SJ0B211B0002 / Jin Auto Services Pte Ltd
ENTRY DATE & TIME: 11/01/2021 16:25 (SGT)
SUBMITTED BY: Li Cha De
VERSION: 1 (11/01/2021 16:25 (SGT))

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 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 Submission	11/01/2021 16:25 (SGT)
Date of Accident	11/01/2021 12:00 (SGT)
Exact Location of Accident	Choa Chu Kang Ave 3, Singapore
Additional Location Information	-
Country/State of Loss	Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SMJ199D

INSURED/POLICYHOLDER

Is company?	No
Name Of Registered Owner	EE BENG LEONG ADRIAN
NRIC No	SXXXX987J
Email Address	ADRIAN_33@LIVE.COM
Mobile Phone No	(Phone) +65-82827827
Alternative Phone No	+65-82827827

VEHICLE PARTICULARS

Manufacturer	BMW
Model	520i
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 - Claiming third party
Vehicle Category	Private car

INSURANCE COMPANY

Name of Insurance Company	China Taiping Insurance
Type of Coverage	Comprehensive
Fleet Policy	No
Policy Number	DMPCSNW00025812001
Cover Note Number	-

DRIVER

Name of Driver	EE BENG LEONG ADRIAN
NRIC No	SXXXX987J
Date Of Birth	27/09/1970
Occupation	Indoor

Date Of Driving Pass	11/01/2008
Driving experience	13 YEARS
Gender	Male
Mobile Number	(Phone) +65-82827827
Alt. Phone Number	+65-82827827
Email Address	ADRIAN_33@LIVE.COM
Address	BLK174B EDGEDALE PLAINS #13-163
Address complement	-
Postcode	822174
Is the driver the policyholder?	Yes
If No, Relationship of the Driver with the Insured	-
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	DRIZZLING
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?	Yes
Was any injured conveyed to hospital by ambulance?	No
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?	No
Was notice of intended Prosecution given?	No
If yes, against whom?	-

CIRCUMSTANCES OF ACCIDENT

AT AROUND 12PM AFTER PUMPING PETROL AT ESSO CHOA CHU KANG, I DEPART FROM THE PETROL STATION TO 67 SUNGEI TENGAH. AT THE EXIT OF THE PETROL STATION, I SIGNALLED AND CHECKED MY BLIND SPOT BEFORE ENTERING THA MAIN ROAD. AS I EXIT TO THE MAIN ROAD, I AGAIN SIGNALLED AND CHECK MY BLIND SPOT AS I USED TO MAKE AN U-TURN TO HEAD TO 67 SUNGEI TENGAH. WHEN I REACHED THE JUNCTION, I STOP MY CAR AND SIGNAL RIGHT AND AGAIN CHECK FOR ON COMING VEHICLES AND BLIND SPOT BEFORE INCHING OUT FOR AN U-TURN. AS I MANEUVER ABOUT HALF THE U-TURN, I HEARD A SCREECHING SOUND AND I FOUND THAT MY CAR WAS HIT BY ANOTHER CAR (RED CAR). THE RED CAR WAS MAKING A RIGHT TURN.

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	SLG7329C
Vehicle Manufacturer	Mazda
Vehicle Model	-
Vehicle Variant	-
Vehicle Colour	-
Vehicle Category	Private car
Name of Driver	SANTHANA RAMASWAMY RAMESH BABU

NRIC No	SXXXX612B
Contact Number	(Phone) +65-83150128
Address	-
Address complement	-
Postcode	-
Insurance Company Name	-
Nature Of Damage	-
Details of property damaged in accident	-
No. Of Passenger (Including Driver)	1

INJURED PERSONS DETAILS

INJURED 1

Name of injured person	EE BENG LEONG ADRIAN
Address	-
Address Complement	-
Post Code	-
Approximate Age Years Old	-
Injuries Sustained	-
Injured person in which vehicle?	SMJ199D
Were seat belts worn?	-
Was this injured conveyed to hospital by ambulance?	No

SKETCH PLAN

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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.
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.

