

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 22/02/2022 16:38 (SGT)
Date of Accident 30/01/2022 16:00 (SGT)
Exact Location of Accident Punggol Rd & Rivervale Dr, Singapore
Additional Location Information -
Country/State of Loss Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number SML8755K

INSURED/POLICYHOLDER

Is company? Yes
Name Of Registered Owner WHEELS EXPRESS RENTAL & LEASING PTE. LTD.
Company Reg No 2XXXXX594C
Email Address yeechye@yahoo.com.sg
Mobile Phone No (Phone) +65-90603343
Alternative Phone No +65-90603343

VEHICLE PARTICULARS

Manufacturer Honda
Model Shuttle
Variant -
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 - Reporting only
Vehicle Category Private hire
Transmission Auto
CC 1496

INSURANCE COMPANY

Name of Insurance Company China Taiping Insurance (Singapore) Pte. Ltd.
Type of Coverage Comprehensive
Fleet Policy Yes
Policy Number DMHCSNA00004832101
Cover Note Number -

DRIVER

Name of Driver LEE LENG POH
NRIC No SXXXX336E

Date Of Birth	22/11/1964
Occupation	Outdoor
Date Of Driving Pass	06/09/1983
Driving experience	38 YEARS AND 4 MONTHS
Gender	Male
Mobile Number	(Phone) +65-81614671
Alt. Phone Number	-
Email Address	docs172@gmail.com
Address	BLK 760 PASIR RIS STREET 71
Address complement	#04-194
Postcode	510760
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 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	EX3333J
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) -

SKETCH PLAN**IMPORTANT NOTICE**

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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' 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

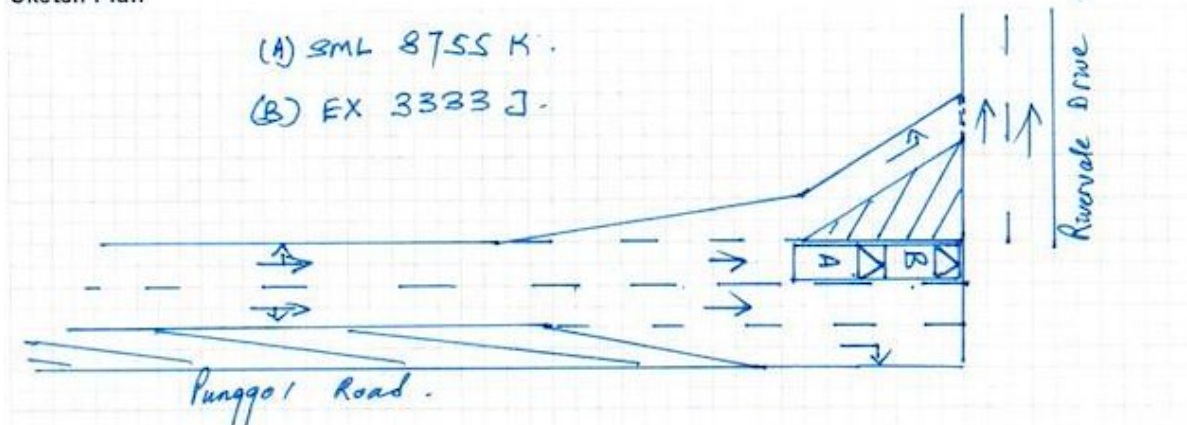
(c) my Personal Information may/can be disclosed by any of the Insurers and/or GIA to their third party service providers or agents (including their lawyers/law firms), which may be sited outside of Singapore, for one or more of the above Purposes.



Policyholder's Signature / Date & Time

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

Witnessed by Reporting Centre Personnel
22/02/2022

Sketch Plan

Describe Circumstances of the Accident

On 30/01/2022 at @ 1600 hrs, I stopped my vehicle (SML 8755 K) along Ponggol Road junction Riverdale Drive on the extreme left lane due to red light. In front of me, there was a vehicle (EX 2333 J). When the traffic lights turn green, I heard the car behind me horn and I moved forward. As I ~~was about to~~ moved forward, I saw the car ahead has not move and I jam on my brake. As I ~~start~~ release on my brake, my vehicle moved forward and touches the said vehicle ahead. Both of us get down and saw there were no damaged to both of our vehicle and I apologised to the driver. After that, the wife of the other party asked for my particulars and I gave it to her and we left the accident scene. On 22/02/2022, my rental company called and informed me that there was an accident claims made against me and informed me to lodge an accident report.

Declaration

We declare the foregoing particulars are true in every respect.



