SN09236E0003-02 / National Assessment Centre Services [408933]
ENTRY DATE & TIME: 14/06/2023 12:58 (SGT)
SUBMITTED BY: NIVITHA
VERSION: 3 (27/06/2023 09:25 (SGT))

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 witholding 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	14/06/2023 12:58 (SGT)
Reported by	Both Policyholder and Actual Driver
Date of Accident	13/06/2023 15:23 (SGT)
Exact Location of Accident	Singapore
Additional Location Information	631 BUKIT BATOK CENTRAL
Country/State of Loss	Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SNK8766Y

INSURED/POLICYHOLDER

Is company?	No
Name Of Registered Owner	LEE KEE MING (LI JIMING)
NRIC No	SXXXX121I
Email Address	JLIMO9897@GMAIL.COM
Mobile Phone No	(Phone) +65-86669897
Alternative Phone No	-

VEHICLE PARTICULARS

Manufacturer	Toyota
Model	Alphard
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	2493

INSURANCE COMPANY

Name of Insurance Company	China Taiping Insurance (Singapore) Pte. Ltd.
Policy Number / Cover Note Number	DMHCSNW00013422300

DRIVER

Name of Driver	LEE KEE MING (LI JIMING)
NRIC No	SXXXX121I
Date Of Birth	17/02/1986
Occupation	Outdoor

Date Of Driving Pass	30/08/2005
Driving experience	17 YEARS AND 10 MONTHS
Gender	Male
Mobile Number	(Phone) +65-86669897
Alt. Phone Number	-
Email Address	JLIMO9897@GMAIL.COM
Address	APT BLK 803D KEAT HONG CLOSE
Address complement	#08-108
Postcode	684803
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 - Head to Rear
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?	No
Was notice of intended Prosecution given?	No
If yes, against whom?	-

CIRCUMSTANCES OF ACCIDENT

PLEASE REFER TO ATTACHED STATMENT

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	FBM1974R
Vehicle Manufacturer	-
Vehicle Model	-
Vehicle Variant	-
Vehicle Colour	-
Vehicle Category	Motorcycle
Name of Driver	SATHIYANARAYAN KRISHNAN
NRIC No	SXXXX065B

Contact Number	(Phone) +65-92996242
Address	-
Address complement	-
Postcode	-
Insurance Company Name	-
Nature Of Damage	-
Details of property damaged in accident	-
No. Of Passenger (Including Driver)	-

SKETCH PLAN

IMPORTANT NOTICE

1. Please report **correctly** the details of the accident to speed up the claims process.
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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. The 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.
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.

14 Jun 2023

Policyholder's Signature / Date & Time

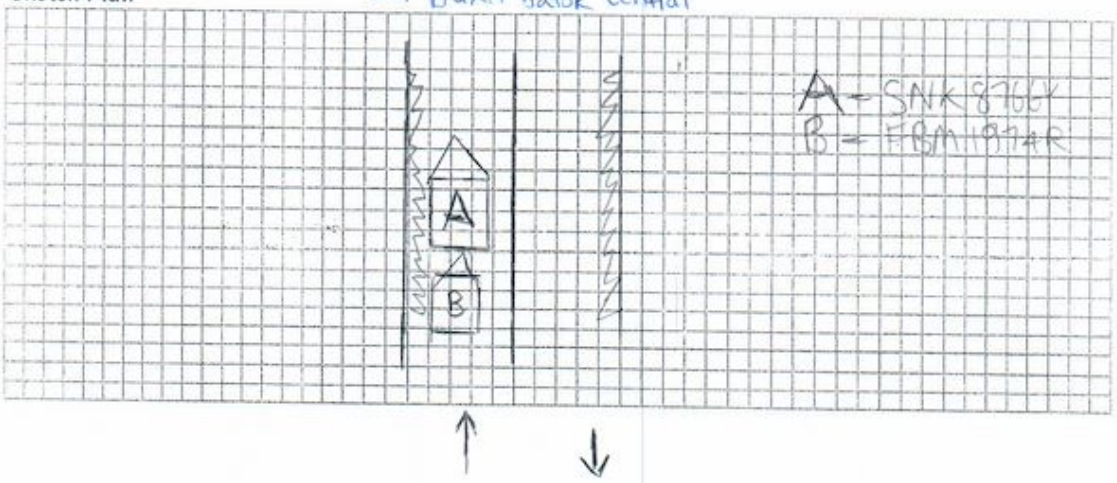
Driver's Signature (If driver is not the policyholder) / Date & Time

14/6/2023

Witnessed by Reporting Centre Personnel

Sketch Plan

631 Bukit batok Central



Describe Circumstance of the Accident

13 Jun 2023 I was travelling on Bukit Batok Central (Single lane) Taxi in front of me stop before he turn right into the Taxi stand, I stop and wait suddenly I heard a bang sound on my rear I got out of my vehicle and saw Mr Sathi touching his injured right and leg, I checked with him if he is ok to continue to ride the bike or do I need to help him to call for an ambulance? He claimed to be fine and we both took pictures of the damage parts of both vehicles and also exchanged particulars

My rear boot and bumper was damaged with deep dents.

