

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 29/03/2022 14:42 (SGT)
Date of Accident 19/11/2021 08:15 (SGT)
Exact Location of Accident Science Park Dr, Singapore
Additional Location Information -
Country/State of Loss Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number SGS3844D

INSURED/POLICYHOLDER

Is company? Yes
Name Of Registered Owner TODDS PARTNERS PTE. LTD
Company Reg No 2XXXX3177
Email Address thenzg@gmail.com
Mobile Phone No (Phone) +65-91865262
Alternative Phone No +65-91865262

VEHICLE PARTICULARS

Manufacturer Toyota
Model Wish
Variant -
Exact purpose for which vehicle was being used at time of accident Employment
Are you claiming under your own insurance policy for repair to your vehicle? No - Reporting only
Vehicle Category Commercial vehicle
Transmission Auto
CC 1794

INSURANCE COMPANY

Name of Insurance Company China Taiping Insurance (Singapore) Pte. Ltd.
Type of Coverage ThirdParty
Fleet Policy No
Policy Number DMHCSNA00004332101
Cover Note Number -

DRIVER

Name of Driver MUHAMMAD KHALID BIN ABU
NRIC No SXXXX014B

Date Of Birth	17/07/1974
Occupation	Outdoor
Date Of Driving Pass	05/07/2007
Driving experience	14 YEARS AND 4 MONTHS
Gender	Male
Mobile Number	(Phone) +65-91865262
Alt. Phone Number	-
Email Address	m.khal3434@gmail.com
Address	BLK 471 SEMBAWANG DRIVE #03-423
Address complement	-
Postcode	750471
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

PLEASE REFER TO SKETCH PLAN

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	SMP2230B
Vehicle Manufacturer	Mitsubishi
Vehicle Model	-
Vehicle Variant	-
Vehicle Colour	-
Vehicle Category	Private car
Name of Driver	HO CHOON SING
NRIC No	SXXXX173I
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

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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.



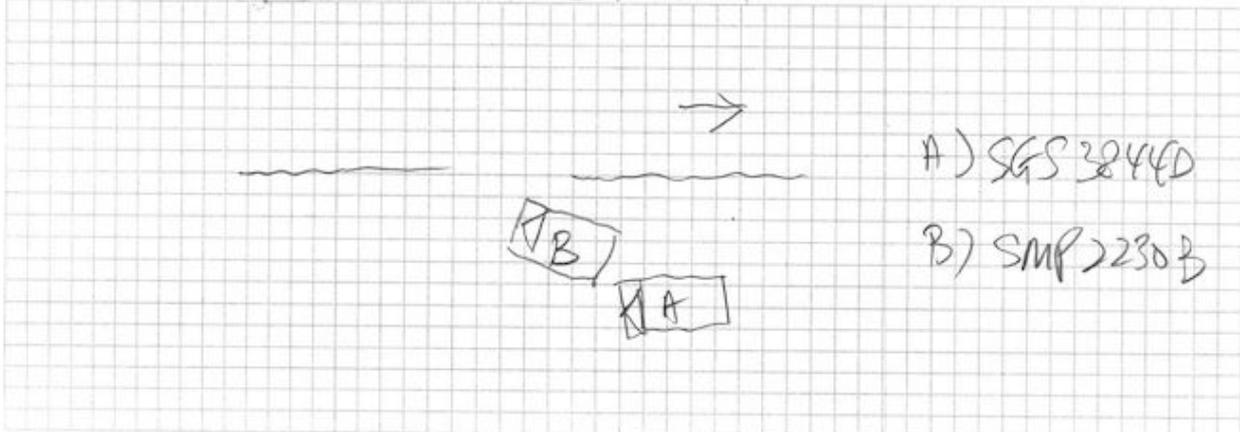
Policyholder's Signature / Date & Time

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

Witnessed by Reporting Centre Personnel

Sketch Plan

SCIFMCK PARK DRIVE



Describe Circumstances of the Accident

I was driving along Science Park Drive, ~~we~~ didn't notice the car in front of us turning right, I didn't manage to avoid him and made contact at his rear left bumper and light.

Declaration

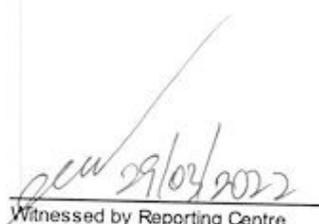
We declare the foregoing particulars are true in every respect.



Policyholder's Signature / Date & Time

 29/03/2022

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

 29/03/2022

Witnessed by Reporting Centre Personnel

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

12 Mar 2022

Our ref 1203220501N001204706

TODDS PARTNERS PTE. LTD.
51 GOLDHILL PLAZA
#08-02
SINGAPORE 308900

Dear Sir/Madam

NOTIFICATION ON TRANSFER OF OWNERSHIP FOR VEHICLE NO. SGS3844D

We are pleased to inform you that your application to transfer ownership of the above-mentioned vehicle has been approved. You are no longer the registered owner of the vehicle with effect from 12 Mar 2022. The details are as follows:

Vehicle No.	: SGS3844D
Application Date	: 12 Mar 2022
Effective Transfer of Ownership Date	: 12 Mar 2022
Vehicle Make	: TOYOTA
Vehicle Model	: WISH 1.8X A
Chassis No./Trailer Chassis No.	: ZNE100344861 / -
Engine No./Motor No.	: 1ZZ2791387 / -

- The above vehicle will be excluded from the Road Tax GIRO scheme.
- Please contact our customer service officers at tel: 1800-CALL LTA (1800-2255 582) should you require further assistance.
- Thank you.

Yours sincerely

Assistant Registrar of Vehicles
Vehicle Licensing Division
Land Transport Authority
[This is a computer-generated letter, no signature is required.]

Road Safety Reminder: Please drive safely and look out for fellow road users, including cyclists. Digital enforcement cameras are deployed island-wide to deter and detect traffic offences. A safer commute starts with you. Join the Community Watch Scheme at <https://go.gov.sg/spf-cws>. Let's keep everyone safe on our roads!