

# 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 .....	15/12/2021 14:08 (SGT)
Date of Accident .....	10/11/2021 00:00 (SGT)
Exact Location of Accident .....	Singapore
Additional Location Information .....	UNKNOWN
Country/State of Loss .....	Singapore

## DETAILS OF OWN VEHICLE

Vehicle Registration Number .....	SGU8495J
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### INSURED/POLICYHOLDER

Is company? .....	Yes
Name Of Registered Owner .....	CHEONG LIMOUSINE
Company Reg No .....	5XXXX086A
Email Address .....	zephchan96@gmail.com
Mobile Phone No .....	(Phone) +65-84983980
Alternative Phone No .....	+65-84983980

### VEHICLE PARTICULARS

Manufacturer .....	Nissan
Model .....	Latio
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 - Reporting only
Vehicle Category .....	Private car
Transmission .....	Auto
CC .....	1500

### INSURANCE COMPANY

Name of Insurance Company .....	China Taiping Insurance (Singapore) Pte. Ltd.
Type of Coverage .....	ThirdParty
Fleet Policy .....	No
Policy Number .....	DMHCSNA00002172100
Cover Note Number .....	-

### DRIVER

Name of Driver .....	GURU ARAVIND S/O MOHAN
NRIC No .....	SXXXX635D

Date Of Birth .....	31/08/1994
Occupation .....	Outdoor
Date Of Driving Pass .....	22/01/2019
Driving experience .....	2 YEARS AND 10 MONTHS
Gender .....	Male
Mobile Number .....	(Phone) +65-84983980
Alt. Phone Number .....	-
Email Address .....	zephchan96@gmail.com
Address .....	BLK 757 JURONG WEST ST 74
Address complement .....	#04-86
Postcode .....	640757
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 .....	Hit by fallen tree / Other objects
Weather Conditions .....	UNKNOWN
Road Surface .....	UNKNOWN

#### 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

PLS REFER TO THE ATTACHED STATEMENT.

#### ATTACHMENT(S)

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

#### DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number .....	UNKNOWN
Vehicle Manufacturer .....	-
Vehicle Model .....	-
Vehicle Variant .....	-
Vehicle Colour .....	-
Vehicle Category .....	Bus
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**

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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.
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' 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 / Date & Time

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

 15/12/21  
 Witnessed by Reporting Centre Personnel

**Sketch Plan**

AVAILABLE  
 NO SKETCH ~~DETAILS MISSING~~

## Describe Circumstances of the Accident

I WAS INFORMED BY MY INSURANCE COMPANY TO MAKE THIS REPORT. I AM THE FLEET OWNER AND NOT THE DRIVER. THE HIRER HAS TOLD ME THAT HE WAS NOT THE DRIVER DURING THE TIME OF THE ACCIDENT, BUT DID NOT PROVIDE DETAILS ON THE DRIVER DURING THAT ACCIDENT TIMING. THEREFORE, THERE ARE SOME DETAILS THAT I DO NOT HAVE.

HIRER WAS NOT THE DRIVER AT THE TIME OF ACCIDENT

## Declaration

We declare the foregoing particulars are true in every respect.

If you wish to claim against your own policy, please be advised that your insurer may have a fourteen (14) days clause whereby the claim must be made within the stipulated timeframe from the day of occurrence. Kindly check with your insurer for more details.

 

Policyholder's Signature / Date & Time

 

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

 15/12/21  
Witnessed by Reporting Centre Personnel



10 Sin Ming Drive Singapore 575701  
www.lta.gov.sg

15 Dec 2021

Our ref 1512210601N077091427

CHEONG LIMOUSINE  
APT BLK 231 SERANGOON AVENUE 3  
#02-44  
SINGAPORE 550231

Dear Sir/Madam

### Your Vehicle SGU8495J Has Been Deregistered

The above-mentioned vehicle was deregistered on 13 Dec 2021.

We have granted the following rebate(s) to you. You can use the rebate(s) if you have settled all outstanding matters, e.g. there are no road tax arrears, the vehicle financing is settled, etc.

PARF Rebate Amount	: N/A
PARF Rebate Reference No.	: N/A
Expiry Date of PARF Rebate	: N/A
COE Rebate Amount	: \$2,591.00
COE Rebate Reference No.	: 2167324WC0000
Expiry Date of COE Rebate	: 14 Dec 2022

You must use the PARF/COE rebate(s) before it expires. Go to [onemotoring.lta.gov.sg](https://onemotoring.lta.gov.sg) > Digital Services and search for the services below:

- Encash PARF/COE Rebate
- Transfer PARF/COE Rebate

You can also use your rebate(s) to offset fees (e.g. Additional Registration Fee, Registration Fee, Used Car Surcharge, Vehicular Emission Scheme Surcharge or Quota Premium for your COE) for a new car registered in your name. You can check with your motor dealer on how to do so. You can also use COE rebates to offset the Prevailing Quota Premium (PQP) to renew the COE of your existing vehicle.

#### What You Need To Do:

- Dispose of your vehicle if you have not done so.
- Use your PARF/COE rebate(s) before it expires:
  - COE expires on 14 Dec 2022.
- Encash, transfer or offset fees on your new car with the PARF/COE rebate(s).
- Use your COE rebate to offset the Prevailing Quota Premium (PQP) when you renew the COE of your existing vehicle.