

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	20/01/2023 15:00 (SGT)
Reported by	Both
Date of Accident	20/01/2023 11:30 (SGT)
Exact Location of Accident	Near 372 Bukit Batok Street 31, Singapore 650372
Additional Location Information	BLK 372 BUKIT BATOK STREET 31 (OSCP)
Country/State of Loss	Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SMC3614B
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INSURED/POLICYHOLDER

Is company?	Yes
Name Of Registered Owner	AKK RENTAL PTE LTD
Company Reg No	2XXXXXX966M
Email Address	SG.AKKRENTAL@GMAIL.COM
Mobile Phone No	(Phone) +65-94888238
Alternative Phone No	-

VEHICLE PARTICULARS

Manufacturer	Honda
Model	Shuttle
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	1496

INSURANCE COMPANY

Name of Insurance Company	Singapore Life Ltd
Policy Number / Cover Note Number	20003461-01

DRIVER

Name of Driver	HILDA LIEN YUET CHING
NRIC No	SXXXX183H
Date Of Birth	23/12/1975
Occupation	Outdoor

Date Of Driving Pass	21/09/1995
Driving experience	27 YEARS AND 4 MONTHS
Gender	Female
Mobile Number	(Phone) +65-97616130
Alt. Phone Number	-
Email Address	SG.AKKRENTAL@GMAIL.COM
Address	BLK 339 BUKIT BATOK STREET 34
Address complement	#08-302
Postcode	650339
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	Collided into Parked Vehicle
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)	3
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	HASNIRAH
Gender	Female

PASSENGER 2

Name	HASNIRAH MUM
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 AND SUMMARY

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	YN8703H
Vehicle Manufacturer	-
Vehicle Model	-
Vehicle Variant	-
Vehicle Colour	-
Vehicle Category	Commercial vehicle
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)	-

INJURED PERSONS DETAILS

INJURED 1

Name of injured person	HASNIRAH
Gender	Female
Phone No	-
Address	-
Address Complement	-
Post Code	-
Approximate Age Years Old	-
Injuries Sustained	-
Injured person in which vehicle?	SMC3614B
Were seat belts worn?	-
Was this injured conveyed to hospital by ambulance?	No

INJURED 2

Name of injured person	HASNIRAH MUM
Gender	Female
Phone No	-
Address	-
Address Complement	-
Post Code	-
Approximate Age Years Old	-
Injuries Sustained	-
Injured person in which vehicle?	SMC3614B
Were seat belts worn?	-
Was this injured conveyed to hospital by ambulance?	No

WITNESS DETAILS

WITNESS 1

Name	HASNIRAH
Phone	-
Email	-

Describe Circumstance of the Accident

ON 20/01/2023 @ 1130HRS, MY VEHICLE A (SMC3614P) WAS STATIONARY AT BLK 372 BUKIT BATOK STREET 32 (OSCP) ALIGHTING MY PASSENGERS. AFTER ONE OF MY PASSENGER ALIGHTED AND WAITING FOR HER MUM TO ALIGHT FROM MY VEHICLE A (SMC3614P). SUDDENLY I FELT A VERY HUGE IMPACT FROM THE REAR OF MY VEHICLE A (SMC3614P). WE WERE ALL SHOCKED AND I ALIGHTED TO CHECK AND FOUND OUT THAT VEHICLE B (YN8703H) HAS COLLIDED ONTO THE REAR OF MY VEHICLE A (SMC3614P) WHILE REVERSING. WHILE I WAS ON THE WAY TO THE REPORTING CENTRE, I REALISED THAT I FELT PAIN ON MY NECK AND BACK AND ALSO MY RIGHT PINKY FINGER IS IN PAIN.

