# **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 Actual 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.

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   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 04/07/2022 18:36 (SGT) Reported by Date of Accident 03/06/2022 00:55 (SGT) Exact Location of Accident Singapore Additional Location Information THE BAYSHORE BASEMENT CARPARK Country/State of Loss Singapore

### **DETAILS OF OWN VEHICLE**

Private hire

Vehicle Registration Number SLV421K

INSURED/POLICYHOLDER

Is company? Yes Name Of Registered Owner **GRAN TORINO PTE LTD** Company Reg No 2XXXXX383C Email Address danielksg@gmail.com Mobile Phone No (Phone) +65-88556141 Alternative Phone No

VEHICLE PARTICULARS

Manufacturer Toyota Model C-HR HYBRID 1.8S CVT Variant

Exact purpose for which vehicle was being used at time of accident

Are you claiming under your own insurance policy for repair to No - Reporting only your vehicle? Vehicle Category Private hire Transmission Auto CC 1797

**INSURANCE COMPANY** 

Name of Insurance Company India International Insurance Pte Ltd Policy Number / Cover Note Number D21MFL0007109

DRIVER

Name of Driver **GOH KAY SOON** NRIC No SXXXX491H Date Of Birth 02/01/1969 Occupation Outdoor

Date Of Driving Pass 02/03/2010 Driving experience 12 YEARS AND 3 MONTHS Gender Mobile Number (Phone) +65-86845544 Alt. Phone Number Email Address danielksg@gmail.com Address 26 BAYSHORE ROAD Address complement #04-02 Postcode 469972 Is the driver the policyholder? No If No, Relationship of the Driver with the Insured Hirer Does Driver Own Other Vehicles? Nο 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 Collided into Parked Vehicle 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 DETAILS OF POLICE ACTION Was the accident reported to the police? No Was notice of intended Prosecution given? Nο 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 **DETAILS OF OTHER VEHICLE PROPERTY 1** Vehicle Registration Number SMJ2152A 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

- Please report <u>correctly</u> the details of the accident to speed up the claims process.
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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 Traffic Police Department for investigation.

- 6. 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.
- 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
- (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 Signatura (Delle & Time

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

ROSCINDA BINTE A WAHAR Witnessed by Reporting Centre Personnel (Name as in NRIC/ID card) 05/107/22

Sketch Plan

Barement 1 SMJDISJX B

Describe Circumstance of the Accident	
1	
I was parking next to vehicle (B)	. From my rear minor, 1
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low that I was some also to wal	1.1 (2) 1 1 11
saw that I was very close to veh	vicle (B) but there was
Itill a gap between our car. After	er I parted my velicle
	purped ing vericle,
1 1 1	
I went down to make sure that	I did not damage while
(B). Vehicle (B) olid not suffer any	1 / 1
in the (b) che not surver and	1 olamages as such 1
1094. About 3 veeles later, I we	a intermed by my
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antal company that vehicle (B) is	filing a claim against
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ne. I wish to state that it was	not a kit and run
accident as I did went down to	cheek on vehicle (B)
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Declaration

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

Policyholder's Signature / Date & Time:

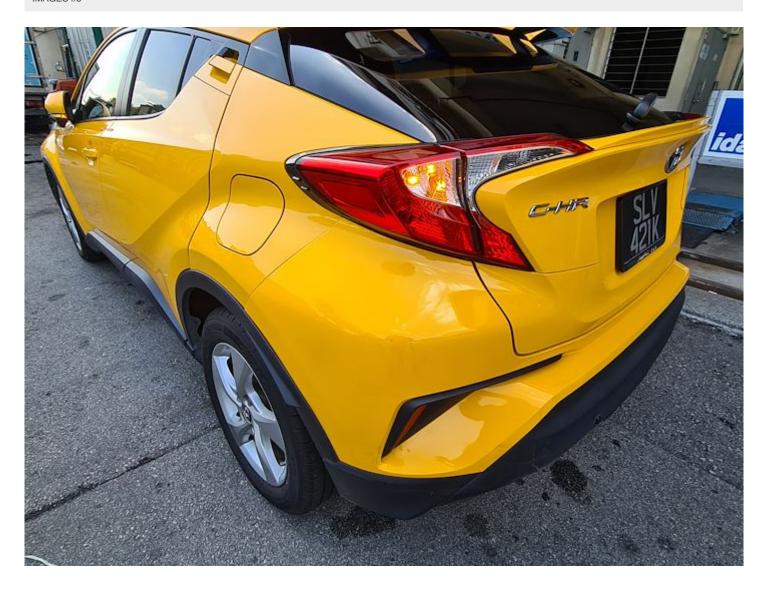
Driver's Signature (if driver is not the policyholder) / Date

ROSLINAA BINTE A WAHAB

Witnessed by Reporting Centre Personnel













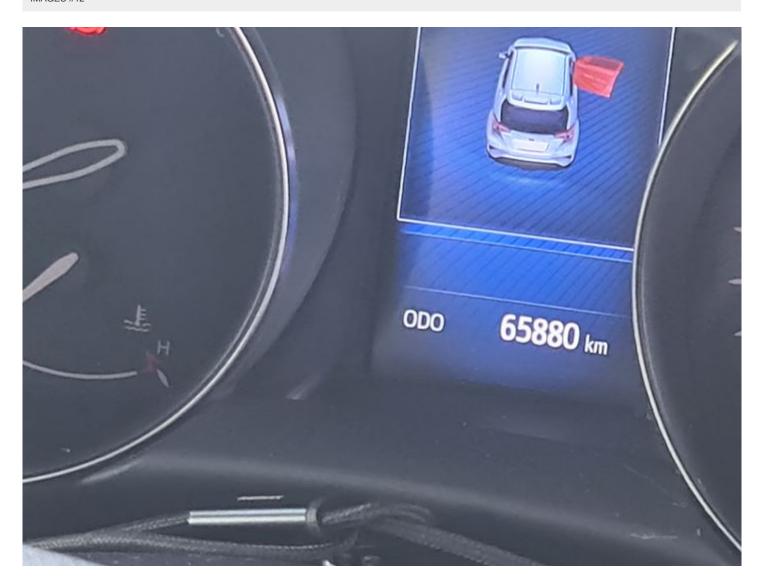
















IMPORTANT NOTE: Please submit the completed Addendum form to the <u>same</u> Accident Reporting Centre with whom you submitted the Original Report.

	ADDENDU	IM	
A)	PARTICULARS OF PERSON MAKING THE AMENDMENTS	:	
	Original Report No: SM 090074 000 Z	Vehicle Registration No:	SLV 431/5
	Name (as shown in NRIC): Gran Torino Pk 44-1		
	(*Vehicle Driver/Policyholder) (*) Please delete as appro	•	
	Address: 26 Bayshore Load #04	-02	_ Singapore ( 46887)
	Contact (Tel):	Mobile No.: 86 84	5544
	Email Address: reporting gt @ gneeil. com	1 danielksg@gnai	1.com
	Date of Accident: 03 June 2013  Place of Accident: The buyshere	Time of Accident:	00:55
	Place of Accident: The buyshere	basement	
	Insurance Company:		
В)	ADDITIONAL INFORMATION / AMENDMENTS:  I have made a report on the above-mentioned accident a make the following amendments:		
	DOA should be As per my states informed by my re about 3 seeks lat	03 June 20,5	
	As per my Hater	nend, I was	
	informed by my "	ental company	The second secon
	about 3 veeks lat	er that vehicle	
	(B) it folling a	daim.	
	7		

Policyholder / Actual Driver's Signature Date: Reporting Centre Personnel's Signature Name (as in NRIC/ID card): Date: