

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 15:52 (SGT)
Reported by	Driver
Date of Accident	24/01/2023 12:20 (SGT)
Exact Location of Accident	Singapore
Additional Location Information	THOMSON ROAD TOWARDS UPPER THOMSON
Country/State of Loss	Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number	PC2372H
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INSURED/POLICYHOLDER

Is company?	Yes
Name Of Registered Owner	KIM TRANSPORT SOLUTIONS PTE LTD
Company Reg No	20130057N
Email Address	alexng@kimsingapore.com.sg
Mobile Phone No	(Phone) +65-98731138
Alternative Phone No	-

VEHICLE PARTICULARS

Manufacturer	Toyota
Model	Hiace
Variant	-
Exact purpose for which vehicle was being used at time of accident	Employment
Are you claiming under your own insurance policy for repair to your vehicle?	No - Reporting only
Vehicle Category	Commercial vehicle
Transmission	Auto
CC	2982

INSURANCE COMPANY

Name of Insurance Company	China Taiping Insurance (Singapore) Pte. Ltd.
Policy Number / Cover Note Number	DMB1SNW00014352200

DRIVER

Name of Driver	ROZAIL BIN BUANG
NRIC No	S1288393E
Date Of Birth	13/05/1958
Occupation	Outdoor

Date Of Driving Pass	18/06/1985
Driving experience	37 YEARS AND 7 MONTHS
Gender	Male
Mobile Number	(Phone) +65-86557433
Alt. Phone Number	-
Email Address	alexng@kimsingapore.com.sg
Address	APT BLK 185B WOODLANDS STREET 13
Address complement	# 06-665
Postcode	732185
Is the driver the policyholder?	No
If No, Relationship of the Driver with the Insured	Employee
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	Raining
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?	No
Was any injured conveyed to hospital by ambulance?	-
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	UNKNOWN
Gender	Male

PASSENGER 2

Name	UNKNOWN
Gender	Male

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

PLEASE REFER TO THE ATTACHED STATEMENT

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	SLH3969B
Vehicle Manufacturer	-
Vehicle Model	-
Vehicle Variant	-
Vehicle Colour	-
Vehicle Category	Private car
Name of Driver	MR.CHOO
Contact Number	(Phone) +65-86069628
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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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.



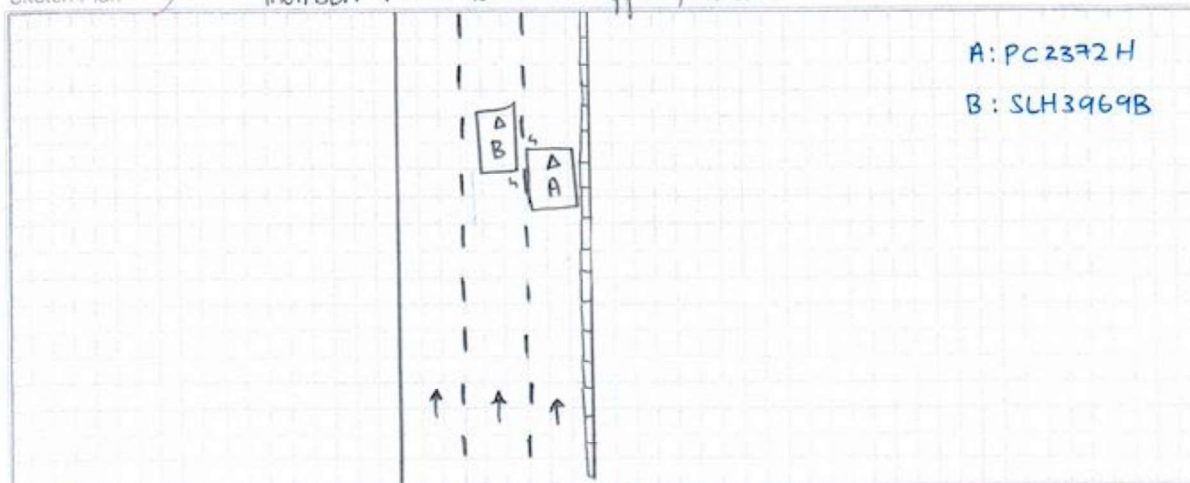
Policyholder's Signature / Date & Time

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

Thomson Road towards Upper Thomson



v1jun2022

Describe Circumstance of the Accident

I was travelling along Thomson Road towards Upper Thomson on 24/01/2023 at about 12.20pm. I was travelling straight, suddenly I heard a sound. Vehicle B driver and I alighted, and realise our vehicle side swipe each other. We exchange particulars and left the scene. There were just minor scratches on both our vehicle and there were no injury for the accident.

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 RIC/ID card)

vJun2022

















CHASSIS NO.	:	JTFST22P308018702
UNLADEN WT.	:	2200 KG
MAX. LADEN WT.:	:	3200 KG
PASSENGER CAP.:	:	1 DRIVER 13 OTHER
TYRE SIZE	:	(F) 195 R 15C 106/104S
	:	(R) 195 R 15C 106/104S

ADDENDUM

Original Report No: SN09231Q000G Vehicle Registration No: PC2372H
Name (as shown in NRIC): Rozail Bin Buring NRIC/FIN/Passport No: S1288393E
(*Vehicle Driver/Vehicle Owner) (*) Please delete as appropriate
Address: Apt BLK 185B woodlands street 13 # 06-665 Singapore (73285)
Contact (Tel): _____ Mobile No.: 8655 7433
Email Address: alexng@kim.singapore.com.sg
Date of Accident: 24/01/2023 Time of Accident: 12:20
Place of Accident: Thomson Road towards upper Thomson
Insurance Company: _____

I have made a report on the above-mentioned accident and would like to include additional information or make the following amendments:

Amend Number of Passengers - 3

Reporting Centre Personnel's Signature
Name:
NRIC/FIN No.:
Date: