

SN0821480001 / National Assessment Centre Services [159721]  
ENTRY DATE & TIME: 08/04/2021 14:52 (SGT)  
SUBMITTED BY: Rosli Bin Abdul Wahab  
VERSION: 1 (08/04/2021 14:52 (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 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	08/04/2021 14:52 (SGT)
Date of Accident	08/04/2021 09:55 (SGT)
Exact Location of Accident	Kallang Rd, Singapore
Additional Location Information	TOWARDS LAVENDER
Country/State of Loss	Singapore

### DETAILS OF OWN VEHICLE

Vehicle Registration Number	SJL552S
INSURED/POLICYHOLDER	
Is company?	Yes
Name Of Registered Owner	TODDS PARTNERS PTE LTD
Company Reg No	2XXXXX177E
Email Address	xinyaauto@singnet.com.sg
Mobile Phone No	(Phone) +65-90295880
Alternative Phone No	+65-90295880

### VEHICLE PARTICULARS

Manufacturer	Toyota
Model	Wish
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	Commercial vehicle
Transmission	Auto
CC	1794

### INSURANCE COMPANY

Name of Insurance Company	China Taiping Insurance (Singapore) Pte. Ltd.
Type of Coverage	Comprehensive
Fleet Policy	No
Policy Number	DMHCSNA00002692000
Cover Note Number	-

### DRIVER

Name of Driver	HAMIDON BIN HASHIM
NRIC No	SXXXX986J

Date Of Birth ..... 12/08/1963  
 Occupation ..... Outdoor  
 Date Of Driving Pass ..... 04/01/1991  
 Driving experience ..... 30 YEARS AND 3 MONTHS  
 Gender ..... Male  
 Mobile Number ..... (Phone) +65-90295880  
 Alt. Phone Number .....  
 Email Address ..... xinyaauto@singnet.com.sg  
 Address ..... BLK 657 YISHUN AVENUE 4 #12-359  
 Address complement .....  
 Postcode ..... 760657  
 Is the driver the policyholder? ..... No  
 If No, Relationship of the Driver with the Insured .....  
 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) ..... 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

#### PLEASE REFER TO SKETCH PLAN

#### 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

Vehicle Registration Number ..... SLU6519D  
 Vehicle Manufacturer ..... Honda  
 Vehicle Model ..... Vezel  
 Vehicle Variant .....  
 Vehicle Colour .....  
 Vehicle Category ..... Private car  
 Name of Driver .....  
 Contact Number .....  
 Address .....  
 Address complement .....

## SKETCH PLAN

### IMPORTANT NOTICE

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### 6. 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")

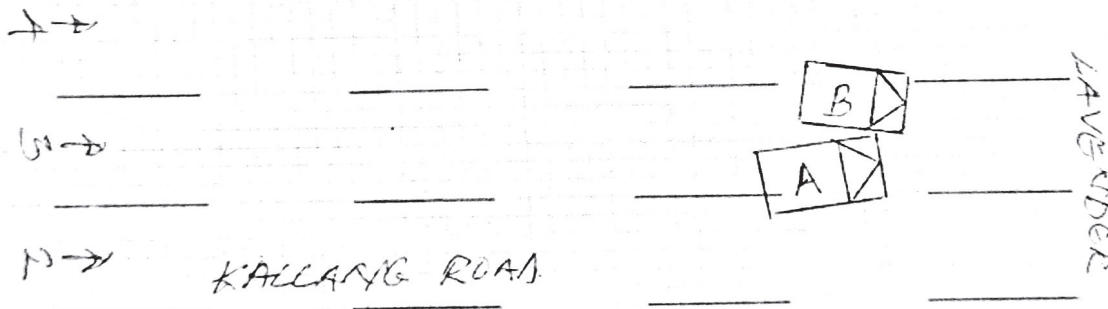
- (b) all insurer(s) who have insured vehicle(s) involved in this accident and the Insurers' lawyers/law firms, may/are permitted to collect, use, disclose and/or process my Personal Information for one or more of the above Purposes; and
- (c) my Personal Information may/can be disclosed by any of the 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 & Time

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

Witnessed by Reporting Centre Personnel

### Sketch Plan



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



Describe Circumstances of the Accident

I was travelling on the second lane on Kelly Rd towards Limerick.

I then signal to move to the third lane on my left. When the lane was clear I moved into the third lane when my car was ~~the~~ 3/4 (shown in my photo) into the third lane a car from the fourth lane drove forward to overtake me without signal (shown in my video) his action caused a collision. As my whole recording shows the said car was never in view.

Declaration

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

Witnessed by Reporting Centre Personnel