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
- 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 16/11/2022 11:27 (SGT) Reported by Both Date of Accident 15/11/2022 07:50 (SGT) **Exact Location of Accident** AYE, Singapore Additional Location Information Country/State of Loss Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number SKM2032X

INSURED/POLICYHOLDER

Is company? No Name Of Registered Owner LEE EE-MENG KELVIN NRIC No SXXXX597D **Email Address** LEE.KEL@GMAIL.COM Mobile Phone No (Phone) +65-97928292 Alternative Phone No

VEHICLE PARTICULARS

Manufacturer Infiniti Model Q30 Variant

Exact purpose for which vehicle was being used at time of accident

Are you claiming under your own insurance policy for repair to

your vehicle? Vehicle Category

Transmission CC

INSURANCE COMPANY

Name of Insurance Company Policy Number / Cover Note Number China Taiping Insurance (Singapore) Pte. Ltd. DMPCSNW00060912200

DRIVER

Name of Driver NRIC No Date Of Birth Occupation

LEE EE-MENG KELVIN SXXXX597D 28/03/1980 Indoor

Private use

Private car

Auto

1461

No - Claiming third party



Date Of Driving Pass 03/04/2003 Driving experience 19 YEARS AND 7 MONTHS Gender Mobile Number (Phone) +65-97928292 Alt. Phone Number **Email Address** LEE.KEL@GMAIL.COM Address 66 MARINE PARADE RD #21-09 Address complement Postcode 449300 Is the driver the policyholder? Yes If No, Relationship of the Driver with the Insured Does Driver Own Other Vehicles? Yes Vehicle Registration Number of Other Vehicle Owned by Driver **SLA4194A** Insurance Company of Other Vehicle Owned by Driver Direct Asia Insurance (Singapore) Pte Ltd GENERAL INFORMATION OF THE ACCIDENT Type of Accident Collision - Head to Rear Weather Conditions Clear Road Surface Wet 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) 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 REFER SKETCH. ATTACHMENT(S) Are accident photos available for attachment? Yes Was there any video captured by Car Camera? Yes

DETAILS OF OTHER VEHICLE PROPERTY 1



Address	2
Address complement	-
Postcode	-
Insurance Company Name	
Nature Of Damage	_
Details of property damaged in accident	-
No. Of Passenger (Including Driver)	2

INJURED PERSONS DETAILS

INJURED 1

Name of injured person	LEE EE-MENG KELVIN	
Gender		
Phone No	-	
Address	-	
Address Complement	-	
Post Code	-	
Approximate Age Years Old	-	
Injuries Sustained	_	
Injured person in which vehicle?	-	
Were seat belts worn?	-	
Was this injured conveyed to hospital by ambulance?	-	

SKETCH PLAN

IMPORTANT NOTICE

- 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 Authorised 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.
- Any false reporting may be referred to the Police for investigation.
- 6. The 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
- 7. By the lodgment 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
- 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
- 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.
- my Personal Information will also be collected and used to compile claims history for the purpose of fraud detection, investigation and management in present and all future claims.
- (e) the information so collected under (d) above may be shared / disclosed:
 - (i) to all insurers and/or any other third parties that assist in evaluating, investigating, controlling or managing fraud, regulators, law enforcement and government agencies as reasonably required for the purposes stated, or
 - (ii) for complying with requirements under any regulations, laws or court orders.

Policyholder's Signature Date & Time:

Driver's Signature (If driver is not the policyholder)

Date & Time:

Reposing Centre Personnel's Signature

NRIC/FIN No.:

SKETCH PLAN		
	A B	A-SKM2032X B-SHD 8807X
DESCRIBE CIRCUMSTANCES OF		
DESCRIBE CIRCUMSTANCES OF	THE ACCIDENT	

WAS C	driving along AYE Towards Jurong. ar in front alowed down	
and	had slowed down the car and	
	after which I felt an impact	
trom	the back of my CBr.	
		-
		_
		_
		_
		_

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.:

> Back to OneMotoring

Enquire PARF/COE Rebate for Registered Vehicle

Owner ID Type:	Singapore NRIC	
Owner ID:	597D	
Vehicle Details		
Vehicle No.:	SKM2032X	
Vehicle to be Exported:	No	
Intended Deregistration Date:	18 Nov 2022	
Vehicle Make:	INFINITI	
Vehicle Model:	Q30 1.5D PREM DCT EU6	
Primary Colour:	Blue	
Manufacturing Year:	2017	
Engine No.:	K9KG481D004035	
Chassis No.:	SJKDAAH15U1059558	
Maximum Power Output:	80.0 kW (107 bhp)	
Open Market Value:	\$30,434.00	
Original Registration Date:	11 May 2018	
First Registration Date:	11 May 2018	
Transfer Count:	2	
Actual ARF Paid:	\$24,608.00	
Intended PARE Rebate Details	CANDELLE SERVICE DE MANGE DE LA COMPANION DE L	
PARF Eligibility:	Yes	
PARF Eligibility Expiry Date:	10 May 2028	
PARF Rebate Amount:	\$18,456.00	
Interpret Cole Rebate Ditails		
COE Expiry Date: COE Category:	10 May 2028	
	E - Open - all except motorcycle	
COE Period(Years):	10	
QP Paid:	\$38,039.00	
COE Rebate Amount:	\$20,264.00	
Total Rebate Amount:	\$38,720.00	

The information contained herein is correct as at 18 Nov 2022

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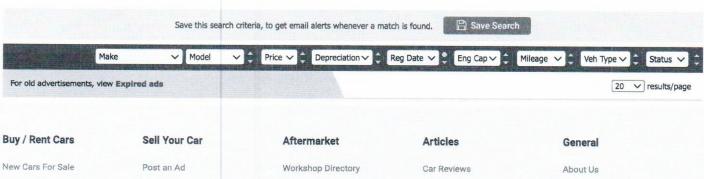












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