

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 17/10/2022 14:15 (SGT)
Reported by Driver
Date of Accident 15/10/2022 23:30 (SGT)
Exact Location of Accident 7 Tampines Ave, Singapore 529786
Additional Location Information X JUNCTION OF TAMPINES ST 34 & TAMPINES AVE 7,
SINGAPORE
Country/State of Loss Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number SLR8987M

INSURED/POLICYHOLDER

Is company? Yes
Name Of Registered Owner KINETIC LOCOMOTIVE PTE LTD
Company Reg No 2XXXXX119G
Email Address SUPPORT@KINETIC-ALLIANCE.COM
Mobile Phone No (Phone) +65-97849075
Alternative Phone No -

VEHICLE PARTICULARS

Manufacturer Toyota
Model Prius
Variant -
Exact purpose for which vehicle was being used at time of accident Private hire
Are you claiming under your own insurance policy for repair to your vehicle? No - Claiming third party
Vehicle Category Private hire
Transmission Auto
CC 1797

INSURANCE COMPANY

Name of Insurance Company India International Insurance Pte Ltd
Policy Number / Cover Note Number D22MFL0008937

DRIVER

Name of Driver LEE LEONG HWEE (LI LIANGHUI)
NRIC No SXXXX653F
Date Of Birth 30/11/1975

Occupation	Outdoor
Date Of Driving Pass	03/05/1994
Driving experience	28 YEARS AND 5 MONTHS
Gender	Male
Mobile Number	(Phone) +65-97981231
Alt. Phone Number	-
Email Address	SPEED8060@GMAIL.COM
Address	BLK 272B SENGKANG CENTRAL
Address complement	#12-319
Postcode	S542272
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 - 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)	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	ELAINE
Gender	Female

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

REFER TO SKETCH PLAN

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	SMP4035K
Vehicle Manufacturer	Mercedes
Vehicle Model	-

Vehicle Variant	-
Vehicle Colour	-
Vehicle Category	Private car
Name of Driver	AHMAD BIN ABUBAKAR BAGHARIB
NRIC No	SXXXX855Z
Contact Number	(Phone) +65-94875870
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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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 yers/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/small 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 yers/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 yers/law firms), which may be sited outside of Singapore, for one or more of the above Purposes.

1. VEHICLE NO.: SLR8987M

2. INSURER CO: INDIA

3. ACCIDENT DATE & TIME: 15/10/2022 @

23:30 HOURS



Policyholder's Signature / Date & Time

Driver's Signature / Date & Time



Witnessed by Reporting Centre Personnel NASHIK

Sketch Plan

PLEASE TURN OVER

Sketch Plan

X Junction of
Tampines Street 34
X Tampines Ave 7



Veh A: SLR8987M

Veh B: Smp4035K

DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

On 15/10/2022 @ 2330 hrs, I was stationary along Tampines Ave 7 as the traffic light was red. Suddenly I felt an impact from the rear. I alighted & realised that Veh B: Smp4035K front portion has collided into my Veh A: SLR8987M rear portion. We exchanged 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.

Policy No. 2318G
Insurer's Signature

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 ()