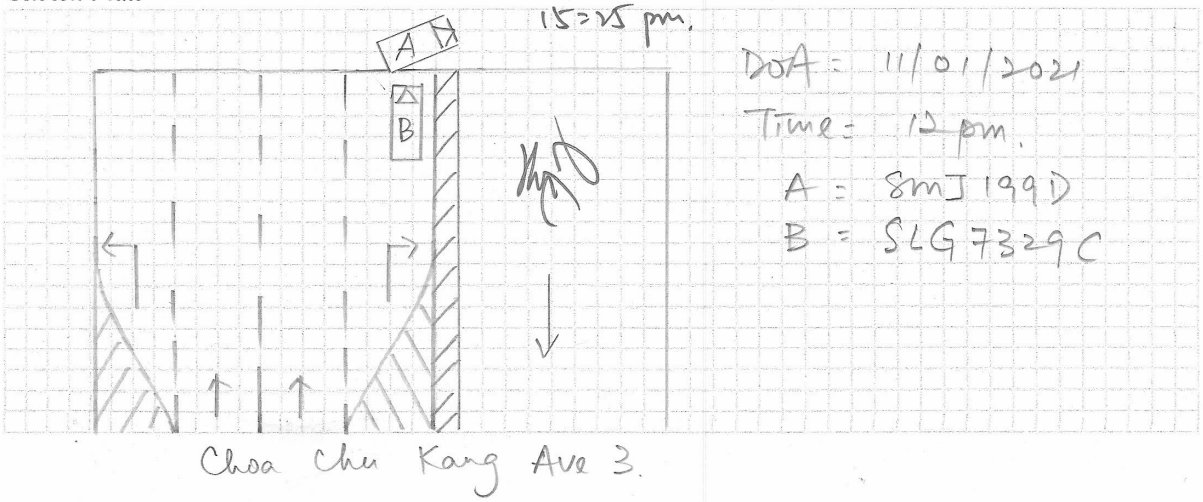
(collectively the "**Purposes**")

(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.

Policyholder's Signature / Date & Time	Driver's Signature (If driver is not the policyholder) / Date & Time	Witnessed by Reporting Centre Personnel
	11/01/21	

Sketch Plan



Describe Circumstances of the Accident

At around 12pm after pumping petrol at Esso Choa Chu Kang, I depart from the petrol station to 67 Sungei Tengah.

At the exit of the petrol station, I signalled and checked my blind spot before entering the main road.

As I exit to the main road, I again signalled and check my blind spot as I used to make an U-turn to head to 67 Sungei Tengah.

when I reached the junction, I stop my car and signal right and again check for on coming vehicles and blind spot before inching out for an U-turn.

As I maneuver about half the U-turn, I heard a screeching sound and I found that my car was hit by another car (red car). The red car was making a right turn.

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

11/01/21
15:25 pm.

