

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	04/03/2021 16:15 (SGT)
Date of Accident	04/03/2021 07:55 (SGT)
Exact Location of Accident	Yishun Ave 3, Singapore
Additional Location Information	BLK 766 & 768 CARPARK DRIVEWAY
Country/State of Loss	Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SMQ4070C
-----------------------------------	----------

INSURED/POLICYHOLDER

Is company?	Yes
Name Of Registered Owner	KWIKWHEELS TRANSPORTATION SERVICES
Company Reg No	5XXXX632B
Email Address	KWIKWHEELS@GMAIL.COM
Mobile Phone No	(Phone) +65-90622797
Alternative Phone No	+65-90622797

VEHICLE PARTICULARS

Manufacturer	Toyota
Model	Alphard
Variant	-
Exact purpose for which vehicle was being used at time of accident	Private hire
Are you claiming under your own insurance policy for repair to your vehicle?	No - Claiming third party
Vehicle Category	Private hire

INSURANCE COMPANY

Name of Insurance Company	NTUC
Type of Coverage	Comprehensive
Fleet Policy	No
Policy Number	5113957453-01
Cover Note Number	-

DRIVER

Name of Driver	KLEINMAN GERARD JOSEPH
NRIC No	SXXXX591A
Date Of Birth	11/03/1956
Occupation	Outdoor

Date Of Driving Pass	14/03/1974
Driving experience	47 YEARS
Gender	Male
Mobile Number	(Phone) +65-90622797
Alt. Phone Number	-
Email Address	KWIKWHEELS@GMAIL.COM
Address	BLK 758 YISHUN STREET 72
Address complement	#12-448
Postcode	760758
Is the driver the policyholder?	No
If No, Relationship of the Driver with the Insured	Other
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	Side Swipe
Weather Conditions	Clear
Road Surface	Dry

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?	No
Was notice of intended Prosecution given?	No
If yes, against whom?	-

CIRCUMSTANCES OF ACCIDENT

On 4th March 2021 at 0755 hrs while driving along the service road of HDB car park at Yishun avenue 3 towards Yishun avenue 3 at the junction of blk 766 and 768 driver of car number SJT 5465 K hit the right side of my car while making a right turn into the car park of block 766. My vehicle sustained damage on the right side from the front to the rear. Driver's door is out of alignment. The visibility was clear and road was dry.

ATTACHMENT(S)

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

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	SJT5465K
Vehicle Manufacturer	-
Vehicle Model	-
Vehicle Variant	-
Vehicle Colour	-
Vehicle Category	Private car
Name of Driver	TAN BERNARD
NRIC No	SXXXX463H
Contact Number	(Phone) +65-90828283

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

SKETCH PLAN**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. 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 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

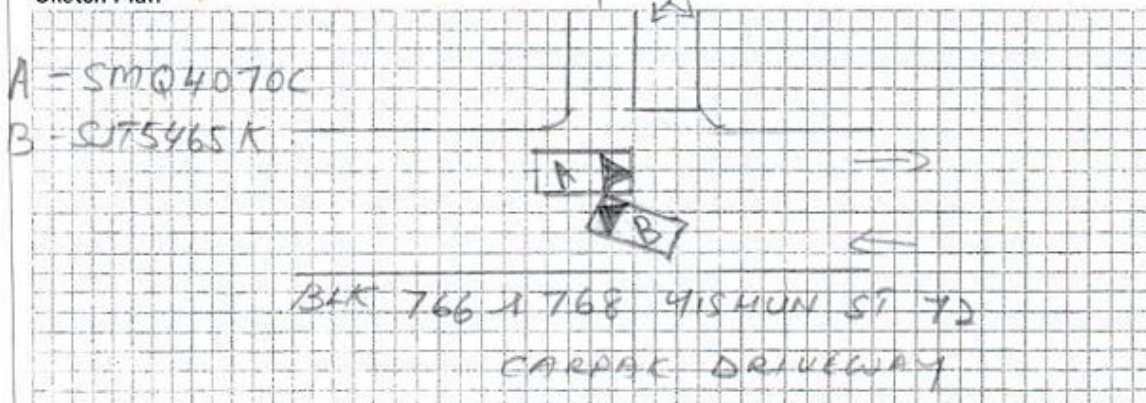
(c) my Personal Information may/can be disclosed by any of the Insurers and/or GIA to their third party service providers or agents (including their lawyers/law firms), which may be sited outside of Singapore, for one or more of the above Purposes.

**KWIKWHEELS
TRANSPORTATION
SERVICES**
BLK 758 YISHUN ST 72
#12-448 S(760758)
+65 90622797

Policyholder's Signature / Date & Time

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

Witnessed by Reporting Centre Personnel

Sketch Plan

Describe Circumstances of the Accident

P/s refer to the statement.

