

## 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 First Submission .....	03/08/2023 16:08 (SGT)
Reported by .....	Actual Driver
Date of Accident .....	22/02/2023 18:10 (SGT)
Exact Location of Accident .....	Tampines Street 81, Singapore
Additional Location Information .....	-
Country/State of Loss .....	Singapore

### DETAILS OF OWN VEHICLE

Vehicle Registration Number .....	PC8902P
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#### INSURED/POLICYHOLDER

Is company? .....	Yes
Name Of Registered Owner .....	KUMAR LIMOUSINE AND COACH SERVICES PTE. LTD.
Company Reg No .....	2XXXXX442H
Email Address .....	kumarlimousine@yahoo.com.sg
Mobile Phone No .....	(Phone) +65-92322463
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 .....	Bus
Transmission .....	Auto
CC .....	2982

#### INSURANCE COMPANY

Name of Insurance Company .....	China Taiping Insurance (Singapore) Pte. Ltd.
Policy Number / Cover Note Number .....	DMB1SNW00018302203

#### DRIVER

Name of Driver .....	MOHAMED RAFI S/O SYED SULTAN
NRIC No .....	SXXXX397H
Date Of Birth .....	09/01/1961
Occupation .....	Outdoor

Date Of Driving Pass .....	07/05/2003
Driving experience .....	19 YEARS AND 9 MONTHS
Gender .....	Male
Mobile Number .....	(Phone) +65-866600391
Alt. Phone Number .....	-
Email Address .....	kumarlimousine@yahoo.com.sg
Address .....	BLK 103 BEDOK RESERVOIR ROAD #06-410
Address complement .....	-
Postcode .....	470103
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 .....	Collision - Major/Minor Rd
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) .....	2
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 .....	KID
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 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 .....	SJM8188C
Vehicle Manufacturer .....	Mercedes
Vehicle Model .....	-
Vehicle Variant .....	-

Vehicle Colour .....	-
Vehicle Category .....	Private car
Name of Driver .....	LIAN YEOW CHENG
NRIC No .....	SXXXXX202G
Contact Number .....	-
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**

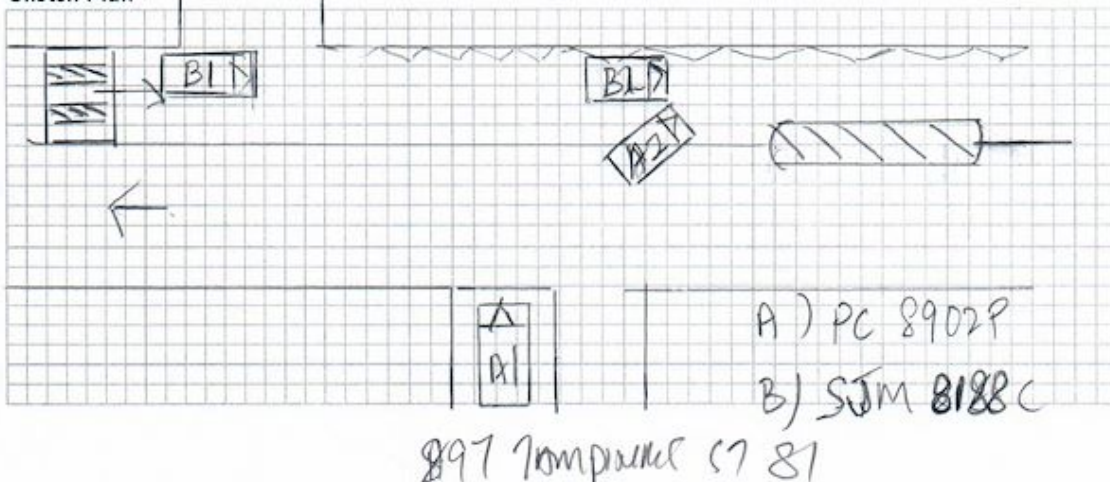
1. Please report **correctly** the details of the accident to speed up the claims process.
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7. By the lodgement of this report to the insurers, you hereby consent to the archiving of this report at the centre and to copies of the report being made available 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.



Policyholder's Signature / Date & Time

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

Witnessed by Reporting Centre Personnel

**Sketch Plan**



## Describe Circumstances of the Accident

ON 22/02/2023 AT ABOUT 18:10 HRS I WAS AT CARPARK  
 OF BUK 897 TAMPINES STREET 81. AND B/E MAKING  
 A RIGHT TURN STOP & LOOK LEFT & RIGHT. SAW A  
 CAR FROM THE LEFT 200 METERS AWAY. SLOWLY MOVE  
 OFF. HALF WAY THRU I FELT A BANG ON MY LEFT  
 THRU CAR THAT I SAW SQUEEZE INTO THE LEFT SIDE  
 DAMAGE MY VAN PC 8902P HE WAS TRAVELLING VERY  
 FAST DASH THRU BANG & STOP 50 METERS AWAY  
 FROM THE ACCIDENT POINT.

