

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	30/08/2021 17:33 (SGT)
Date of Accident	30/08/2021 10:20 (SGT)
Exact Location of Accident	Singapore
Additional Location Information	SLIP RD OF BRADDELL RD TWDS LORONG 1 TOA PAYOH
Country/State of Loss	Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SKS566D
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INSURED/POLICYHOLDER

Is company?	Yes
Name Of Registered Owner	KINETIC ALLIANCE PTE LTD
Company Reg No	201613074E
Email Address	support@kinetic-alliance.com
Mobile Phone No	(Phone) +65-97840979
Alternative Phone No	+65-97840979

VEHICLE PARTICULARS

Manufacturer	Toyota
Model	Corolla
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	1600

INSURANCE COMPANY

Name of Insurance Company	China Taiping Insurance (Singapore) Pte. Ltd.
Type of Coverage	Comprehensive
Fleet Policy	No
Policy Number	DMHCSNA00005382101
Cover Note Number	08/06/2021 - 07/09/2022

DRIVER

Name of Driver	LEE SHYH WEG
NRIC No	S1824118H

Date Of Birth	26/12/1967
Occupation	Outdoor
Date Of Driving Pass	11/08/1993
Driving experience	28 YEARS
Gender	Male
Mobile Number	(Phone) +65-90269023
Alt. Phone Number	-
Email Address	manfredsg8@gmail.com
Address	BLK 229 LORONG 8 TOA PAYOH #04-172
Address complement	-
Postcode	310229
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	Raining
Road Surface	Wet

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 vehicle 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	GBL2976J
Vehicle Manufacturer	-
Vehicle Model	-
Vehicle Variant	-
Vehicle Colour	-
Vehicle Category	Commercial vehicle
Name of Driver	CHEW YAN HONG
Contact Number	(Phone) +65-96729204
Address	-
Address complement	-

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

SKETCH PLAN

1. VEHICLE NO.: SK5566D
 2. INSURER CO: CHINA TAIPING
 3. ACCIDENT DATE & TIME: 30/08/2021 @ 11:20 hrs

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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 yers/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' law yers/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 yers/law firms), which may be shed outside of Singapore, for one or more of the above Purposes.



Policyholder's Signature / Date & Time
30/08/2021

Sketch Plan

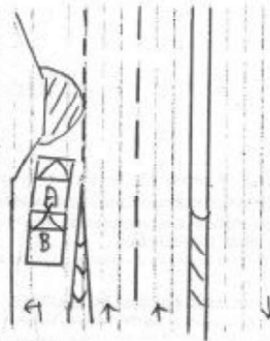
Driver's Signature (If driver is not the policyholder) / Date & Time
30 August 21 1533 hr

Witnessed by Reporting Centre Personnel
30/08/21

PLEASE
TURN
OVER

Sketch Plan

SLIP ROAD OF BRADDELL
ROAD TOWARDS LORONG 1
TOA PAYOH
CA1 SK556D
(B) GBL2976J



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

On 30/08/2021 at about 1020 hours, I was stationary along the sliproad of braddell road towards Lorong 1 Toa Payoh. Suddenly, I felt an impact from the back. I alighted and realised that vehicle B : GBL 2976J front portion had collided into the rear portion of my vehicle A : SK556D causing damage. we exchanged contact. I wish to include that my head hit the backrest due to the impact of the accident.

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 the foregoing particulars are true in every respect.

Policyholder's Signature
Date & Time: 30/08/2021

Driver's Signature
(If driver is not the policyholder)
Date & Time: 30 August 21 1535 hr

Reporting Centre Personnel's Signature

Name:

NRIC/FIN No.:

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