Witnessed by Reporting Centre Personnel

IMAGES

IMAGES #2

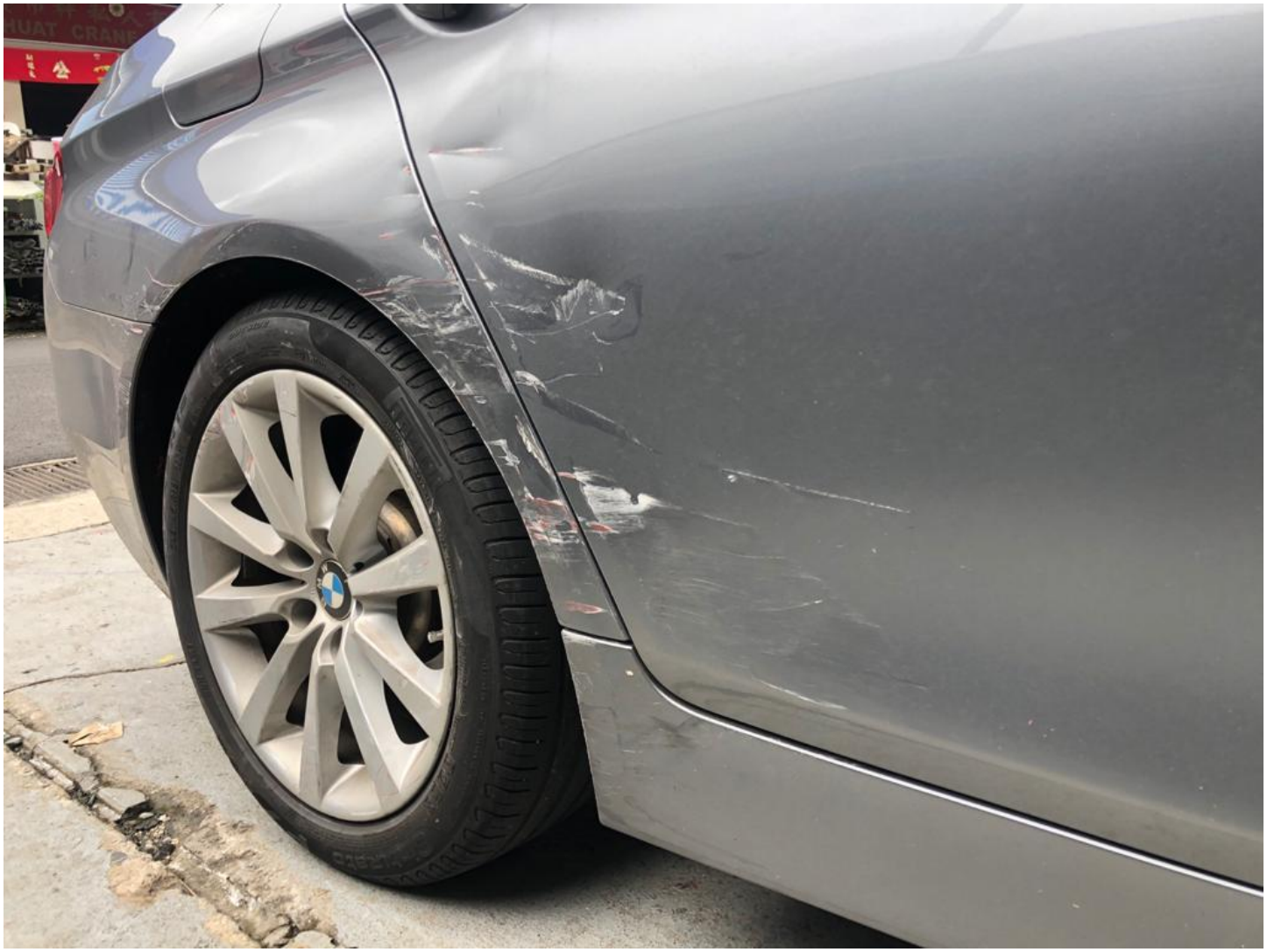
IMAGES #3

IMAGES #4

IMAGES #5

IMAGES #6

IMAGES #7



IMAGES #8

IMAGES #9

IMAGES #10

IMAGES #11

IMAGES #12


Made in
Germany
520i
A52
BAYERISCHE MOTOREN WERKE AG
e1*2007/46*0363
WBA5A32070D335148
2225 kg
4315 kg
1- 1070 kg
2- 1280 kg
7 263 981

IMAGES #14


Service due since
-1500 km
Time
14:46
Trip
606.0 km
Total
137835 km
1/min x 1000
Efficient Dynamics
P

IMAGES #15

IMAGES #16

IMAGES #17

IMAGES #18

IMAGES #19

IMAGES #20

IMAGES #21