Your NCD will be affected due to late reporting

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 witholding 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	07/02/2022 13:26 (SGT)
Date of Accident	01/02/2022 17:50 (SGT)
Exact Location of Accident	Singapore
Additional Location Information	JUNCTION OF DORSET ROAD AND RANGOON ROAD
Country/State of Loss	Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SMK348K

INSURED/POLICYHOLDER

Is company?	Yes
Name Of Registered Owner	BEN LIMOUSINE TRANSPORT SERVICES
Company Reg No	5XXXX540J
Email Address	benng.limo2000@gmail.com
Mobile Phone No	(Phone) +65-90737311
Alternative Phone No	+65-90737311

VEHICLE PARTICULARS

Manufacturer	Toyota
Model	Noah
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 hire
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	DMHCSNW00002672101
Cover Note Number	-

DRIVER

Name of Driver	NG KOK KUAN (HUANG GUO QUAN)
NRIC No	SXXXX844D

Date Of Birth	18/10/1968
Occupation	Outdoor
Date Of Driving Pass	14/02/1989
Driving experience	33 YEARS
Gender	Male
Mobile Number	(Phone) +65-90737311
Alt. Phone Number	-
Email Address	benng.limo2000@gmail.com
Address	BLK 362 TAMPINES STREET 34
Address complement	#03-379
Postcode	520362
Is the driver the policyholder?	No
If No, Relationship of the Driver with the Insured	OWNER
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 - Cross Junction
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)	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?	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	SHF778M
Vehicle Manufacturer	-
Vehicle Model	-
Vehicle Variant	-
Vehicle Colour	-
Vehicle Category	Private car
Name of Driver	-
Contact Number	(Phone) +65-96878723
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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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. 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 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.

Ben Limousine Transport Services

.....

Policyholder's Signature / Date & Time

07-02-22

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

07/02/2022

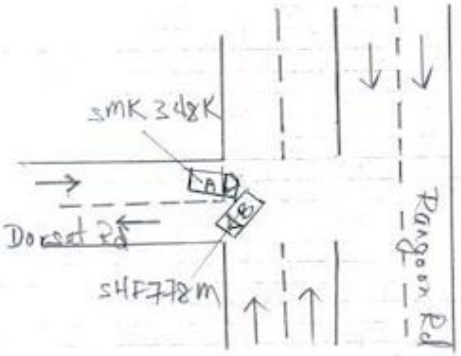
Witnessed by Reporting Centre Personnel

Sketch Plan

A= SMK 348K

B = SHF 778 M

junction of Dorset Road & Rangoon Road.



Describe Circumstances of the Accident

On the 1st of February i was driving along Dorset Road ~~approaching~~ approaching Rangeon junction, and i give signal to turn right. Suddenly vehicle B in a fast speed turn right and hit onto my right front portion bumper.

Declaration

I/We declare the foregoing particulars are true in every respect.

Ben Limousine Transport Services

Policyholder's Signature / Date & Time	Driver's Signature (if driver is not the policyholder) / Date & Time	Witnessed by Reporting Centre Personnel
.....	07-02-22	07/02/2022

IMAGES

IMAGES #2

IMAGES #3

IMAGES #4

IMAGES #5

IMAGES #6

IMAGES #7


HYBRID
Reserved
Lots For
idac
idac
Reserved
Lots For
idac
Vehicles

IMAGES #8

IMAGES #9


TOYOTA MOTOR CORPORATION JAPAN
MODEL DAA-ZWR80G-APXEB
ENGINE 2ZR-FXE 1797 mL
FRAME No. ZWR80-0367519
COLOR TRIM PLANT OPTION
202 FA21 C25
TRANS./AXLE P410 -03A
646

IMAGES #10


PWR
20
40
60
80
100
120
140
160
180
km/h
READY
TRIP
86925km
P
R
N
D
ECO
MODE

PRIVATE HIRE

GENERAL INSURANCE ASSOCIATION
RECORDS MANAGEMENT CENTRE

IMPORTANT NOTE: Please submit the completed Addendum form to the same Accident Reporting Centre with whom you submitted the Original Report.

ADDENDUM

(A) PARTICULARS OF PERSON MAKING THE AMENDMENTS:

Original Report No: SN0922270006 Vehicle Registration No: SMK 348K

Name (as shown in NRIC): Ng Kok Kuan (Huang GuoQuan) NRIC/FIN/Passport No: S6839844D

(*Vehicle Driver/Vehicle Owner) (*) Please delete as appropriate

Address: Blk 362 Tampines Street 34 #03-379 Singapore (520362)

Contact (Tel): Mobile No.: 9073 7311

Email Address: beng.limo2000@gmail.com

Date of Accident: 01/02/2022 Time of Accident: 17:50

Place of Accident: Junction of Dorset Road and Rangoon Road.

Insurance Company: CTI

(B) ADDITIONAL INFORMATION /AMENDMENTS:

I have made a report on the above-mentioned accident and would like to include additional information or make the following amendments:

1. Amend to private use during the time of accident.
2. Amend relationship of the Driver to owner.

Bee Lian Limo Transport Services

Policyholder / Driver's Signature
Date:

Reporting Centre Personnel's Signature
Name: Renee
NRIC/FIN No.:
Date: 11/02/2022

Updated Addendum Form