

## 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	26/01/2023 17:42 (SGT)
Reported by	Both
Date of Accident	20/01/2023 14:10 (SGT)
Exact Location of Accident	Singapore
Additional Location Information	PARK CRESCENT CARPARK (OPP PEOPLE'S PARK FOOD CENTRE)
Country/State of Loss	Singapore

### DETAILS OF OWN VEHICLE

Vehicle Registration Number	SKX380X
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#### INSURED/POLICYHOLDER

Is company?	No
Name Of Registered Owner	KEK KAI QI (GUO KAIQI)
NRIC No	S8177145F
Email Address	joeykaiqi@yahoo.com
Mobile Phone No	(Phone) +65-97257237
Alternative Phone No	-

#### VEHICLE PARTICULARS

Manufacturer	Hyundai
Model	ELANTRA AD 1.6 GLS AT (AMS)
Variant	-
Exact purpose for which vehicle was being used at time of accident	Private use
Are you claiming under your own insurance policy for repair to your vehicle?	No - Claiming third party
Vehicle Category	Private car
Transmission	Auto
CC	1591

#### INSURANCE COMPANY

Name of Insurance Company	HL Assurance Pte Ltd
Policy Number / Cover Note Number	MP319461

#### DRIVER

Name of Driver	KEK KAI QI (GUO KAIQI)
NRIC No	S8177145F
Driving License	15/11/1981

Occupation	Indoor
Date Of Driving Pass	14/08/2008
Driving experience	14 YEARS AND 5 MONTHS
Gender	Female
Mobile Number	(Phone) +65-97257237
Alt. Phone Number	-
Email Address	joeykaiqi@yahoo.com
Address	BLK 217 YISHUN ST 21 #07-347
Address complement	-
Postcode	760217
Is the driver the policyholder?	Yes
If No, Relationship of the Driver with the Insured	-
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 - Major/Minor Rd
Weather Conditions	Shelter
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)	4
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	HUSBAND
Gender	Male

#### PASSENGER 2

Name	DAUGHTER
Gender	Female

#### PASSENGER 3

Name	DAUGHTER
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 ATTACHED (REPAIR BY AUTO 101 LLP)

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 .....	VIDEO WITH OWNER

#### DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number .....	SJV9109C
Vehicle Manufacturer .....	-
Vehicle Model .....	-
Vehicle Variant .....	-
Vehicle Colour .....	-
Vehicle Category .....	Private car
Name of Driver .....	BAO HONG LIANG
Contact Number .....	(Phone) +65-97113556
Address .....	-
Address complement .....	-
Postcode .....	-
Insurance Company Name .....	-
Nature Of Damage .....	-
Details of property damaged in accident .....	-
No. Of Passenger (Including Driver) .....	-



SKETCH PLAN

VEH NO SKW 380K

INSURER HL

DATE OF ACC 20/01/23 2:10pm

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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.
- (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.

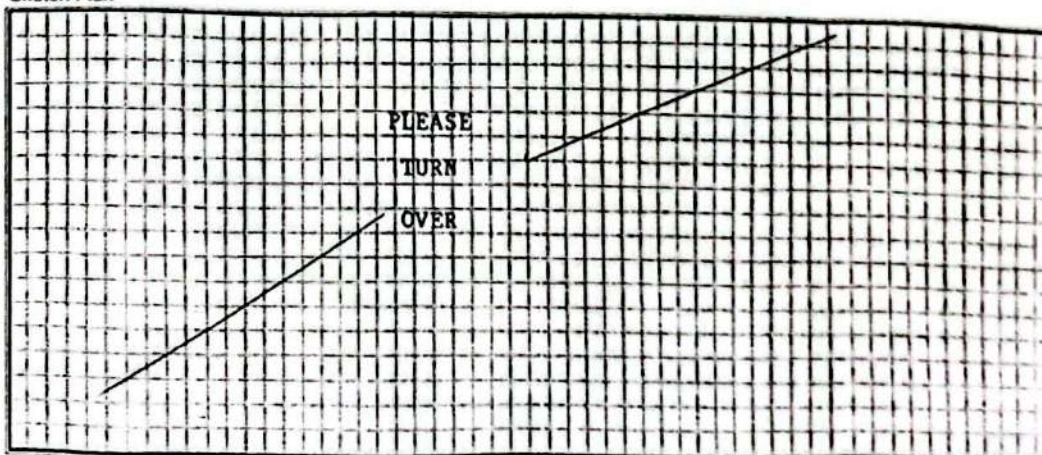
*[Signature]*

Policyholder's Signature / Date & Time

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

(45) *[Signature]* 20/01/23  
Witnessed by Reporting Centre Personnel  
(Name as in NRIC/ID card)

Sketch Plan



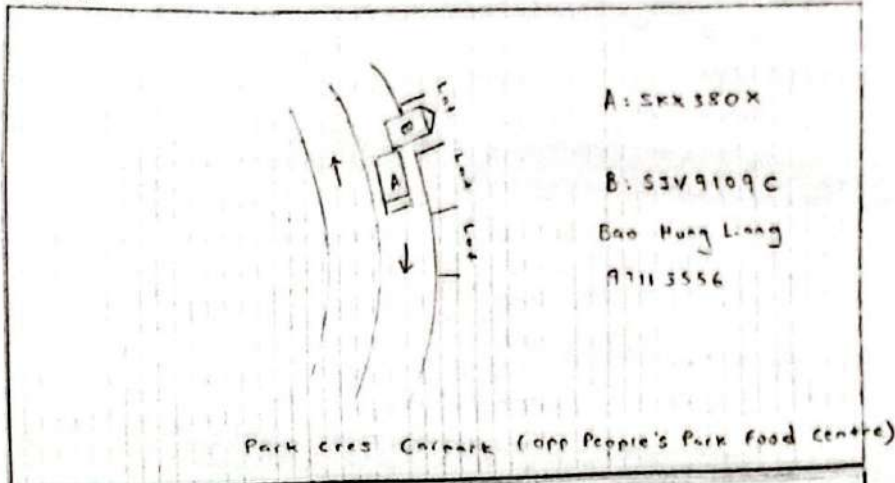
Describe Circumstance of the Accident

NOTE: PLEASE TAKE NOTE THAT YOUR INSURER HAVE 14 DAYS TIME FRAME for you to submit OWN DAMAGE  
 Claim under your Own Comprehensive policy. Pls check your policy for more information.

☐ Claim Own Policy    ☐ Claim Third party    ☐ Reporting Only

☒ Claim OD/TP at other workshop (Auto 101 LLP)

Sketch Plan



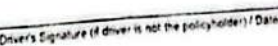
DoA: 20/01/23  
 (2:10 pm)

On the 20th Jan 2023, Friday @ about 2:10pm,  
 I was driving straight queuing up to exit the  
 carpark, suddenly vehicle SVV 9109C reversed  
 out from its parking lot and hit the rear  
 left hand side of my car.

\* Late Reporting due to CNV closure \*

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

(Y.S.)   
 Witnessed by Report Centre Personnel  
 (Name as in NRIC/ID card)

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