

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 06/04/2021 15:44 (SGT)
Date of Accident 06/04/2021 09:50 (SGT)
Exact Location of Accident Singapore
Additional Location Information NORTH BUONA VISTA RD AND DOVER RD CROSS JUNCTION
Country/State of Loss Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number SLT1444Z

INSURED/POLICYHOLDER

Is company? Yes
Name Of Registered Owner KINETIC HOLDINGS PTE LTD
Company Reg No 2XXXXX392N
Email Address support@kinetic-alliance.com
Mobile Phone No (Phone) +65-97846075
Alternative Phone No +65-97420668

VEHICLE PARTICULARS

Manufacturer Toyota
Model Prius
Variant -
Exact purpose for which vehicle was being used at time of accident Private use
Are you claiming under your own insurance policy for repair to your vehicle? No - Claiming third party
Vehicle Category Private hire
Transmission Auto
CC 1797

INSURANCE COMPANY

Name of Insurance Company China Taiping Insurance (Singapore) Pte. Ltd.
Type of Coverage Comprehensive
Fleet Policy No
Policy Number DMHCSNA00003502000
Cover Note Number 08/06/2020 - 07/06/2021

DRIVER

Name of Driver FOX CHEE KIN (HUO ZHIJIAN)
NRIC No SXXXX260E

Date Of Birth 03/06/1976
 Occupation Outdoor
 Date Of Driving Pass 05/05/1994
 Driving experience 26 YEARS AND 11 MONTHS
 Gender Male
 Mobile Number
 Alt. Phone Number (Phone) +65-98312969
 Email Address -
 Address ckfox@gmail.com
 Address complement BLK 125 PENDING ROAD #05-36
 Postcode -
 Is the driver the policyholder? 670125
 If No, Relationship of the Driver with the Insured No
 Does Driver Own Other Vehicles? Hirer
 Vehicle Registration Number of Other Vehicle Owned by Driver No
 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) 2
 Has the driver been approached by unknown person(s) soliciting/offering accident claims assistance? No

PASSENGER 1

Name GRAB PASSENGER
 Gender Male

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

REFER TO STATEMENT

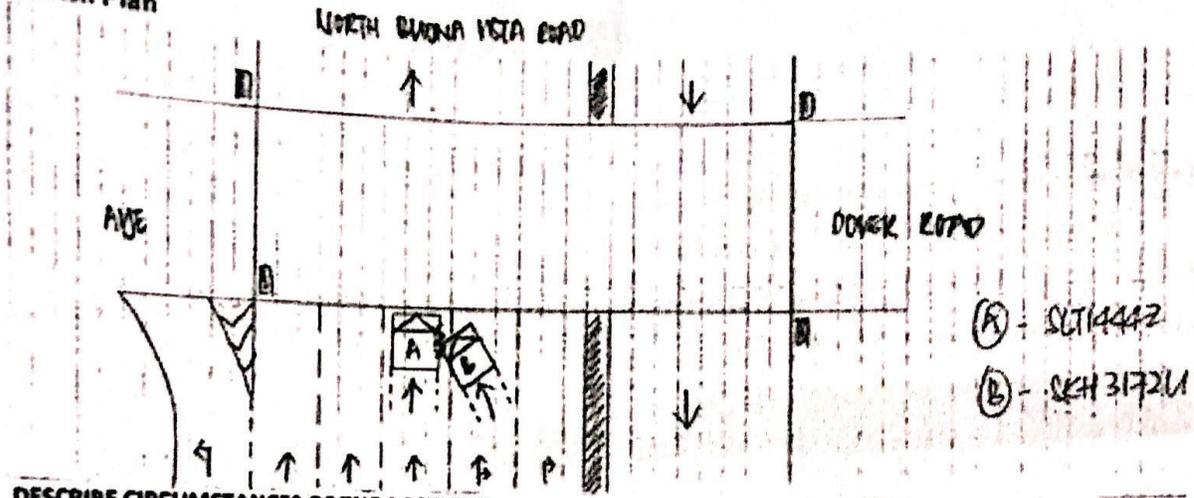
ATTACHMENT(S)

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 SKH3172U
 Vehicle Manufacturer -
 Vehicle Model -
 Vehicle Variant -
 Vehicle Colour -
 Vehicle Category Private car

Sketch Plan



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

ON 06/04/2021 @ AROUND 0750 HOURS, I WAS TRAVELLING ALONG X-JUNCTION OF NORTH BUNDA VISTA ROAD + DOVER ROAD. SUDDENLY VEHICLE B: SEH3172U CUT OUT OF ITS LANE AND COLLIDED INTO MY VEHICLE A: SCT1444Z RIGHT SIDE CAUSING DAMAGE. WE BOTH EXCHANGED OUR PARTICULARS. NO ONE WAS INJURED.

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 that foregoing particulars are true in every respect.

Policyholder's Signature
Date & Time: 6/4/21

Driver's Signature
(If driver is not the policyholder)
Date & Time: 6/4/21

Reporting Centre Person's Signature
Name: (NAME)
NRIC/FIN No.:

- Claim Own Policy
- Claim Third Party
- Reporting Only
- Claim OD/TB at other workshop (OPTIMA WORKS PTE LTD)