

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 willful 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	03/10/2022 18:08 (SGT)
Reported by	Driver
Date of Accident	01/10/2022 16:20 (SGT)
Exact Location of Accident	Singapore
Additional Location Information	BLK 292 YISHUN ST 22
Country/State of Loss	Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SMS5846P
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INSURED/POLICYHOLDER

Is company?	Yes
Name Of Registered Owner	KINETIC REGENCY PTE LTD
Company Reg No	201632177M
Email Address	support@kinetic-alliance.com
Mobile Phone No	(Phone) +65-97849075
Alternative Phone No	-

VEHICLE PARTICULARS

Manufacturer	Hyundai
Model	Avante
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	1600

INSURANCE COMPANY

Name of Insurance Company	China Taiping Insurance (Singapore) Pte. Ltd.
Policy Number / Cover Note Number	DMHCSNA0000940202

DRIVER

Name of Driver	LIM MAY LING (LIN MEILING)
NRIC No	S7600928G
Date Of Birth	10/01/1976
Occupation	Outdoor

Date Of Driving Pass	18/04/2001
Driving experience	21 YEARS AND 6 MONTHS
Gender	Female
Mobile Number	(Phone) +65-88174842
Alt. Phone Number	-
Email Address	javislim76@gmail.com
Address	BLK 103B CANBERRA ST #09-153
Address complement	-
Postcode	752103
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 - Major/Minor Rd
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?	Yes
Was any injured conveyed to hospital by ambulance?	No
Was any other vehicle or property damaged?	Yes
Number of Passengers (Including Driver)	2
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	JAVIER SPENCER TAN
Gender	Male

DETAILS OF POLICE ACTION

Was the accident reported to the police?	Yes
Police Station Name	Sembawang Neighbourhood Police Centre
Police Station Phone No	(Phone) +65-18005549999
Police Station Address	4 Sembawang Crescent Singapore 757633
Was notice of intended Prosecution given?	No
If yes, against whom?	-

CIRCUMSTANCES OF ACCIDENT

REFER TO 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	GX6158E
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Vehicle Manufacturer	-
Vehicle Model	-
Vehicle Variant	-
Vehicle Colour	-
Vehicle Category	Commercial vehicle
Name of Driver	MUTHUSAMY THAMBIAYYA
Passport No/FIN	G2418464T
Contact Number	(Phone) +65-86162094
Address	-
Address complement	-
Postcode	-
Insurance Company Name	-
Nature Of Damage	-
Details of property damaged in accident	-
No. Of Passenger (Including Driver)	-

INJURED PERSONS DETAILS

INJURED 1

Name of injured person	LIM MAY LING
Gender	Female
Phone No	(Phone) +65-88174842
Address	-
Address Complement	-
Post Code	-
Approximate Age Years Old	-
Injuries Sustained	3 DAYS MC
Injured person in which vehicle?	SMS5846P
Were seat belts worn?	Yes
Was this injured conveyed to hospital by ambulance?	No

SKETCH PLAN

1. VEHICLE NO.: SM55846P
 2. INSURER CO: CHINA TAIPIING
 3. ACCIDENT DATE & TIME: 01/10/2022 @ 16:20 HRS

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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' law firms/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' law firms/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 law firms/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

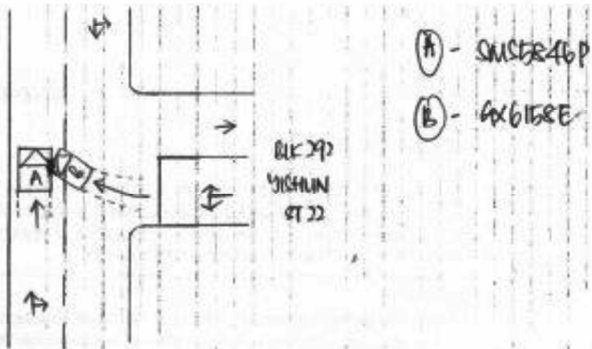
Witnessed by Reporting Centre Personnel

03/10/22

Sketch Plan

PLEASE TURN OVER

Sketch Plan



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

ON 01/10/2022 @ 16:20 HOURS, I WAS TRAVELLING ALONG YISHUN STREET 20,

SUDDENLY VEHICLE B: AX6158E CAME OUT FROM BLK 292 YISHUN STREET 20

CARPARK WITHOUT STOPPING AT THE STOP LINE AND COLLIDED INTO MY VEHICLE

A: SWS5846P RIGHT PORTION CAUSING DAMAGE. WE BOTH EXCHANGED

OUR PARTICULARS.

Note : Please note that your insurer may have 14days Time Frame for you to submit an Own Damage Claim under your own comprehensive policy. Please check with your policy for more information.

DECLARATION

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

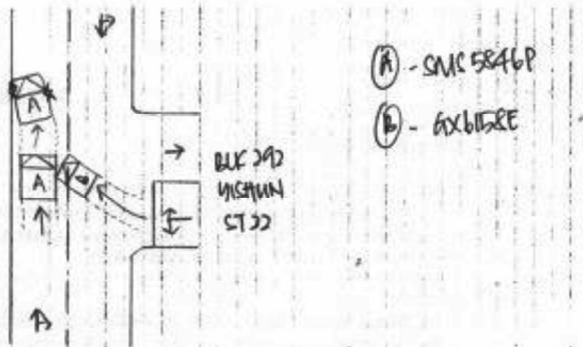
Policyholder's Signature
Date & Time:

Driver's Signature
(If driver is not the policyholder)
Date & Time:

Reporting Centre Personnel's Signature
Name:
NRIC/FIN No.:

() Claim Own Policy () Claim Third Party () Reporting Only
(✓) Claim OD/TP at other workshop (UPIMA WORKS PTE LTD)

Sketch Plan



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

ON 01/10/2022 AT 16:30 HOURS, I WAS TRAVELLING ALONG YISHUN STREET 20.

SUDDENLY VEHICLE B: AX6155EE DROVE OUT FROM BLK 290 YISHUN STREET 20

CARPARK WITHOUT STOPPING AT THE STOP LINE AND COLLIDED INTO MY VEHICLE

AT SNC5846P RIGHT PORTION CAUSING DAMAGE, THE IMPACT CAUSES MY VEHICLE

A: SNC5846P SKIDDED FORWARD AND MY LEFT SIDE GRAZED ON TO THE

KERB. WE BOTH EXCHANGED OUR PARTICULARS.

Note: Please note that your insurer may have 14days Time Frame for you to submit an Own Damage Claim

Under your own comprehensive policy. Please check with your policy for more information.

DECLARATION

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

Policyholder's Signature
Date & Time:

Driver's Signature
(If driver is not the policyholder)
Date & Time:

Reporting Centre Personnel's Signature
Name:
NRIC/FIN No.:

() Claim Own Policy () Claim Third Party () Reporting Only
☒ Claim OD/TP At other workshop (OPTIMA WHEELS P/L)