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



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

LIM HUNG ENG

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' 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

[Handwritten Signature]

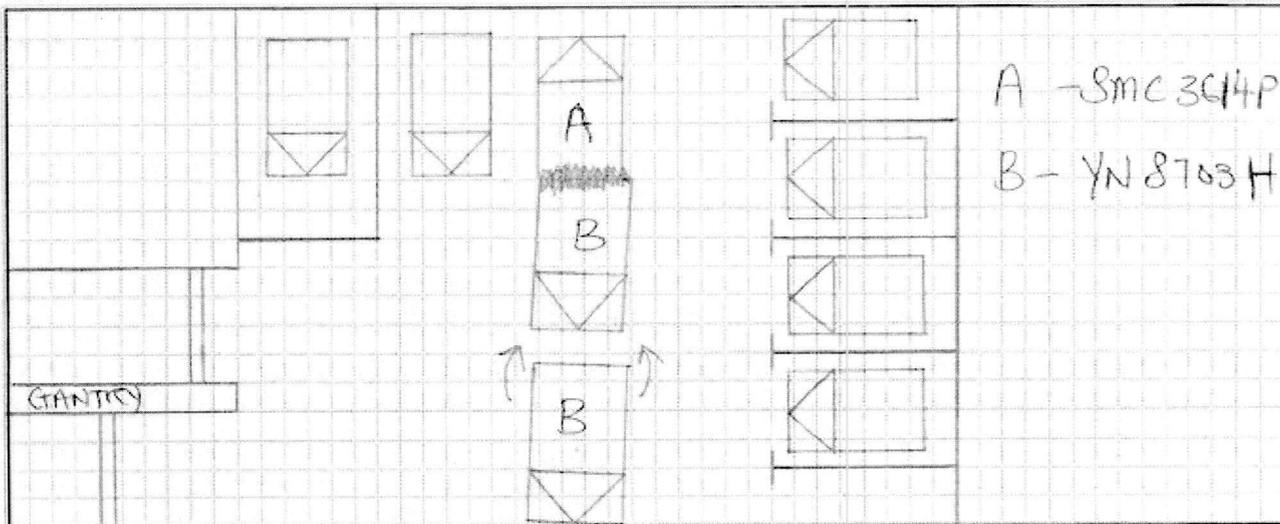
Driver's Signature (if driver is not the policyholder) / Date & Time



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

LIM HUNG ENG

Sketch Plan



BLK 372 BT BASTOP 87. 31 (OSCP)



Wah Hong Motors & Credit Pte Ltd

Enterprise Hub 38 Toh Guan Road East #01-57 S(608581)

Email: motor@wahhong.sg

Contact: 6773 7377 / 8778 3338

ROC NO. & GST REG NO.: (199806235M)

Our Ref : UC639
 Vehicle No. : SMC3614P
 Make & Model : HONDA SHUTTLE HYBRID 1.5

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QTY	DESCRIPTION (SUPPLEMENTARY)	CONDITION	REPAIRER'S ESTIMATE(\$)	SURVEYOR'S ADJUSTMENT
	<u>PARTS (LIST ITEMS)</u>			
			0.00	
			-20% 0.00	
			0.00	
	<u>SPECIAL NETT ITEMS</u>			
1	Rear windscreen solar film <i>new</i>		200.00	150
1	Front private hirer decal <i>new</i>		50.00	} 40
1	Rear private hirer decal <i>new</i>		50.00	
	<u>LABOUR</u>			
Total Parts			300.00	



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S/N	DESCRIPTION	REPAIRER'S ESTIMATE (\$)	SURVEYOR'S ADJUSTMENT
LABOUR			
1	To remove the affected parts & fittings to commence repairs; panel beat & reshape the affected areas and replace the damaged parts and components	800.00	400? /
2	To supply paint materials, expandable items & putty, respray paint on parts replaced & repaired	600.00	400? /
3	To perform anti-rust treatment on affected areas	30.00 /	
4	To remove and refix wiring system at accident damaged area and check for all electrical proper function	60.00 40	<u>1000</u>
5	To remove and replace rear windscreen	100.00 /	
6	To carry out interior cleaning on the shattered Rear windscreen	100.00 30	
Labour Total :		1690.00	
TOTAL (PARTS & LABOUR):		6366.20	

LKK Auto Consultants hence notify the Repairer of the following:

- To resurvey before/after spray painting
- To display damaged part(s) during resurvey
- Parts prices are subject to confirmation
- Third party survey is on a "Without Prejudice" basis
- No illegal modification(s) is allowed
- Supplementary item(s) must be resurveyed and is subject to final approval from Insurance Company

Acknowledged by Repairer
 Signature: _____
 Date: _____

3580
 85
 1050
 190

 4855
 20%
 3884
 48-3,900

Resul
 Hy 90010068
 5 days
 L/S
 26/01/23 @ 1515
 Resy after repair