

# 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 .....	02/06/2021 15:43 (SGT)
Date of Accident .....	19/05/2021 07:40 (SGT)
Exact Location of Accident .....	Upp Bukit Timah Rd, Singapore
Additional Location Information .....	JUNC OF BUKIT PANJANG
Country/State of Loss .....	Singapore

## DETAILS OF OWN VEHICLE

Vehicle Registration Number .....	PC1290S
-----------------------------------	---------

### INSURED/POLICYHOLDER

Is company? .....	Yes
Name Of Registered Owner .....	SIANG HOCK HOLDING PTE LTD
Company Reg No .....	1XXXXX681M
Email Address .....	car.rental@sianghock.com.sg
Mobile Phone No .....	(Phone) +65-62568888
Alternative Phone No .....	(Office) +65-62568888

### VEHICLE PARTICULARS

Manufacturer .....	Nissan
Model .....	Caravan
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 - Reporting only
Vehicle Category .....	Bus
Transmission .....	Auto
CC .....	2953

### INSURANCE COMPANY

Name of Insurance Company .....	MS First Capital Insurance Ltd
Type of Coverage .....	ThirdParty
Fleet Policy .....	Yes
Policy Number .....	D-21097506MFBP/1
Cover Note Number .....	-

### DRIVER

Name of Driver .....	KANG KIN LOK
NRIC No .....	SXXXX689E

Date Of Birth .....	28/02/1952
Occupation .....	Outdoor
Date Of Driving Pass .....	02/04/1976
Driving experience .....	45 YEARS AND 1 MONTH
Gender .....	Male
Mobile Number .....	(Phone) +65-96407698
Alt. Phone Number .....	-
Email Address .....	car.rental@sianghock.com.sg
Address .....	BLK 929 HOUGANG ST 91
Address complement .....	#09-131
Postcode .....	530929
Is the driver the policyholder? .....	No
If No, Relationship of the Driver with the Insured .....	Hirer
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 .....	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) .....	7
Has the driver been approached by unknown person(s) soliciting/offering accident claims assistance? .....	No

#### PASSENGER 1

Name .....	PASSENGER
Gender .....	Male

#### PASSENGER 2

Name .....	PASSENGER
Gender .....	Male

#### PASSENGER 3

Name .....	PASSENGER
Gender .....	Male

#### PASSENGER 4

Name .....	PASSENGER
Gender .....	Male

#### PASSENGER 5

Name .....	PASSENGER
Gender .....	Male

#### PASSENGER 6

Name .....	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

PLS REFER TO THE ATTACHED 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 .....	SDG8717D
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) .....	-

5/19/2021

10001.jpg

# 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 in truthful and accurate as possible. Any willful misrepresentation or withholding of material facts may allow insurance companies to re-evaluate 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 aforsaid.
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' law firm/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 Insurers(s) who have insured vehicle(s) involved in this accident and the Insurers' law firm/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 law firm/law firms) which may be sited outside of Singapore, for one or more of the above Purposes.



*[Signature]*

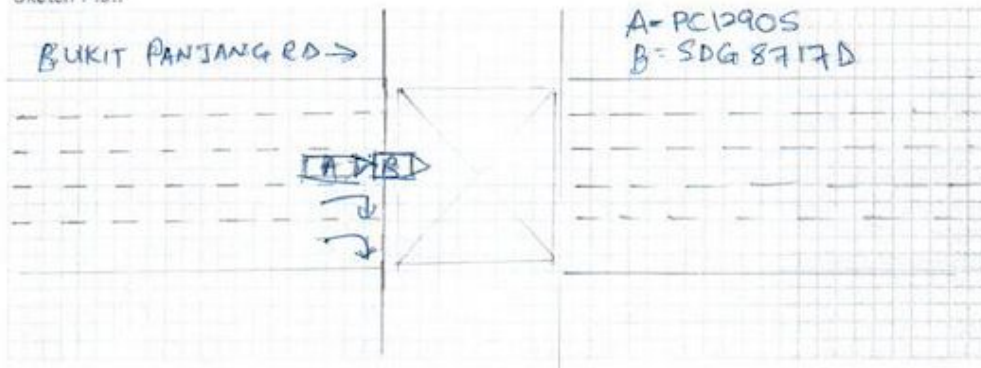
*[Signature]* 02/06/21

Policyholder's Signature / Date & Time

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

Witnessed by Reporting Centre Personnel

## Sketch Plan



5/10/2021

10002.jpg

## Describe Circumstances of the Accident

*pls refer to the attached statement.*

## 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

Witness (by Reporting Centre Personnel)

<https://mail.google.com/mail/u/0/#search/rspc/%40ikauto.com?projector=1>

1/1

On 19.05.2021 around 07:40am, I was driving PC1290S along Bukit Panjang Road towards Bukit Batok.

Whilst travelling along the traffic signal junction, SDG8717D in front of me which had already crossed the white line of the traffic junction suddenly jam break and bring his vehicle to halt.

I couldn't stop in time and collided onto the rear portion of SDG8717D.

Nobody was injured. We shared details and proceed.



KANG KIN LOK  
S00656891E



