

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	21/04/2023 16:10 (SGT)
Reported by	Actual Driver
Date of Accident	21/04/2023 13:40 (SGT)
Exact Location of Accident	Singapore
Additional Location Information	ALONG PIE TOWARDS TUAS (NEAR IMM EXIT)
Country/State of Loss	Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SLW5082S
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INSURED/POLICYHOLDER

Is company?	Yes
Name Of Registered Owner	K & V CAR RENTAL PTE LTD
Company Reg No	199201997H
Email Address	CLAIMS@VINSAUTOGROUP.COM.SG
Mobile Phone No	(Phone) +65-64532121
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 hire
Transmission	Auto
CC	1591

INSURANCE COMPANY

Name of Insurance Company	China Taiping Insurance (Singapore) Pte. Ltd.
Policy Number / Cover Note Number	DMHCSNA00016342200

DRIVER

Name of Driver	NG JONUS
NRIC No	S9836448Z
Date Of Birth	05/11/1998
Occupation	Outdoor

Date Of Driving Pass	14/12/2017
Driving experience	5 YEARS AND 4 MONTHS
Gender	Male
Mobile Number	(Phone) +65-97976811
Alt. Phone Number	-
Email Address	CLAIMS@VINSAUTOGROUP.COM.SG
Address	BLK 157 SERANGOON NORTH AVENUE 1 #04-863
Address complement	-
Postcode	550157
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	Chain Collision
Weather Conditions	Clear
Road Surface	Dry

OTHER INFORMATION

Was any foreign vehicle involved in the accident?	No
Number of vehicles involved in the accident	3
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	GRAB PASSENGER
Gender	Male

PASSENGER 2

Name	GRAB PASSENGER
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

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	SLB4331R
Vehicle Manufacturer	-
Vehicle Model	-
Vehicle Variant	-
Vehicle Colour	-
Vehicle Category	Private car
Name of Driver	ABDUL TALIB BIN MAHMOOD
NRIC No	S7226959D
Contact Number	(Phone) +65-87421273
Address	-
Address complement	-
Postcode	-
Insurance Company Name	-
Nature Of Damage	-
Details of property damaged in accident	-
No. Of Passenger (Including Driver)	-

DETAILS OF OTHER VEHICLE PROPERTY 2

Vehicle Registration Number	SND6407J
Vehicle Manufacturer	-
Vehicle Model	-
Vehicle Variant	-
Vehicle Colour	-
Vehicle Category	Private car
Name of Driver	MUHAMAD IRWAN BIN KAMIS
NRIC No	S7348431F
Contact Number	(Phone) +65-83328277
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:

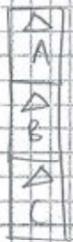
- (a) My insurer, my workshop and the General Insurance Association of Singapore ("GIA") may/are permitted to collect, use, disclose and/or process my personal data/personal information set out in this [form] and any other personal information provided by me or possessed by my insurer (collectively the "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

	<p>A: SND6407J</p> <p>B: SLW5082S</p> <p>C: SLB4331R</p>
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vJun2022

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Describe Circumstance of the Accident
On 21/4/2023 at 1.40pm, I was driving my vehicle (SLW5082S) along PIE towards Tuas (Near IMM exit). Suddenly, I felt an impact on the rear portion of my vehicle. I realised that the vehicle behind me (SLB4331R) had collided into my vehicle's rear portion, and it was a three-car chain collision.

Declaration

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

		Kiam 
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)



















