SJ0E22710002 / Jin Auto Services Pte Ltd ENTRY DATE & TIME: -SUBMITTED BY: [To Be Confirmed] VERSION: 1 (01/07/2022 15:20 (SGT))

# SINGAPORE ACCIDENT STATEMENT

# **IMPORTANT NOTICE**

- 1. Please report correctly the details of the accident to speed up the claims process.
- 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

- 5. Information provided must be as training and described as possible 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.

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ACCIDENT	STATEMENT
Date of Submission Reported by Date of Accident Exact Location of Accident Additional Location Information Country/State of Loss	Both 30/06/2022 21:16 (SGT) Singapore BLK 121 PAYA LEBAR WAY OPEN CARPARK Singapore
DETAILS OF	OWN VEHICLE
Vehicle Registration Number	SLU2407U
INSURED/POLICYHOLDER	
Is company? Name Of Registered Owner NRIC No Email Address Mobile Phone No Alternative Phone No	No LENG HOCK HENG DANNY SXXXX076G rolex2009@live.com.sg (Phone) +65-88838837
VEHICLE PARTICULARS	
Manufacturer Model Variant Exact purpose for which vehicle was being used at time of accident Are you claiming under your own insurance policy for repair to your vehicle? Vehicle Category Transmission CC	Mercedes C180k - Private use No - Claiming third party Private car Auto 1597
INSURANCE COMPANY	
Name of Insurance Company Policy Number / Cover Note Number	China Taiping Insurance (Singapore) Pte. Ltd. DMPCSNW00114202200
DRIVER	

LENG HOCK HENG DANNY

SXXXX076G

07/07/1982

Indoor

Name of Driver

Date Of Birth

Occupation

NRIC No

(Draft) Date Of Driving Pass 30/11/2006 Driving experience 15 YEARS AND 7 MONTHS Gender Mobile Number (Phone) +65-88838837 Alt. Phone Number Email Address rolex2009@live.com.sg Address BLK 45 BENDEMEER RD #06-1449 Address complement Postcode 330045 Is the driver the policyholder? Yes If No, Relationship of the Driver with the Insured 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 - Change/cross lane Weather Conditions Clear Road Surface Dry OTHER INFORMATION Was any foreign vehicle involved in the accident? No Number of vehicles involved in the accident 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) Has the driver been approached by unknown person(s) soliciting/offering accident claims assistance? No Translator's name Translator's ID Translator's phone number Translator's email Original language used in the statement PASSENGER 1 Name LEE YOONG Gender DETAILS OF POLICE ACTION Was the accident reported to the police? Nο Was notice of intended Prosecution given? Nο If yes, against whom? CIRCUMSTANCES OF ACCIDENT I WAS DRIVING ALONG THE DRIVEWAY OF OPEN CARPARK, VEHICLE B:SKN8778H WAS FOLLOWING BEHIND ME. WHEN I REACHED MY DESTINATION, I TURNED ON MY HAZARD LIGHT AND STOPPED MY VEHICLE, INTEND TO DO PARKING, VEHICLE B ALSO STOPPED BEHIND ME. BUT WHILE I WAS REVERSING INTO THE PARKING LOT, VEHICLE B MOVED HIS VEHICLE AND SQUEEZED THROUGH, AS A RESULT, ITS RIGHT SIDE GRAZED AGAINST MY VEHICLE'S FRONT LEFT HAND PORTION. ATTACHMENT(S) Are accident photos available for attachment? Yes Was there any video captured by Car Camera? Yes

# **DETAILS OF OTHER VEHICLE PROPERTY 1**

Vehicle Registration Number SKN8778H

	(Draft)
Vehicle Manufacturer	BMW
Vehicle Model	_
Vehicle Variant	_
Vehicle Colour	_
Vehicle Category	Private car
Name of Driver	TAN LIP HONG
NRIC No	SXXXX680C
Contact Number	-
Address	-
Address complement	. <b>-</b>
Postcode	-
Insurance Company Name	. <b>-</b>
Nature Of Damage	-
Details of property damaged in accident	-
No. Of Passenger (Including Driver)	1

# SKETCH PLAN

# 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 Actual Driver.
- Information provided must be as <u>truthful and accurate as possible</u>. Any wilful misrepresentation or withholding of material facts may allow insurance companies to <u>repudiate policy liability</u>.
- 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 Traffic Police Department for investigation.
- This report will be forwarded by the insurers to 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.
- 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:

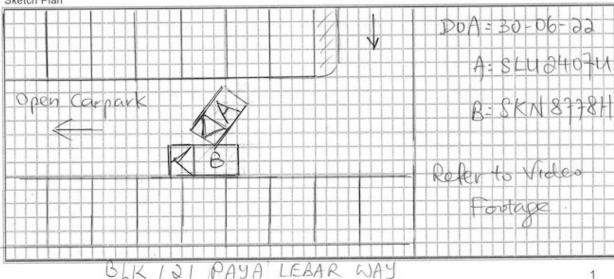
- (a) My insurer, my workshop and the General Insurance Association of Singapore ("GIA") may/are permitted to collect, use, disclose and/or process my personal data/personal information set out in this [form] and any other personal information provided by me or possessed by my insurer (collectively the "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

OI 07 22 Ilam Driver's Signature (if driver is

Driver's Signature (if driver is not the policyholder) / Date & Time Foorg Sau Wate
Witnessed by Reporting Centre Personnel
(Name as in NRIC/ID card)

Sketch Plan



Describe Circumstance of the Accident
I was driving along the driveway of open carpark,
vehicle B: SKN 8778 H was following behind me.
When I reached my destination, I on my hazard
light and stopped my vehicle, intend to do parking
Vehicle B also stopped behind me. But while I
was reversing into the parking lot, vehicle B moved
his vehicle and squeezed through, as a result,
its right side grazed against my vehicle's front
left hand portion.
•0
POR STATE
The Court III

Declaration

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

01 07 22 11 am

Criver's Signature (if driver is not the policyholder) / Dal

Foong Sau Wah
Witnessed by Reporting Centre Personnel
(Name as in NRIC/ID card)

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