

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	11/09/2024 11:25 (SGT)
Reported by	Both Policyholder and Actual Driver
Date of Accident	10/09/2024 00:10 (SGT)
Exact Location of Accident	310 Hougang Ave 5, Singapore
Additional Location Information	CAR PARK HGHG11 @ BLK 110 HOUGANG AVE 5
Country/State of Loss	Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SBN5454T
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INSURED/POLICYHOLDER

Is company?	No
Name Of Registered Owner	TAN YEOW KOK
NRIC No	SXXXX874F
Email Address	FRANCISTAN5014@YAHOO.COM.SG
Mobile Phone No	(Phone) +65-93251633
Alternative Phone No	-

VEHICLE PARTICULARS

Manufacturer	Toyota
Model	SIENTA 7-SEATER 1.5G CVT
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	1496
Vehicle Fuel	Petrol
First Registration Date	01/03/2023
Chassis no	NSP1707295107
Effective Date/Time of Ownership	01/03/2023 02:03 (SGT)

INSURANCE COMPANY

Name of Insurance Company	Tokio Marine Insurance Singapore Ltd
Policy Number / Cover Note Number	MZD00350

DRIVER

Name of Driver	TAN YEOW KOK
NRIC No	SXXXX874F
Date Of Birth	09/10/1972
Occupation	Outdoor
Driving Pass Date	11/01/1993
Driving License Pass Class	3
Driving License Validity	Valid
Driving experience	31 YEARS AND 8 MONTHS
Gender	Male
Mobile Number	(Phone) +65-93251633
Alt. Phone Number	-
Email Address	FRANCISTAN5014@YAHOO.COM.SG
Address	BLK 310 HOUGANG AVENUE 5 13-255 SINGAPORE 530310
Address complement	-
Postcode	530310
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	Collided into Parked Vehicle
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)	0
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

ON THE STATED DATE AND TIME, MY VEHICLE WAS PARKED AT HGHG11. MY SON REALIZED THAT SOMEONE LOOKING MY VEHICLE SO AFTER MY SON GO AND CHECKED MY VEHICLE FIND OUT MY VEHICLE FRONT BUMPER FALL OFF. VEHICLE B(SMG6800C) REVERSED OUT FROM THE CAR PARK, WHILE TURN AND HIT ONTO MY FRONT BUMPER, AFTER THAT OWNER LEFT ONE NOTE AT FRONT WINDSCREEN GLASS AND ASKING ME TO CONTACT HER ON THE DAMAGED.

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	SMG6800C
Vehicle Manufacturer	-
Vehicle Model	-
Vehicle Variant	-
Vehicle Colour	-
Vehicle Category	Private car
Name of Driver	LAW JEE WEI
NRIC No	SXXXX944H
Contact Number	(Phone) +65-81217041
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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5 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 the lawyers/law firms), which may be sit/ed 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

VE(A) = 3BM5454T

VE(B) = 8MG6200C

Location = Car park

HG11611

(a) BX 310 Hongkong

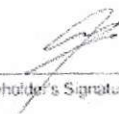
Ave 5

vJun2022

<p>Describe Circumstance of the Accident</p> <p style="font-size: 1.2em; margin-top: 10px;">REFER TO GIA REPORT</p>	
Empty space for accident description	
<p>You had been advised by workshop that in the event that you wish to claim against your own policy (OD claim), there is a Fourteen (14) days clause whereby the claim must be made within the stipulated time-frame from the day of occurrence.</p>	<p>Reporting Only</p> <p>Claim OD</p> <p><input checked="" type="checkbox"/> Claim TP</p> <p>Claim OD/TP at other workshop</p>

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 NRIC/ID card)