

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 | 16/01/2023 12:56 (SGT) |
| Reported by | Driver |
| Date of Accident | 14/01/2023 17:30 (SGT) |
| Exact Location of Accident | Singapore |
| Additional Location Information | APT 618 CARPARK |
| Country/State of Loss | Singapore |

DETAILS OF OWN VEHICLE

| | |
|-----------------------------------|----------|
| Vehicle Registration Number | SMX6423T |
|-----------------------------------|----------|

INSURED/POLICYHOLDER

| | |
|--------------------------------|-----------------------------|
| Is company? | Yes |
| Name Of Registered Owner | SHL MOTOR PTE LTD |
| Company Reg No | 2XXXXX814M |
| Email Address | car.rental@sianghock.com.sg |
| Mobile Phone No | (Phone) +65-96151978 |
| Alternative Phone No | - |

VEHICLE PARTICULARS

| | |
|--|---------------------------|
| Manufacturer | Toyota |
| Model | Wish |
| 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 | China Taiping Insurance (Singapore) Pte. Ltd. |
| Policy Number / Cover Note Number | DMHCSNA00008042201 |

DRIVER

| | |
|----------------------|------------------|
| Name of Driver | MASWADI NIN JOOE |
| NRIC No | SXXXX519B |
| Date Of Birth | 17/03/1966 |
| Occupation | Outdoor |

| | |
|--|-----------------------------|
| Date Of Driving Pass | 02/08/1986 |
| Driving experience | 36 YEARS AND 5 MONTHS |
| Gender | Male |
| Mobile Number | (Phone) +65-96151978 |
| Alt. Phone Number | - |
| Email Address | car.rental@sianghock.com.sg |
| Address | APT BLK 618 SENJA ROAD |
| Address complement | # 03-76 |
| Postcode | 670618 |
| 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 | Side Swipe |
| 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? | Yes |
| Police Station Name | Bukit Timah Neighbourhood Police Centre |
| Police Station Phone No | (Phone) +65-18004629999 |
| Alt. Police Station Phone No | (Fax) +65-64628933 |
| Police Station Address | 1 Duke Road Singapore 268914 |
| Was notice of intended Prosecution given? | No |
| If yes, against whom? | - |

CIRCUMSTANCES OF ACCIDENT

PLEASE REFER TO THE ATTACHED POLICE REPORT- T/20230114/2017

ATTACHMENT(S)

| | |
|---|---------------|
| Are accident photos available for attachment? | Yes |
| Was there any video captured by Car Camera? | Yes |
| Reasons for not uploading a video of the accident | WITH WORKSHOP |

DETAILS OF OTHER VEHICLE PROPERTY 1

| | |
|-----------------------------------|----------|
| Vehicle Registration Number | SMG3368D |
| 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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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' 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 "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.



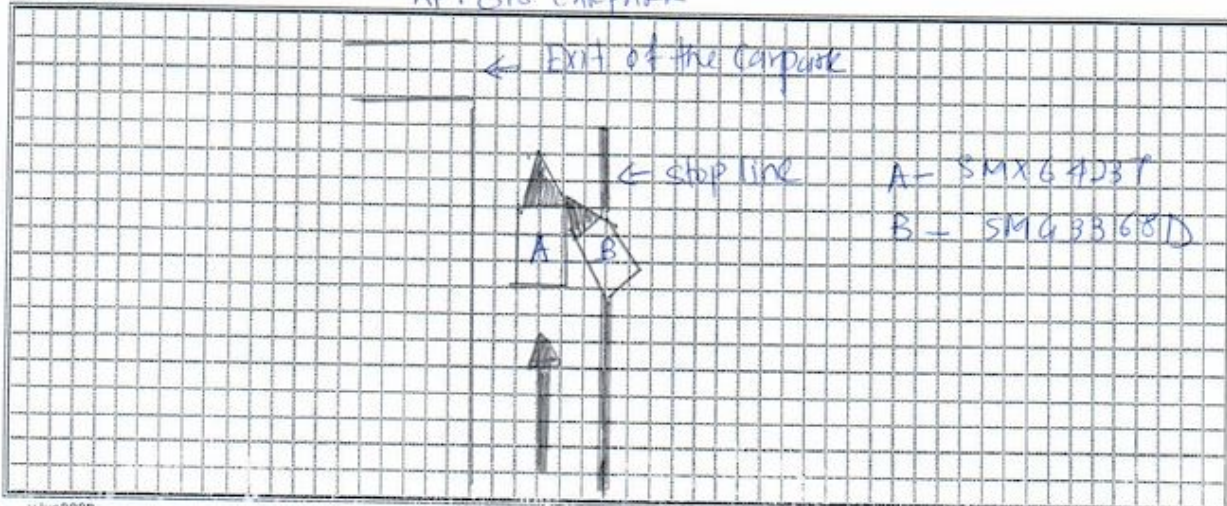
Policyholder's Signature / Date & Time

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

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

Sketch Plan

APT G18 CARPARK



vjun2022

Describe Circumstance of the Accident

- please Refer to the attached police Report

- 7/2023 0114/2017-

Declaration

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



Policyholder's Signature / Date & Time

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

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



**SINGAPORE
POLICE FORCE**



T/20230114/2017

Police Station Of Origin:
Bukit Timah N.P.C
1 Duke's Road SINGAPORE 268914
Tel No: 1800-4629999

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Report No. T/20230114/2017

CONTINUATION OF REPORT

| | | | |
|-----------------------------------|------------------|--|---|
| Driver | | | |
| Name | Goh Soon Ming | ID No. | S8408668A |
| Related Vehicle | SMG3368D (Car) | Contact No. | NIL |
| Hospital/Clinic | NIL | Class of Driving Licence & Expiry Date | Class: NIL Date of Expiry: NIL |
| Date Treatment | NIL | Date Discharge | NIL |
| No. of Days granted Medical Leave | NIL | Degree of Injury | NIL |
| Driver | | | |
| Name | MASWADI BIN JOOE | ID No. | S1745519B |
| Related Vehicle | SMX6423T (Car) | Contact No. | 96451978 |
| Hospital/Clinic | NIL | Class of Driving Licence & Expiry Date | Class: 2B,2A,3,4 Date of Expiry: NIL |
| Date Treatment | NIL | Date Discharge | NIL |
| No. of Days granted Medical Leave | NIL | Degree of Injury | NIL |

Brief Details.

On the above mentioned date, time and place, I was driving my rental car (SHL Motor Pte Ltd) bearing SMX6423T inside of the MSCP at level 1 of Blk 615A Senja Rd. I was travelling straight within the MSCP towards the exit point when one vehicle bearing SMG3368D suddenly came out from one of the side lane when he collided his front bumper to the side of my front bumper towards the driver's side which suffered dents and scratches. I have the right of way as there was a stop line at his lane and he failed to stop.

We then alighted our vehicle and exchanged particulars. We then agreed to do insurance claims, however he informed that he will lodge a traffic police report regarding the accident, hence I decided to lodge a report as well. There were no injuries on both parties.

Driver of SMG3368D particulars as follows:

Name: Goh Soon Ming
NRIC: S8408668A













