..... Employment  
Are you claiming under your own insurance policy for repair to your vehicle? ..... No - Reporting only  
Vehicle Category ..... Commercial vehicle

#### INSURANCE COMPANY

Name of Insurance Company ..... China Taiping Insurance  
Type of Coverage ..... Comprehensive  
Fleet Policy ..... No  
Policy Number ..... DMCVSNA00040072001  
Cover Note Number ..... 29/05/2020 - 28/05/2021

#### DRIVER

Name of Driver ..... SOH KENG KOK  
NRIC No ..... S0191837J  
Date Of Birth ..... 18/01/1954  
Occupation ..... Outdoor

Date Of Driving Pass .....	24/10/1978
Driving experience .....	42 YEARS AND 3 MONTHS
Gender .....	Male
Mobile Number .....	(Phone) +65-92314216
Alt. Phone Number .....	-
Email Address .....	daricsu@bhong.sg
Address .....	BLK 138 BEDOK NORTH ST 2 #12-175
Address complement .....	-
Postcode .....	460138
Is the driver the policyholder? .....	No
If No, Relationship of the Driver with the Insured .....	Employee
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 .....	Collided into Parked Vehicle
Weather Conditions .....	Raining
Road Surface .....	Wet

#### 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 material 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

#### DETAILS OF POLICE ACTION

Was the accident reported to the police? .....	Yes
Police Station Name .....	Bedok North Neighbourhood Police Centre
Police Station Phone No .....	(Phone) +65-18002449999
Alt. Police Station Phone No .....	(Fax) +65-62447258
Police Station Address .....	30 Bedok North Road Singapore 469676
Was notice of intended Prosecution given? .....	No
If yes, against whom? .....	-

#### CIRCUMSTANCES OF ACCIDENT

#### REFER TO STATEMENT

#### 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 .....	SHD1029X
Vehicle Manufacturer .....	-
Vehicle Model .....	-
Vehicle Variant .....	-
Vehicle Colour .....	-
Vehicle Category .....	Taxi
Name of Driver .....	-
Contact Number .....	-

Address ..... -  
Address complement ..... -  
Postcode ..... -  
Insurance Company Name ..... -  
Nature Of Damage ..... -  
Details of property damaged in accident ..... -  
No. Of Passenger (Including Driver) ..... -

**SKETCH PLAN**

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- Any false reporting may be referred to the Police for investigation.
- 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.
- 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.
- 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' law yers/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' law yers/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 law yers/law firms), which may be sited outside of Singapore, for one or more of the above Purposes.

Policyholder's Signature / Date & Time: [Signature] 07/01/2021  
 Driver's Signature (If driver is not the policyholder) / Date & Time: [Signature] 07/01/2021  
 Witnessed by Reporting Centre Personnel: [Signature] 07/01/21

**Sketch Plan**

PLEASE  
TURN  
OVER

**SKETCH PLAN**

A: 58J5029J (China)  
B: SHD1024X

Location: BR 123 BRUK NAMA  
Ave B, 0508

**DESCRIBE CIRCUMSTANCES OF THE ACCIDENT**

Vehicle No: 58J5029J (China)  
Date & Time: 01/01/21 @ 10:20 (raining/wet)

My vehicle rear LH portion had accidentally hit onto the front RH of motor taxi SHD1024X. I would like to state that visibility was poor as it was a heavy downpour that's all.

Note: Please note that your insurer may have 14days Time Frame for you to submit an Own Damage Claim under your own comprehensive policy. Please check with your policy for more information.

**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: \_\_\_\_\_

Reporting Officer/Person's Signature: \_\_\_\_\_  
Name: (PINK)  
NIC/FIN No.: \_\_\_\_\_

( ) Claim Own Policy ( ) Claim Third Party ( ) Reporting Only  
( ) Claim OD/TP at other workshop

Date : 07/01/2021



To : Accident Reporting Centre (ARC)

I / We hereby approve (driver's name) Soh Keng Kok  
 NRIC/FIN S0191837J, our employee / employee of BHong Holdings  
Pte Ltd to drive our m/vehicle no. 9BJ90297  
 and to file the accident report (Third Party claims/Own Damage Claims/Reporting  
 Only) which occurred on (date) 02/01/2021 @ (time) 1020hr  
 along (location) Blk 123 Bedok North Ave 3 ASP.

\* Relationship between Insured and driver's company: employee.

Thank you.

Regards,

X  

\* SIGN & STAMP at the above \*

Name of Owner: BHong Holdings Pte Ltd

NRIC / ROC: 201526515 R

Contact No: 6219 9874

Email: daric@bhong.sg

























ANNEX E

## NOTICE OF REPORTING

This is to confirm that Soh Keng Kok, NRIC: S0191837J, has reported to the Police a non-injury traffic accident which occurred at Blk 123 Bedok North St 2 open carpark on 02/01/2021 at 9.30am involving the following vehicles: GBJ5029J (Blue KIA K2500) and SHD1029X (Silver KIA Magentis, under Premier Taxi (Silvercab)).

2. If accident was reported to the Police within 24 hrs of its occurrence, then he has complied with Sec 84(2) of the Road Traffic Act, Cap 276.

Rank / Name of Issuing officer: SGT(2) Ari Haikal

Date: 02/01/2021

Time: 1510hrs

S/D Ref: 13

Police Post/ Unit: Bedok North NPC

Original - To be issued to informant  
Duplicate- to be submitted to Traffic Police

