

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 21/02/2022 17:30 (SGT)
Date of Accident 20/02/2022 11:45 (SGT)
Exact Location of Accident Singapore
Additional Location Information 4 TAMPINES CENTRALS
Country/State of Loss Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number SMQ3356K

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) +65-97849075
Alternative Phone No +65-97849075

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 - Claiming third party
Vehicle Category Private hire
Transmission Auto
CC 1500

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 - 07/06/2022

DRIVER

Name of Driver ONG SIEW KWEE PETER
NRIC No S1363355Z

Date Of Birth	08/11/1959
Occupation	Outdoor
Date Of Driving Pass	18/01/1983
Driving experience	39 YEARS AND 1 MONTH
Gender	Male
Mobile Number	(Phone) +65-94885776
Alt. Phone Number	-
Email Address	peterong_03@yahoo.com.sg
Address	BLK 84 LORONG 2 TOA PAYOH #10-315
Address complement	-
Postcode	310084
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	Side Swipe
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

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	GBC1990X
Vehicle Manufacturer	Toyota
Vehicle Model	-
Vehicle Variant	-
Vehicle Colour	-
Vehicle Category	Commercial vehicle
Name of Driver	MUSTAFFA BIN MOHD IDRIS
Passport No/FIN	G2854874K
Contact Number	(Phone) +65-83875233
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.: SM83386K
2. INSURER CO: CHINA TAIPING
3. ACCIDENT DATE & TIME: 20/02/2022 @ 1145HOURS

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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/pal 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 sited outside of Singapore, for one or more of the above Purposes.



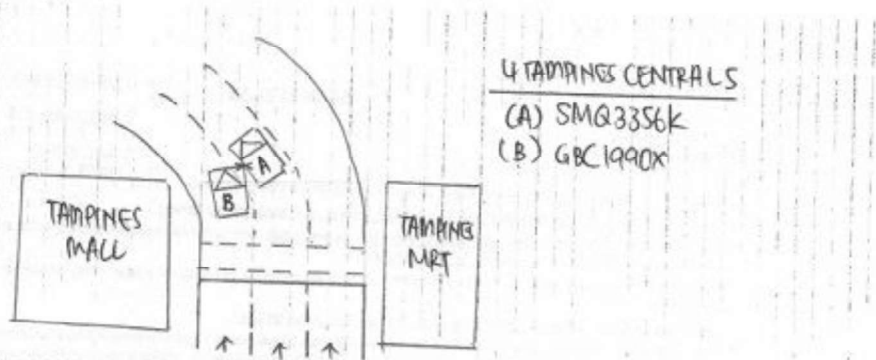
Policyholder's Signature / Date & Time
[Signature]
Time 21/02/2022
Sketch Plan

Driver's Signature (if driver is not the policyholder) / Date & Time
[Signature] 21/2/22

Witnessed by Reporting Centre Personnel
[Signature] 21/02/22

PLEASE
TURN
OVER

Sketch Plan



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

On 20/02/2022 at about 1145 hours, I was driving along 4-TAMPINES CENTRALS, Suddenly, vehicle B: GBC1990X cut into my lane. This caused vehicle B: GBC1990X front right portion to collide into the left portion of my vehicle A: SMG3356K. I alighted and the driver of vehicle B: GBC1990X apologised to me profusely and I observed damages on my vehicle A: SMG3356K. We exchanged particulars and contact after that and agreed to both lodge an accident report.

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: 21/02/2022

Driver's Signature
(If driver is not the policyholder)
Date & Time: 21/2/22

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

() Claim Own Policy () Claim Third Party () Reporting Only
(x) Claim ODP at other workshop (OPTIMA WEPK2 PIL.)