

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 27/09/2022 17:02 (SGT)
Reported by Driver
Date of Accident 13/09/2022 12:00 (SGT)
Exact Location of Accident Singapore
Additional Location Information JLN BOON LAY X JURONG WEST AVE 2
Country/State of Loss Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number SKA7814L

INSURED/POLICYHOLDER

Is company? Yes
Name Of Registered Owner 9 MOTORING LLP
Company Reg No TXXXXX567K
Email Address augustingoh1988@gmail.com
Mobile Phone No (Phone) +65-90358097
Alternative Phone No -

VEHICLE PARTICULARS

Manufacturer Mitsubishi
Model Colt
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 - Reporting only
Vehicle Category Private car
Transmission Auto
CC 1332

INSURANCE COMPANY

Name of Insurance Company China Taiping Insurance (Singapore) Pte. Ltd.
Policy Number / Cover Note Number DMCVSNW00046442200

DRIVER

Name of Driver KESAVA S/O AMARDAM
NRIC No SXXXX099F
Date Of Birth 08/08/1998
Occupation Indoor

Date Of Driving Pass	25/10/2016
Driving experience	5 YEARS AND 11 MONTHS
Gender	Male
Mobile Number	(Phone) +65-90358097
Alt. Phone Number	-
Email Address	augustingoh1988@gmail.com
Address	BLK 191 BOON LAY DRIVE
Address complement	#04-206
Postcode	640191
Is the driver the policyholder?	No
If No, Relationship of the Driver with the Insured	PART TIME EMPLOYEE
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

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	SLB4265Z
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

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4. The fact that a report is made by insurance companies is not an admission of policy liability on the part of the insurance companies.
5. Any false report 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.

In compliance with the Personal Data Protection Act (PDPA)

I understand, read, know and consent that:

- (A) My insurer, my broker(s) and the General Insurance Association of Singapore ("GIA") may/are permitted to collect, use, disclose and/or process my personal information set out in this form and any other personal information provided by me or possessed by me which constitute the "Personal Information" and disclose and transfer such Personal Information to all insurer(s) who have insured my vehicle(s) involved in this accident (all insurer(s) who have insured vehicle(s) involved in this accident shall be deemed to be the insurers' lawyers/law firms, the Monetary Authority of Singapore and any relevant government agencies 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 claim;
 - (ii) investigating the report and/or my claims;
 - (iii) carrying out 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 sensitive 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 insurers, my broker(s) and all 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/are 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 filed outside of Singapore, for one or more of the above Purposes.



Policyholder's Signature

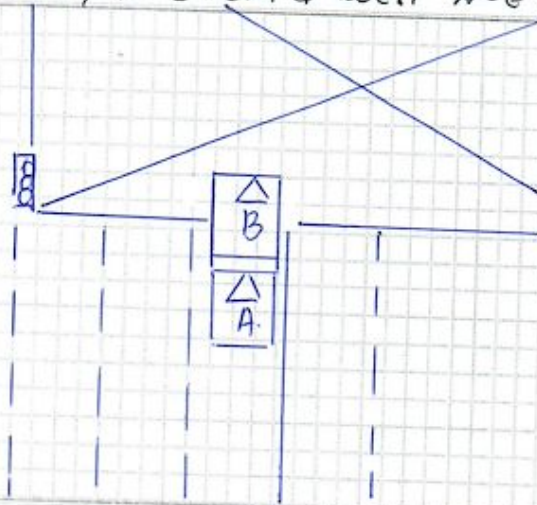
Sketch Plan

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

JUN BOON LAY X JURONG WEST AVE 2

Witness of Reporting Centre Personnel
(Name as in NRIC/ID card)

Vehicle A: SKA 7814L
Vehicle B: QLB4265Z



Describe Circumstances of the Accident

vehicle 'b' passed through the junction and
slammed on its brakes when its amber light.
I couldn't stop in time and collided onto its rear
portion.

Declaration

I/We declare that the above statements are true in every respect.



Policyholder's Signature Date & Time

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

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

Sym 27/09/20