## Declaration

We declare the foregoing particulars are true in every respect.



Policyholder's Signature / Date & Time

W/hd 3/8/2023

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

03/08/2023  
 Witnessed by Reporting Centre Personnel













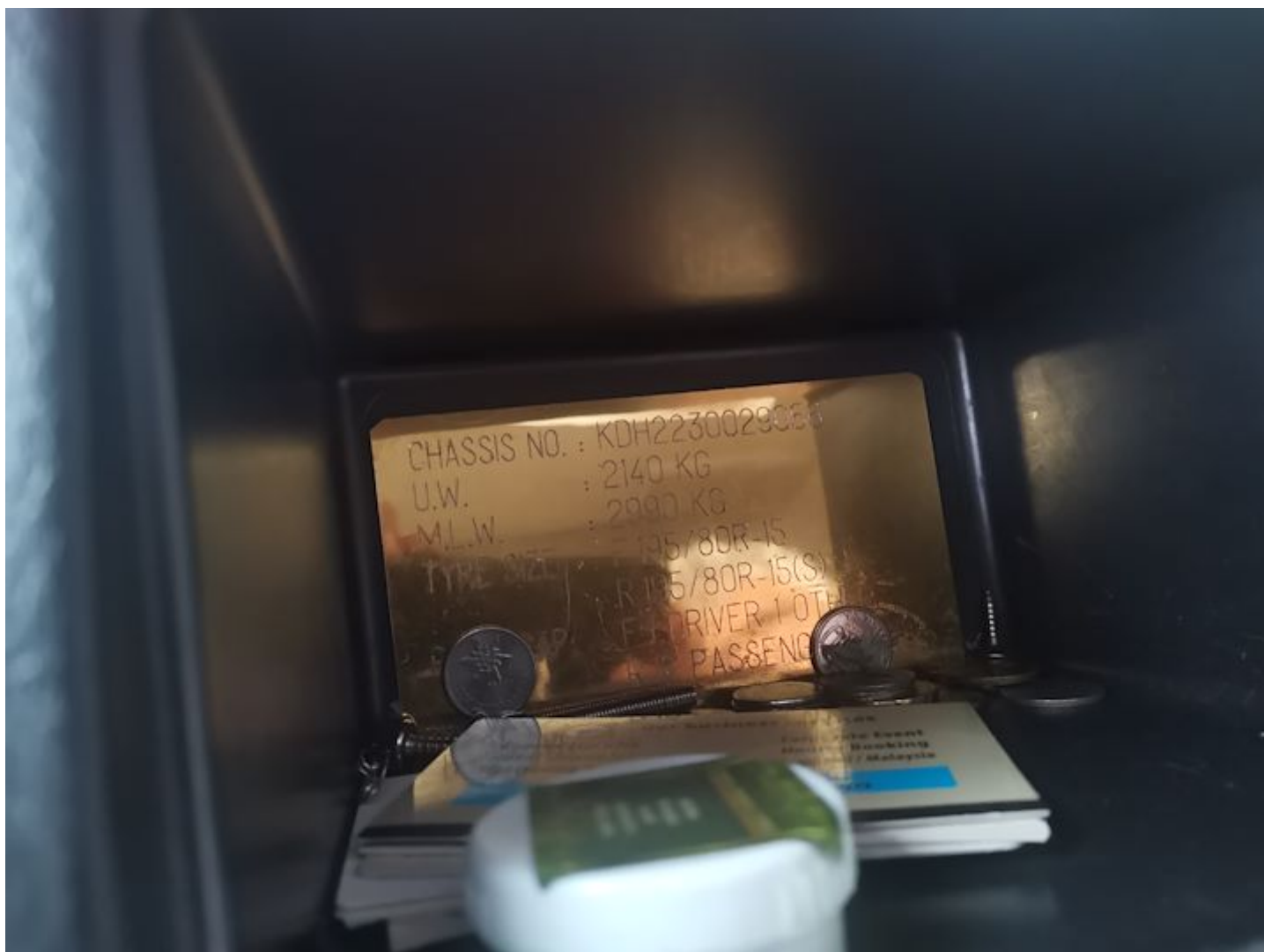
















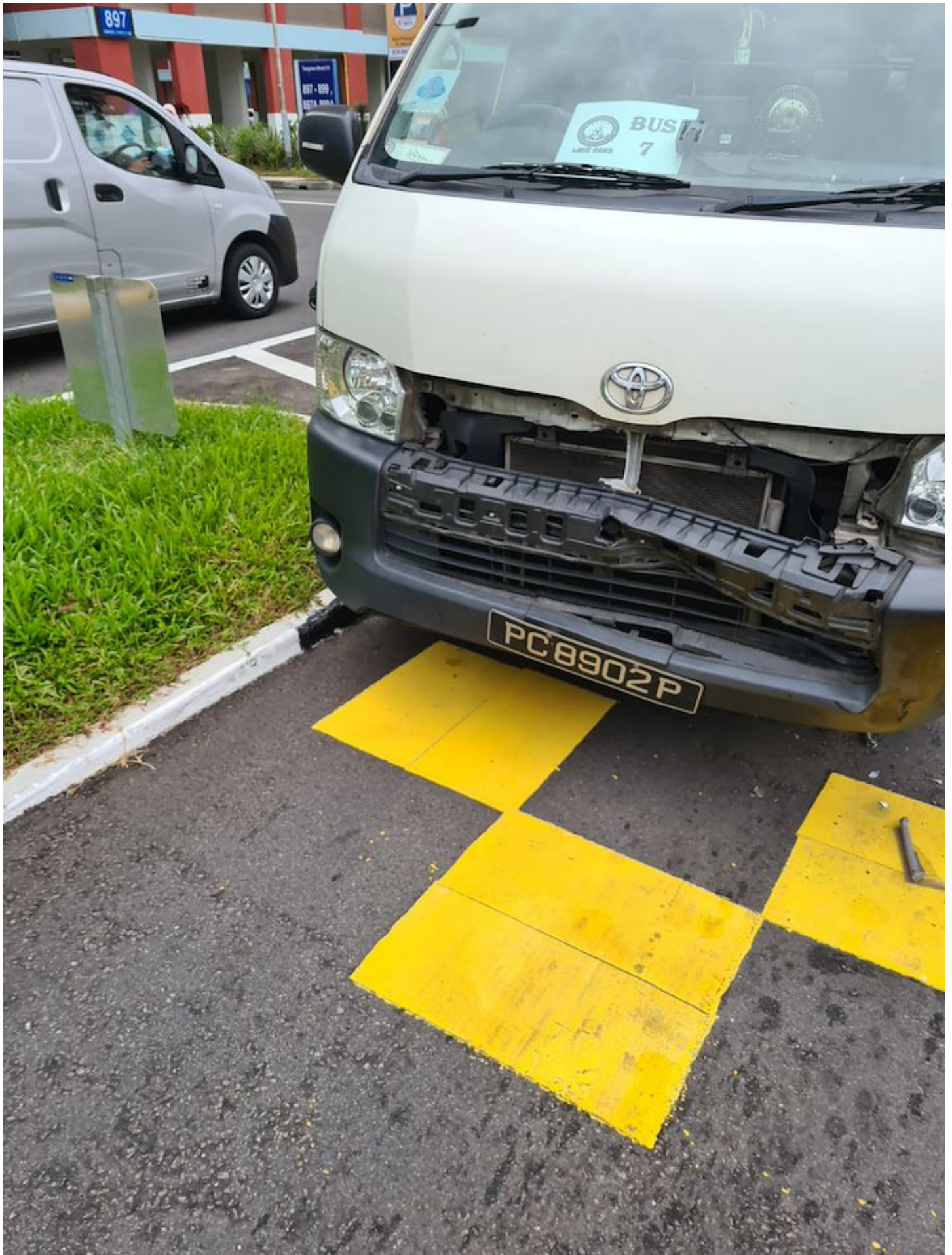


















**IMPORTANT NOTE:** Please submit the completed Addendum form to the same Accident Reporting Centre with whom you submitted the Original Report.

### ADDENDUM

**(A) PARTICULARS OF PERSON MAKING THE AMENDMENTS:**

Original Report No: SN0923830004 Vehicle Registration No: PC 8902P  
 Name (as shown in NRIC): MOHAMMAD RAFI NRIC/FIN/Passport No: SXXXX3974  
 (\*Vehicle Driver/Policyholder) (\*) Please delete as appropriate  
 Address: \_\_\_\_\_ Singapore ( )  
 Contact (Tel): \_\_\_\_\_ Mobile No.: 86660391  
 Email Address: \_\_\_\_\_  
 Date of Accident: 22/02/2023 Time of Accident: 18:10  
 Place of Accident: Tampines S7 87  
 Insurance Company: actia 20pms

**(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:

To Indicate Policy NUMBER DMBISW0001832203  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

Policyholder / Actual Driver's Signature  
Date:

[Signature]  
Reporting Centre Personnel's Signature  
Name (as in NRIC/ID card):  
Date: 03/08/2023