

# 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 ..... 21/04/2021 15:06 (SGT)  
Date of Accident ..... 20/04/2021 14:30 (SGT)  
Exact Location of Accident ..... Jalan Bukit Merah, Singapore  
Additional Location Information ..... -  
Country/State of Loss ..... Singapore

## DETAILS OF OWN VEHICLE

Vehicle Registration Number ..... SMK1888L

### INSURED/POLICYHOLDER

Is company? ..... Yes  
Name Of Registered Owner ..... DK DESIGN & BUILD PTE LTD  
Company Reg No ..... 2XXXXX525E  
Email Address ..... REPORTING@MYCAR.SG  
Mobile Phone No ..... (Phone) +65-87213495  
Alternative Phone No ..... +65-87213495

### VEHICLE PARTICULARS

Manufacturer ..... Bentley  
Model ..... Continental  
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? ..... Yes  
Vehicle Category ..... Private car  
Transmission ..... Auto  
CC ..... 3993

### INSURANCE COMPANY

Name of Insurance Company ..... China Taiping Insurance (Singapore) Pte. Ltd.  
Type of Coverage ..... Comprehensive  
Fleet Policy ..... No  
Policy Number ..... DMPCSNW00024012100  
Cover Note Number ..... -

### DRIVER

Name of Driver ..... DESMOND NG KECK KIANG  
NRIC No ..... SXXXX126E

Date Of Birth .....	19/03/1966
Occupation .....	Indoor
Date Of Driving Pass .....	16/07/1986
Driving experience .....	34 YEARS AND 9 MONTHS
Gender .....	Male
Mobile Number .....	(Phone) +65-87213495
Alt. Phone Number .....	-
Email Address .....	REPORTING@MYCAR.SG
Address .....	39 NIM RISE
Address complement .....	-
Postcode .....	804439
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 .....	Chain Collision
Weather Conditions .....	Clear
Road Surface .....	Dry

#### OTHER INFORMATION

Was any foreign vehicle involved in the accident? .....	No
Number of vehicles involved in the accident .....	3
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

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 .....	SKU509J
Vehicle Manufacturer .....	-
Vehicle Model .....	-
Vehicle Variant .....	-
Vehicle Colour .....	-
Vehicle Category .....	Private car
Name of Driver .....	TOKIJAN BIN DARIMOSUVITO
NRIC No .....	SXXXX936D
Contact Number .....	(Phone) +65-96256668
Address .....	-

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

#### DETAILS OF OTHER VEHICLE PROPERTY 2

Vehicle Registration Number .....	UNKNOWN
Vehicle Manufacturer .....	-
Vehicle Model .....	-
Vehicle Variant .....	-
Vehicle Colour .....	-
Vehicle Category .....	Private car
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

## IMPORTANT NOTICE

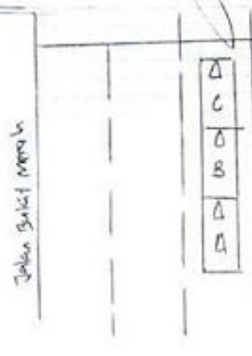
1. Please report correctly the details of the accident to speed up the claims process.
2. This form must be completed by the Policyholder and/or the Authorized Driver.
3. Information provided must be as truthful and accurate as possible. Any willful misrepresentation or withholding of material facts may allow the insurer to reputate policy liability.
4. The insurer and its reporting of the Supreme Court compliance with an admission of policy liability on the part of the insured is compulsory.
5. Any false reporting may be referred to the Police for investigation.
6. The report will be forwarded by the insurers to the GIA Records Management Centre established by the General Insurance Association of Singapore (GIA) for archiving and that copies of the report will for a fee be made available upon application by interested parties.
7. By the signing 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 if/when so.
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 be 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 enquires 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

Sketch Plan



A: SMK1888L  
B: SKN509J  
C: unknown

Describe Circumstances of the Accident

*Refer to attached statement*

Declaration

We declare the foregoing particulars are true in every respect.