Declaration

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

14 Jun 2023

Policyholder's Signature / Date & Time

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

14/6/2023

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

v.Jun2022

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NAC
NATIONAL
ASSESSMENT
CENTRE
idac
#01-25
SNK
8766Y

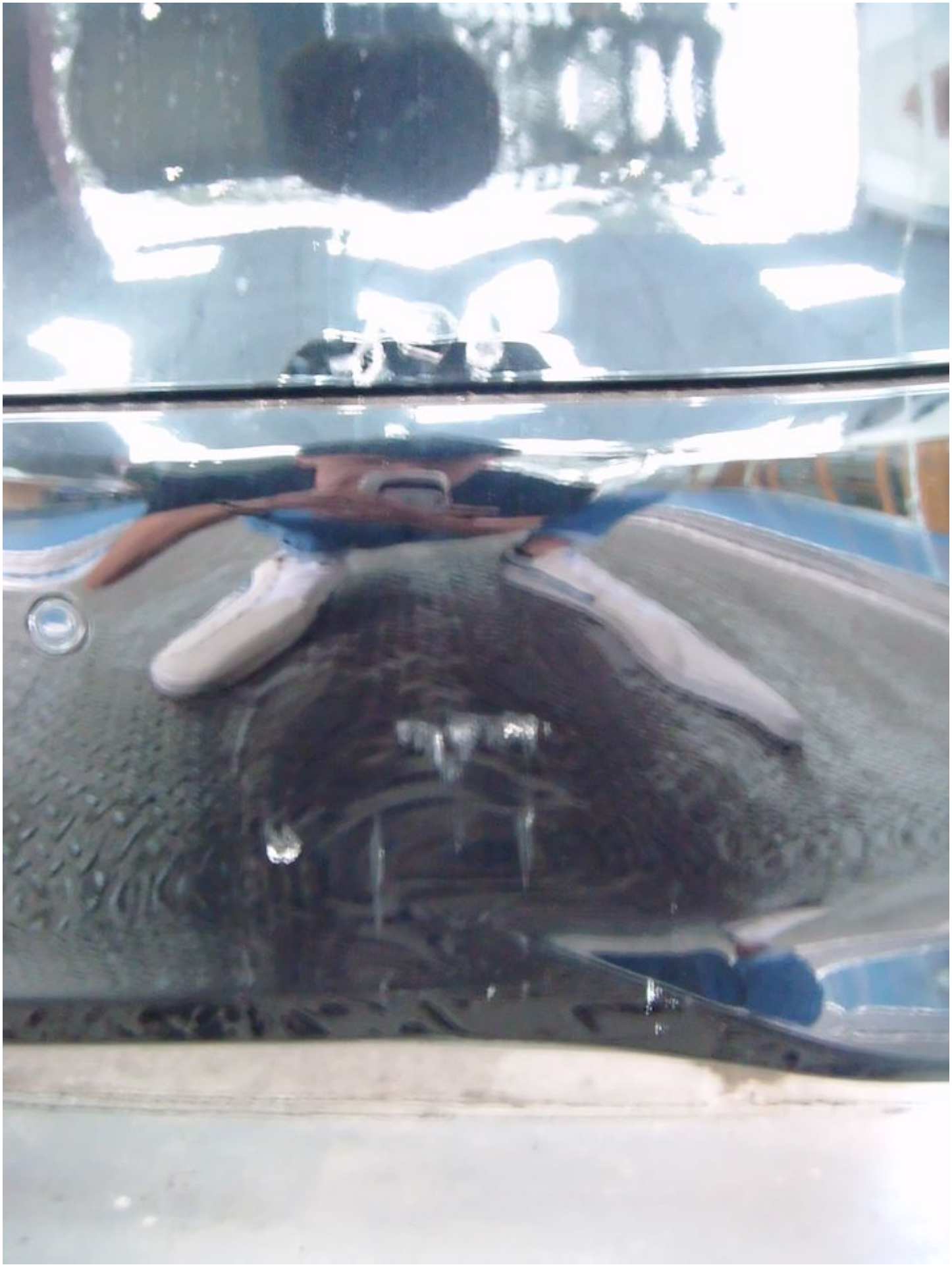
IMAGES #2

IMAGES #3

IMAGES #4

IMAGES #5

IMAGES #6



IMAGES #7

IMAGES #8


TOYOTA MOTOR CORPORATION JAPAN
MODEL 6AA-AYH30W-PFXRB-C
ENGINE 2AR-FXE 2493 mL
FRAME No. AYH30-0127010
COLOR TRIM PLANT OPTION
202 FC21 C31
TRANS AXLE P314
175

IMAGES #9

IMAGES #10

IMAGES #11

PRIVATE HIRE

GENERAL INSURANCE ASSOCIATION
RECORD MANAGEMENT CENTRE

IMPORTANT NOTE: Please submit the completed Addendum form to the same Accident Reporting Centre with whom you submitted the Original Report.

ADDENDUM

(A) PARTICULARS OF PERSON MAKING THE AMENDMENTS:

Original Report No: SN09236E0003 Vehicle Registration No: SNK8766Y

Name (as shown in NRIC): Lee Kee Ming (Li Jiming) NRIC/FIN/Passport No: S8604121I

(~~Vehicle Driver~~/Policyholder) (*) Please delete as appropriate

Address: Apt Blk 803D Kaki Hong Close #08-108 Singapore (684803)

Contact (Tel): Mobile No.: 8666 9897

Email Address: JIIM0989760 GMAIL.COM

Date of Accident: 13/06/2023 Time of Accident: 15:23

Place of Accident: 631 Bukit Batok Central

Insurance Company: China Taiping

(B) ADDITIONAL INFORMATION /AMENDMENTS:

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

Amend Policy Number - DMHCSNW00013422300

Policyholder / Actual Driver's Signature
Date:

27/6/2023
Reporting Centre Personnel's Signature
Name (as in NRIC/ID card):
Date: