



方商昭噴漆  
**POON SIANG SEOW**

Sin Ming Autocity, No 160 Sin Ming Drive, #05-13, Singapore 575722  
Tel: 6453 7511 Fax: 6453 8046 Email: sitti1@singnet.com.sg Regn. No: 05396600K

Our ref.: SMK8133K

Date: 19/09/2022

Time: 8.15AM  
CHINA TAIPING INSURANCE PTE LTD  
FAX: 62247175

Attn.: Motor Claims Department

Dear Sirs

ACCIDENT ON 17/09/2022 INVOLVING SMK8133K AND SFW893Y  
ALONG

We are instructed by LIU RONGPEI, the owner  
of SMK8133K

You are the insurers of motor car no. SFW893Y

We are instructed to give you 48 hours Notice for the per- repair inspection under NIMA Protocol of the damage to our clients' car before any repairs are carried out

Our client's car may be inspected at POON SIANG SEOW SIN MING AUTOCITY  
NO. 160, SIN MING DRIVE, #05-13, SINGAPORE 575722  
Tel; 64537511, Fax 64538046

Your faithfully

ALBERT POON

## 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 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	18/09/2022 14:52 (SGT)
Reported by	Both
Date of Accident	17/09/2022 19:30 (SGT)
Exact Location of Accident	Singapore
Additional Location Information	SEMBAWANG ROAD BEFORE GAMBAS AVENUE
Country/State of Loss	Singapore

### DETAILS OF OWN VEHICLE

Vehicle Registration Number	SMK8133K
INSURED/POLICYHOLDER	
Is company?	No
Name Of Registered Owner	LIU RONGPEI
NRIC No	S9173750G
Email Address	Lubovikola@gmail.com
Mobile Phone No	(Phone) +65-87187067
Alternative Phone No	-

### VEHICLE PARTICULARS

Manufacturer	Honda
Model	Fit
Variant	-
Exact purpose for which vehicle was being used at time of accident	Private use
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	Income Insurance Limited
Policy Number / Cover Note Number	5117359677-02

### DRIVER

Name of Driver	LIU RONGPEI
NRIC No	S9173750G
Date Of Birth	12/07/1991
Occupation	Indoor

Date Of Driving Pass	03/06/2013
Driving experience	9 YEARS AND 3 MONTHS
Gender	Male
Mobile Number	(Phone) +65-87187067
Alt. Phone Number	-
Email Address	Lubovikola@gmail.com
Address	BLK 463C #13-395
Address complement	SEMBAWANG DRIVE
Postcode	753463
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 - 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
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?	No
If yes, against whom?	-

#### CIRCUMSTANCES OF ACCIDENT

I WAS DRIVING STRAIGHT ALONG LANE 2. WHEN APPROACHING THE JUNCTION, THE TRAFFIC LIGHT WAS RED AND I SLOW DOWN MY VEHICLE AND STOPPED. SUDDENLY I FELT AN IMPACT FROM REAR AND NOTICE VEHICLE (B) FRONT CENTER OF THE VEHICLE HIT ONTO MY REAR

#### ATTACHMENT(S)

Are accident photos available for attachment?	Yes
Was there any video captured by Car Camera?	Yes
Reasons for not uploading a video of the accident	INFORM DRIVER TO EMAIL VIDEO TO INCOME

#### DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	SFW893Y
Vehicle Manufacturer	-
Vehicle Model	-
Vehicle Variant	-
Vehicle Colour	-

Vehicle Category	Private car
Name of Driver	KUNARATNAM NANTHINI
NRIC No	S7132436B
Contact Number	(Phone) +65-91399017
Address	-
Address complement	-
Postcode	-
Insurance Company Name	-
Nature Of Damage	-
Details of property damaged in accident	-
No. Of Passenger (Including Driver)	1



**SKETCH PLAN**

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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 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.

*[Signature]*

18/09/2022  
1430HRS

Policyholders Signature / Date & Time

*[Signature]*

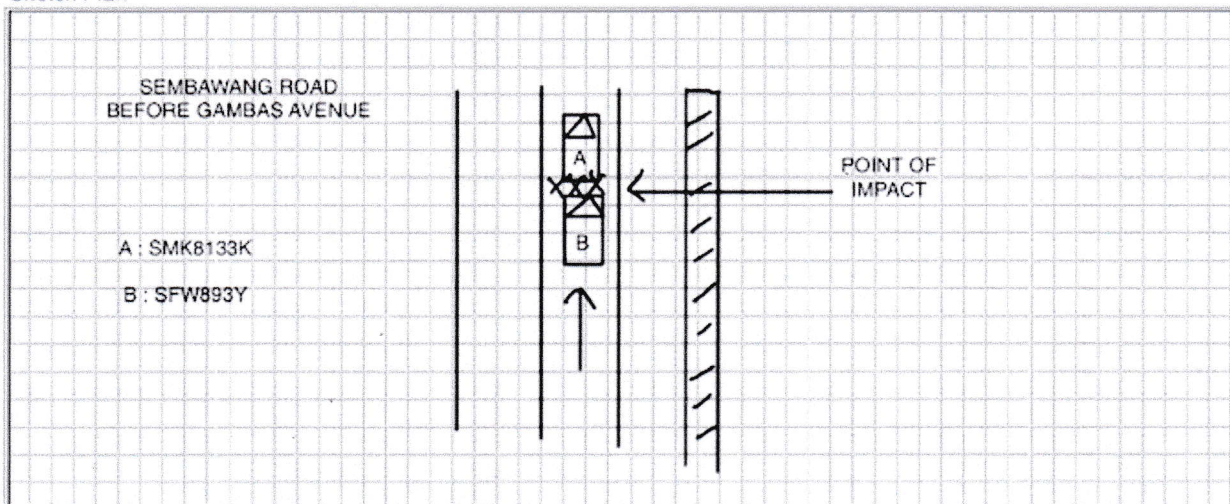
Driver's Signature (if driver is not the policyholder) / Date & Time

*[Signature]*

VINCENT SOH

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

**Sketch Plan**




Describe Circumstance of the Accident


REFER TO GEARS REPORT

Declaration

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

  
18/09/2022  
1430HRS  
Policyholder's Signature / Date & Time

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

  
VINCENT SOH  
Witnessed by Reporting Centre Personnel  
(Name as in NRIC/ID card)