Policyholder's Signature / Date & Time

Driver's Signature / Date & Time

Witnessed by Reporting Centre Personnel

Accident statement

I stopped behind of vehicle (B) SKU509J as waiting traffic junction turns green. A few seconds later, traffic junction turn green, I thought of front vehicle has moved off and she sudden jammed brake. I did not manage to brake in time. My vehicle slightly bump onto rear portion of vehicle (B) SKU509J. The 1<sup>st</sup> vehicle moved off after the accident without stopping.











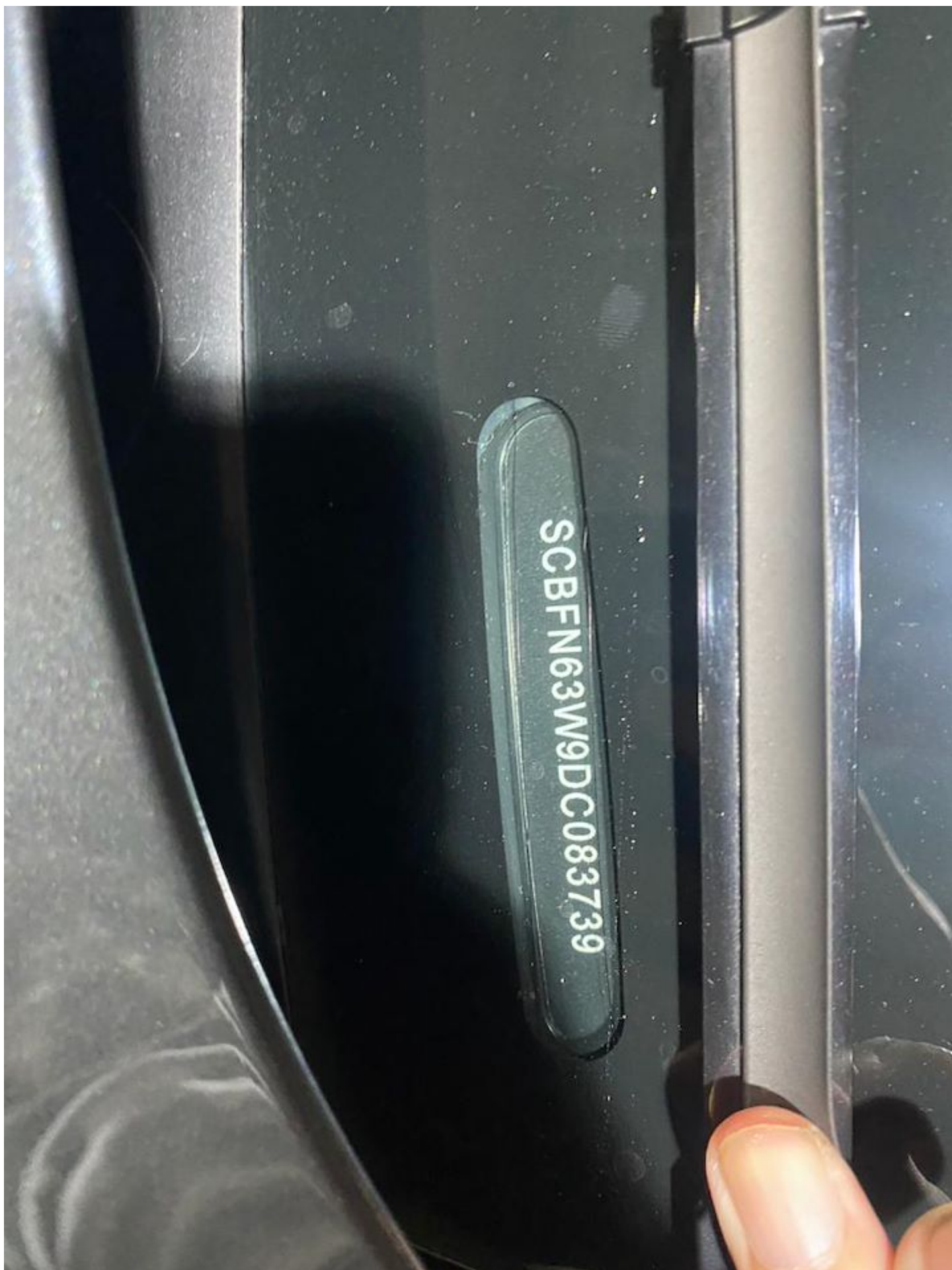


















## BUSINESS PROFILE



## REQUEST CRITERIA

You have requested to search on the following:

