

SS2E22BE0009 / S & H Motor Pte Ltd ENTRY DATE & TIME: 14/11/2022 18:34 (SGT) SUBMITTED BY: Cynthia Myint Myint Than VERSION: 1 (14/11/2022 18:34 (SGT))



# **©** 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

- 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 Reported by Date of Accident **Exact Location of Accident** Additional Location Information Country/State of Loss

14/11/2022 18:34 (SGT) Driver 13/11/2022 14:50 (SGT) PIE, Singapore PIE before Steven exit towards Tuas

Singapore

### **DETAILS OF OWN VEHICLE**

Vehicle Registration Number

**GBK1251D** 

INSURED/POLICYHOLDER

Is company?

Name Of Registered Owner

Company Reg No

**Email Address** Mobile Phone No Alternative Phone No

Yes

Fineline Construction Pte Ltd

201200382W

legal@fineline.com.sg (Phone) +65-91119482

VEHICLE PARTICULARS

Manufacturer

Model

Variant

Exact purpose for which vehicle was being used at time of

Are you claiming under your own insurance policy for repair to your vehicle?

Vehicle Category Transmission

CC

Nissan

Nv200

**Employment** 

No - Claiming third party Commercial vehicle

Auto 1600

INSURANCE COMPANY

Name of Insurance Company

Policy Number / Cover Note Number

China Taiping Insurance (Singapore) Pte. Ltd.

DMCVSNW0002382201

DRIVER

Name of Driver NRIC No Date Of Birth Occupation

Lim Kok Hao (Lin GuoHao) S8130502A

23/09/1981 Outdoor

Accident report SS2E22BE0009

Date Of Driving Pass 27/04/2006 Driving experience 16 YEARS AND 7 MONTHS Gender Male Mobile Number (Phone) +65-96956396 Alt. Phone Number Email Address legal@fineline.com.sq Address Bik 532 Bedok North St. 3 #17-728 Address complement Postcode 460532 Is the driver the policyholder? If No. Relationship of the Driver with the Insured No Employee Does Driver Own Other Vehicles? Vehicle Registration Number of Other Vehicle Owned by Driver No Insurance Company of Other Vehicle Owned by Driver GENERAL INFORMATION OF THE ACCIDENT Type of Accident Chain Collision

Type of Accident
Weather Conditions
Road Surface

Chain C
Raining
Wet

OTHER INFORMATION

Was any foreign vehicle involved in the accident? Number of vehicles involved in the accident No Was anybody injured in the Accident? 3 Was any injured conveyed to hospital by ambulance? No Was any other vehicle or property damaged? Number of Passengers (Including Driver) Yes Has the driver been approached by unknown person(s) 4 soliciting/offering accident claims assistance? Translator's name No Translator's ID Translator's phone number Translator's email Original language used in the statement

PASSENGER 1

Name Gender

PASSENGER 2

Name Gender

PASSENGER 3

Name Gender

DETAILS OF POLICE ACTION

Was the accident reported to the police? Was notice of intended Prosecution given? If yes, against whom?

CIRCUMSTANCES OF ACCIDENT

Refer attached report

ATTACHMENT(S)

Are accident photos available for attachment?

Yes

unknown Male

unknown

unknown Female

No

No

Male

Accident report SS2E22BE0009

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# **DETAILS OF OTHER VEHICLE PROPERTY 1**

Vehicle Registration Number Vehicle Manufacturer

Vehicle Model Vehicle Variant

Vehicle Colour Vehicle Category

Name of Driver NRIC No Contact Number

Address Address complement

Postcode

Insurance Company Name

Nature Of Damage

Details of property damaged in accident No. Of Passenger (Including Driver)

GBG3264A

Nissan

Commercial vehicle Lim Bi Siow, Gary

T0210106D

(Phone) +65-96342922

## DETAILS OF OTHER VEHICLE PROPERTY 2

Vehicle Registration Number

Vehicle Manufacturer

Vehicle Model Vehicle Variant

Vehicle Colour

Vehicle Category Name of Driver

NRIC No Contact Number

Address

Address complement

Postcode

Insurance Company Name

Details of property damaged in accident No. Of Passenger (Including Driver)

Nature Of Damage

SNG5765B Hyundai

Private car Jin Cheng S9116392F

(Phone) +65-90671414

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#### SKETCH PLAN

### IMPORTANT NOTICE

- 1. Please report correctly the details of the accident to speed up the claims process.
- This Form must be completed by the Policyholder and/or the Actual Driver.
- Information provided must be as truthful and accurate as possible. Any wiful 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 talse reporting may be referred to the Traffic Police Department for investigation.
- 6. This report will be forwarded by the insurers to the QIA 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.
- 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 consom 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' Iswyers/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 anquiries by me;
- (iv) administering my claims (including the mailing of correspondence, statements, involces, 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.

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Policyholder's Signature / Date & Time

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

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

Sketch Plan