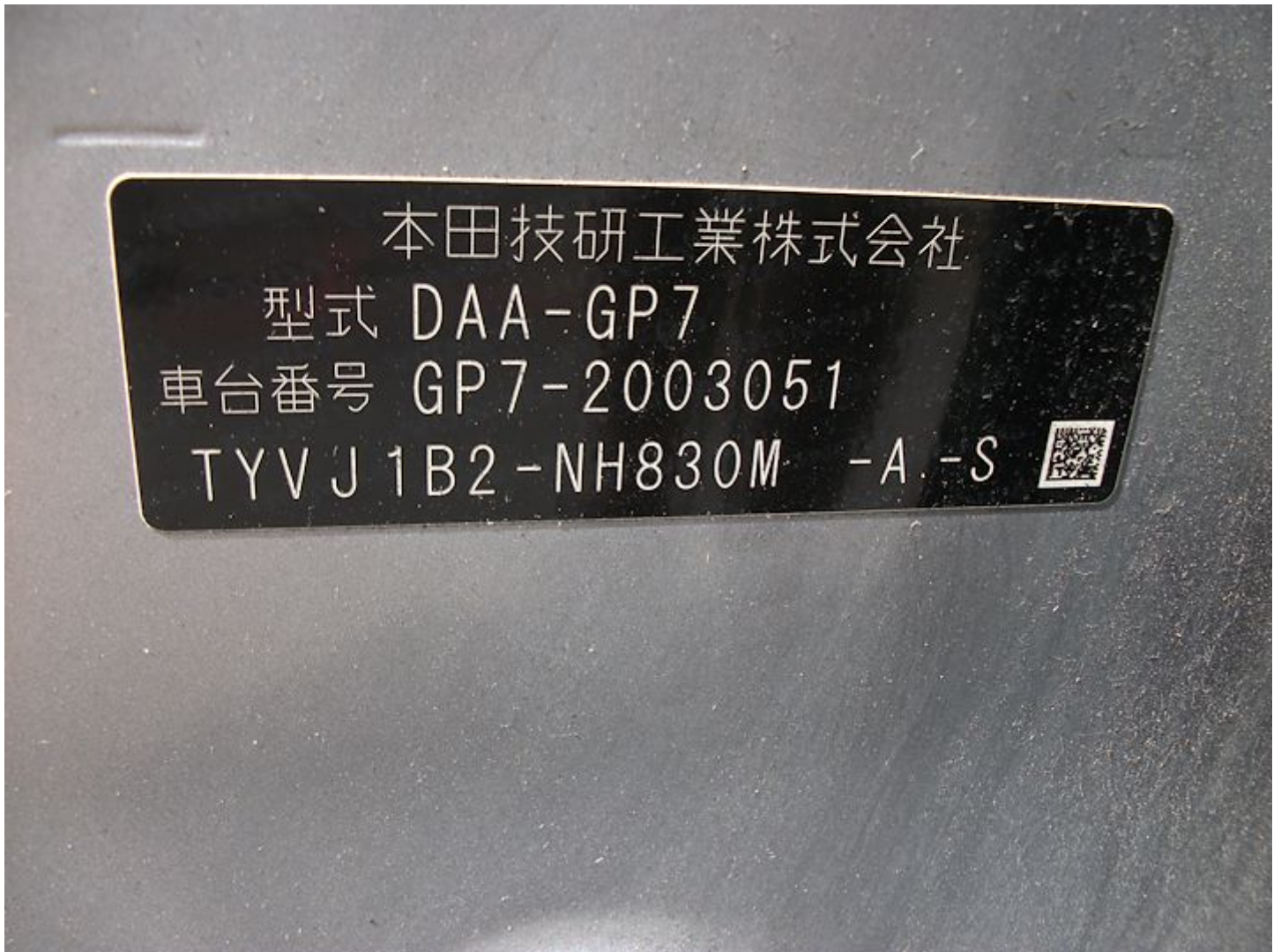
Policyholder's Signature / Date & Time

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

R 22/02/2022

Witnessed by Reporting Centre Personnel





本田技研工業株式会社

型式 DAA-GP7

車台番号 GP7-2003051

TYVJ 1B2-NH830M -A-S









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: SN 09222M0003 Vehicle Registration No: SML 8755K
 Name (as shown in NRIC): Lee Leng Poh NRIC/FIN/Passport No: S1676336E
 (*Vehicle Driver/Vehicle Owner) (*) Please delete as appropriate
 Address: Blk 760 Pasir Ris Street 71 #04-194 Singapore (510760)
 Contact (Tel): _____ Mobile No.: 8161 4671
 Email Address: docs172@gmail.com
 Date of Accident: 30/01/2022 Time of Accident: 16:00
 Place of Accident: Punggol Road & Rivervale Drive
 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 Fleet Policy (Yes).

Policyholder / Driver's Signature
Date:


Reporting Centre Personnel's Signature
Name: Renee
NRIC/FIN No.: _____
Date: 22/02/2022