Date of Request: 06/01/2021  
 Name of Requestor: NG CHERLENE  
 Requested Entity Name: DK DESIGN & BUILD PTE. LTD.  
 Requested Entity Number: 201527525E  
 File Reference Number:

## SEARCH RECORD

Entity Name: 1) DK DESIGN & BUILD PTE. LTD.  
 2) DK MANAGEMENT PTE. LTD.  
 Entity Number: 201527525E

ACRA

ACCOUNTING AND CORPORATE REGULATORY AUTHORITY  
 BUSINESS PROFILE (COMPANY)

WHILST EVERY ENDEAVOUR IS MADE TO ENSURE THAT THE INFORMATION PROVIDED IS UPDATED & CORRECT, THE AUTHORITY  
 DISCLAIMS ANY LIABILITY FOR ANY DAMAGE OR LOSS THAT MAY BE CAUSED AS A RESULT OF ANY ERROR OR OMISSION.

## DETAILS OF COMPANY

Entity Name: DK DESIGN & BUILD PTE. LTD.  
 Entity Number: 201527525E  
 Date Of Registration (dd/mm/yyyy): 01/07/2015  
 Country/Region Of Incorporation/Registration: SINGAPORE  
 Date Of Change Of Name: 03/06/2020  
 ) Former Name (Effective Date): DK MANAGEMENT PTE. LTD. (01/07/2015)  
 Type Of Company: EXEMPT PRIVATE COMPANY LIMITED BY SHARES  
 Registered Office Address: 3791 JALAN BUKIT MERAH  
 #10-18 E-CENTRE @ REDHILL  
 SINGAPORE 159471  
 Date Of Change Of Address: 09/01/2018  
 Principal Activity / Activities: 1) OTHER SPECIALISED DESIGN ACTIVITIES N.E.C. (74199)  
 2) RENOVATION CONTRACTORS (43301)  
 Status: LIVE COMPANY  
 Status Date: 01/07/2015

## CAPITAL STRUCTURE

Capital Structure:	No. Of Shares	Currency	Amount
ISSUED ORDINARY	200,000.00	SINGAPORE DOLLARS	200,000.00
Paid-Up Ordinary		SINGAPORE DOLLARS	200,000.00

(Note: The number of shares is displayed up to two decimal points)

## CHARGE(S)

## AUDITOR(S)



Name		Date Of Appointment
<b>OFFICER(S) / AUTHORISED REPRESENTATIVE(S)</b>		
Name	Address Date Of Change Of Address	Nationality/Citizenship Date Of Appointment/ Position Held
RESMOND NG KECK KIANG 1735126E	39 NIM RISE NIM COLLECTION SINGAPORE 804439 01/07/2019	SINGAPORE CITIZEN 01/07/2015 DIRECTOR
EET SU MENG 1601987I	520B TAMPINES CENTRAL 8 #10-49 CENTRALE 8 AT TAMPINES SINGAPORE 527520 22/03/2016	SINGAPORE CITIZEN 01/07/2015 SECRETARY
<b>SHAREHOLDER(S)</b>		
Entity Numbers Prefixed with UF Or ACRA are Numbers allotted by ACRA for Purposed of Identification.)		
Name	Nationality/Citizenship	Address Date Of Change Of Address
RESMOND NG KECK KIANG 1735126E	SINGAPORE CITIZEN	39 NIM RISE NIM COLLECTION SINGAPORE 804439 01/07/2019
Type	No Of Shares	Currency
ORDINARY	200,000.00	SINGAPORE DOLLARS
Note: The number of shares is displayed up to two decimal points		
<b>COMPLIANCE RECORD</b>		
Date Of Last AGM:	21/11/2019	
Date Of Last AR:	30/06/2019	
Date Of A/C Laid At Last AGM:		
4E ABOVE INFORMATION IS UPDATED TO 01 DAY FROM 08/01/2021		
PLEASE NOTE THAT THE INFORMATION HEREIN CONTAINED IS EXTRACTED FROM FORMS FILED WITH THE AUTHORITY		
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