Declaration

We hereby declare the following particulars are true in every respect.

KWIKWHEELS
TRANSPORTATION
SERVICES
 BLK 758 YISHUN ST 72
 #12-448 S(760758)
 +65 90622797

Policyholder's Signature / Date &
 Time

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

Witnessed by Reporting Centre
 Personnel

[Handwritten Signature]

2/ym 04/03/21

















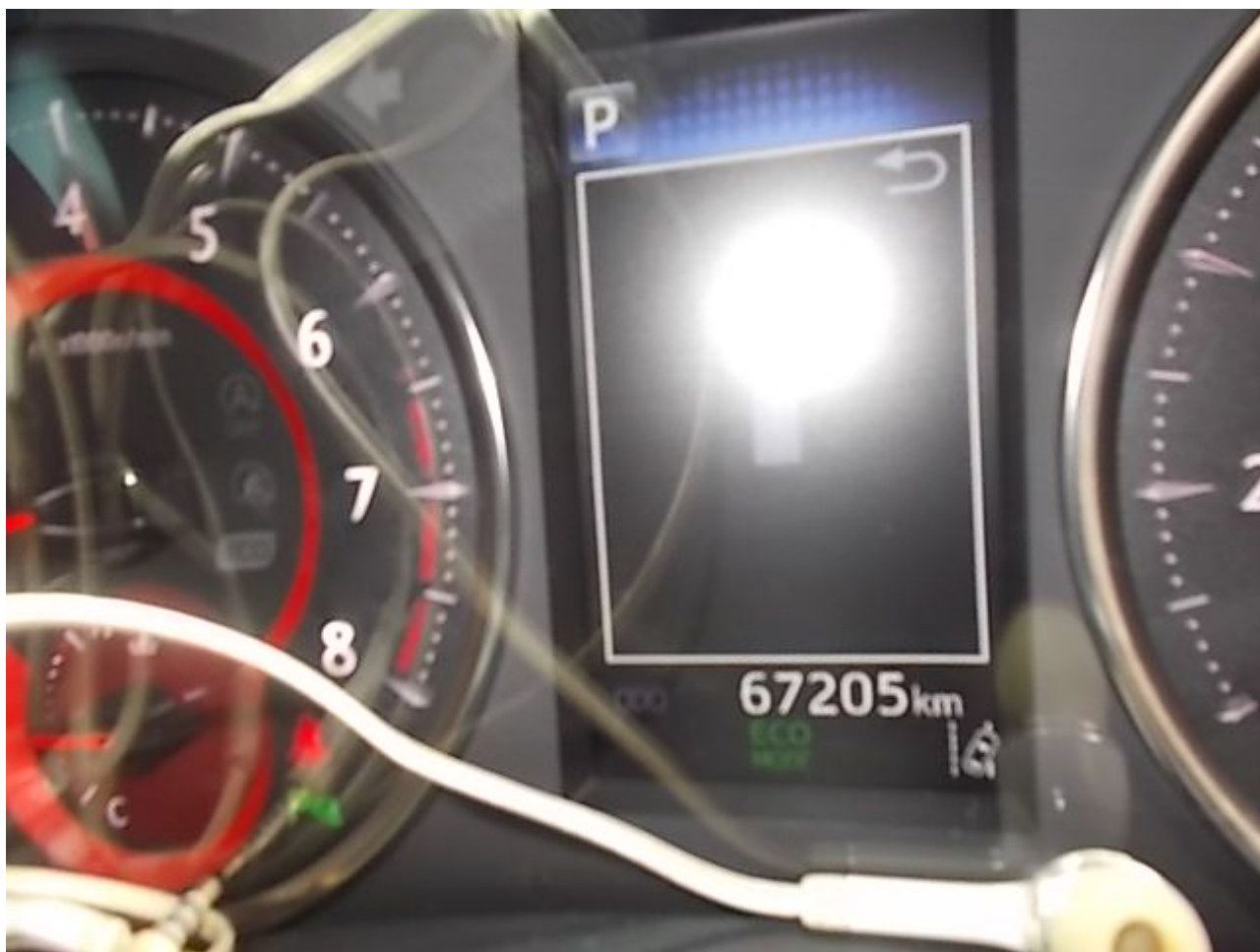








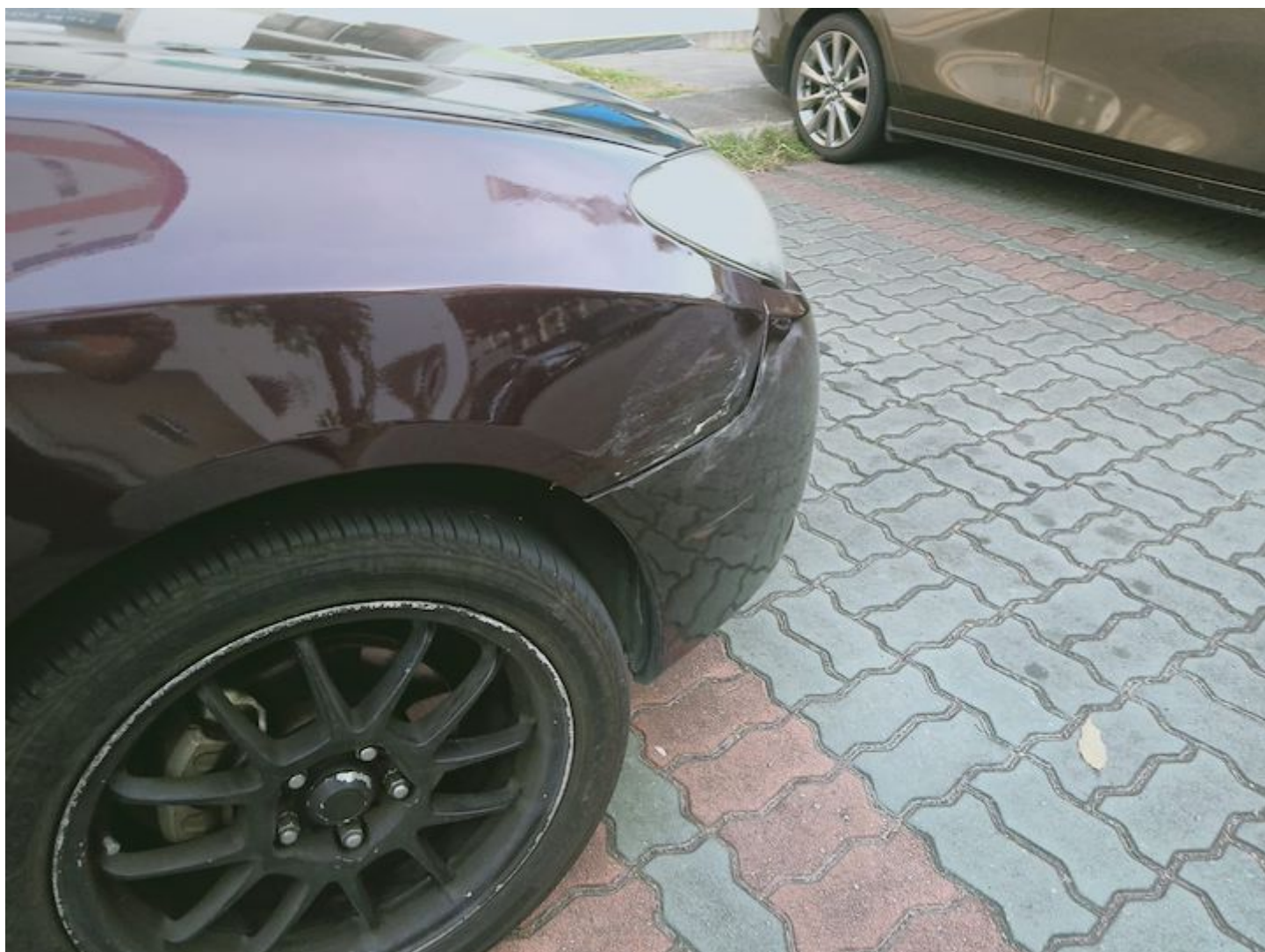






















IMPORTANT NOTE: Please submit the completed Addendum form to the same Accident Reporting Centre with whom you submitted the Original Report.

ADDENDUM

(A) PARTICULARS OF PERSON MAKING THE AMENDMENTS:

Original Report No: SN092134000B-01 Vehicle Registration No: SMQ4070C
 Name (as shown in NRIC): KLEINMAN GERARD JOSEPH NRIC/FIN/Passport No: 5XXXX591A
 (*Vehicle Driver/Vehicle Owner) (*) Please delete as appropriate
 Address: BLK 758 YISHUN ST 72 #12-448 Singapore (760758)
 Contact (Tel): _____ Mobile No.: 90622797
 Email Address: _____
 Date of Accident: 04/03/21 Time of Accident: 07:55
 Place of Accident: YISHUN AVE 3 BLK 766 #768 CARPARK DRIVEWAY
 Insurance Company: AIFUC

(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:

REVERT FROM OD CLAIMS TO TP CLAIMS

**KWIKWHEELS
TRANSPORTATION
SERVICE**

BLK 758 YISHUN ST 72
#12-448 S(760758)
+65 90622797

Policyholder / Driver's Signature
Date: 15/3/2021

ohym 16/03/21
Reporting Centre Personnel's Signature
Name:
NRIC/FIN No.:
Date: