

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 | 09/09/2021 15:15 (SGT) |
| Date of Accident | 08/09/2021 22:57 (SGT) |
| Exact Location of Accident | Zion Rd, Singapore |
| Additional Location Information | ZION ROAD |
| Country/State of Loss | Singapore |

DETAILS OF OWN VEHICLE

| | |
|-----------------------------|-----------------------|
| Vehicle Registration Number | SMP6920S |
| INSURED/POLICYHOLDER | |
| Is company? | Yes |
| Name Of Registered Owner | KT LEASING PTE LTD |
| Company Reg No | 2XXXXX231C |
| Email Address | SERVICE@GAL.COM.SG |
| Mobile Phone No | (Phone) +65-61000425 |
| Alternative Phone No | (Office) +65-61000425 |

VEHICLE PARTICULARS

| | |
|--|-------------------------------|
| Manufacturer | Toyota |
| Model | Noah |
| Variant | NOAH HYBRID 7-SEATER 1.8X CVT |
| Exact purpose for which vehicle was being used at time of accident | Private hire |
| Are you claiming under your own insurance policy for repair to your vehicle? | No - Claiming third party |
| Vehicle Category | Private car |
| 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 | DMHCSNA00006602000 |
| Cover Note Number | - |

DRIVER

| | |
|----------------|---------------|
| Name of Driver | TAY CHOON HEE |
| NRIC No | SXXXX811B |

| | |
|--|---------------------------------|
| Date Of Birth | 04/10/1980 |
| Occupation | Outdoor |
| Date Of Driving Pass | 29/06/2018 |
| Driving experience | 3 YEARS AND 3 MONTHS |
| Gender | Male |
| Mobile Number | (Phone) +65-87423273 |
| Alt. Phone Number | - |
| Email Address | SERVICE@GAL.COM.SG |
| Address | BLK 341B SEMBAWANG CLOSE #05-33 |
| Address complement | - |
| Postcode | 752341 |
| 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 - Major/Minor Rd |
| 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 vehicle or property damaged? | Yes |
| Number of Passengers (Including Driver) | 3 |
| Has the driver been approached by unknown person(s) soliciting/offering accident claims assistance? | No |

PASSENGER 1

| | |
|--------|---------|
| Name | UNKNOWN |
| Gender | Male |

PASSENGER 2

| | |
|--------|---------|
| Name | UNKNOWN |
| Gender | Female |

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

ACCIDENT HAPPENED ON 08/09/2021 at 0:57PM. I WAS DRIVING STRAIGHT ALONG ZION ROAD WHEN BOTH MY VEHICLE & VEHICLE (B) APPROACHING A MERGING LANE. I SLOW DOWN AND LET VEHICLE (B) TO BYPASS ME SINCE HE'S DRIVING AHEAD OF ME BUT INSTEAD OF MOVING STRAIGHT, VEHICLE (B) SUDDENLY STOPPED AND I ALSO STOPPED FOR SAFETY. THERE IS NO ACCIDENT YET AT THAT MOMENT HOWEVER, VEHICLE (B) SUDDENLY SWERVED TO LEFT AND CAUSED TO SCRATCH INTO MY VEHICLE LEFT FRONT PORTION

ATTACHMENT(S)

| | |
|---|-----|
| Are accident photos available for attachment? | Yes |
| Was there any video captured by Car Camera? | Yes |
| Was there any audio recorded? | No |

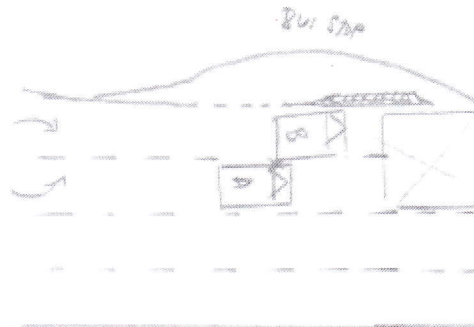
DETAILS OF OTHER VEHICLE PROPERTY 1

| | |
|---|----------------------|
| Vehicle Registration Number | YN2291T |
| Vehicle Manufacturer | - |
| Vehicle Model | - |
| Vehicle Variant | - |
| Vehicle Colour | - |
| Vehicle Category | Commercial vehicle |
| Name of Driver | GOVINDAN RAJESHWARAN |
| 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

A: SMP6920S

B: YH229IT



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

ACCIDENT HAPPENED ON 09/09/2021 AT 10:57PM. I WAS DRIVING STRAIGHT ALONG ROAD WHEN VEHICLE (B) AND MY VEHICLE BOTH APPROACHING A MERGING LANE. I SLOW DOWN AND LET THE VEHICLE (S) TO BY PASS SINCE HE'S DRIVING IN FRONT OF ME BUT INSTEAD OF MOVING STRAIGHT, VEHICLE (B) SUDDENLY STOPPED AND I ALSO STOPPED FOR SAFETY. THERE IS NO ACCIDENT YET HOWEVER VEHICLE (S) SUDDENLY SWERVED TO LEFT AND CAUSED TO SCRAMBLE INTO MY VEHICLE LEFT FRONT POSITION.

DECLARATION

I/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:

9 SEP 2021

Reporting Centre Personnel's Signature
Name:
NRIC/FIN No.:

