

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	12/06/2024 10:57 (SGT)
Reported by	Actual Driver
Date of Accident	11/06/2024 20:06 (SGT)
Exact Location of Accident	441A Fernvale Rd, Singapore 792441
Additional Location Information	-
Country/State of Loss	Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SLL3767X
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INSURED/POLICYHOLDER

Is company?	No
Name Of Registered Owner	TRAN NGOC VAN
NRIC No	SXXXX716B
Email Address	KENNETHNGYZ4950@GMAIL.COM
Mobile Phone No	(Phone) +65-90090016
Alternative Phone No	-

VEHICLE PARTICULARS

Manufacturer	Honda
Model	Jazz
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 car
Transmission	Auto
CC	1498

INSURANCE COMPANY

Name of Insurance Company	Tokio Marine Insurance Singapore Ltd
Policy Number / Cover Note Number	24-MU002146-R04

DRIVER

Name of Driver	NG YUAN ZHANG KENNETH
NRIC No	TXXXX523A
Date Of Birth	06/10/2003
Occupation	Indoor

Driving Pass Date	29/05/2024
Driving experience	1 MONTH
Gender	Male
Mobile Number	(Phone) +65-96738279
Alt. Phone Number	-
Email Address	KENNETHNGYZ4950@GMAIL.COM
Address	82 TANAH MERAH KECHIL AVE #04-10
Address complement	-
Postcode	465515
Is the driver the policyholder?	No
If No, Relationship of the Driver with the Insured	Child
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	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

ON THE STATED DATE AND TIME, I WAS DRIVING TO THE BLK 441A FERNVALE ROAD, WHILE I TURN MY WAY ON CURVE TURN VEHICLE B (SHC3720A) WAS COMING FROM MY OPPOSITE DIRECTION AND CUT ONTO MY LANE VEHICLE B (SHC3720A) HIT ONTO MY FRONT RIGHT PORTION CAUSED DAMAGED.

ATTACHMENT(S)

Are accident photos available for attachment?	Yes
Was there any video captured by Car Camera?	Yes

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	SHC3720A
Vehicle Manufacturer	-
Vehicle Model	-
Vehicle Variant	-
Vehicle Colour	-
Vehicle Category	Taxi

Name of Driver	LAU CHEE SENG
NRIC No	SXXXX590J
Contact Number	(Phone) +65-96141255
Address	-
Address complement	-
Postcode	-
Insurance Company Name	-
Nature Of Damage	-
Details of property damaged in accident	-
No. Of Passenger (Including Driver)	1

SKETCH PLAN**IMPORTANT NOTICE**

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5. **Any false reporting may be referred to the Traffic Police Department for investigation.**
6. This report will be forwarded by the insurers to 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.



Policyholder's Signature / Date & Time



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



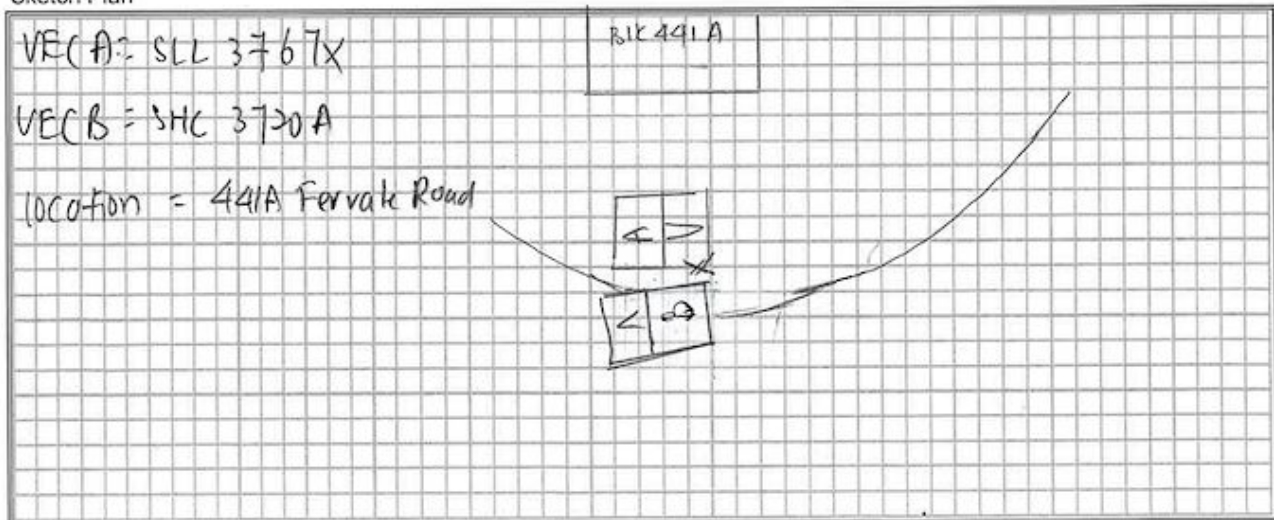

Witnessed by Reporting Centre Personnel
(Name as in NRIC/ID card)

Sketch Plan

VE(A) = SLL 3767X

VE(B) = SHC 3720A

Location = 441A Fervak Road



vJun2022

Describe Circumstance of the Accident

REFER TO GIA REPORT

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.

Reporting Only

Claim OD



Claim TP

Claim OD/TP at other workshop

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)





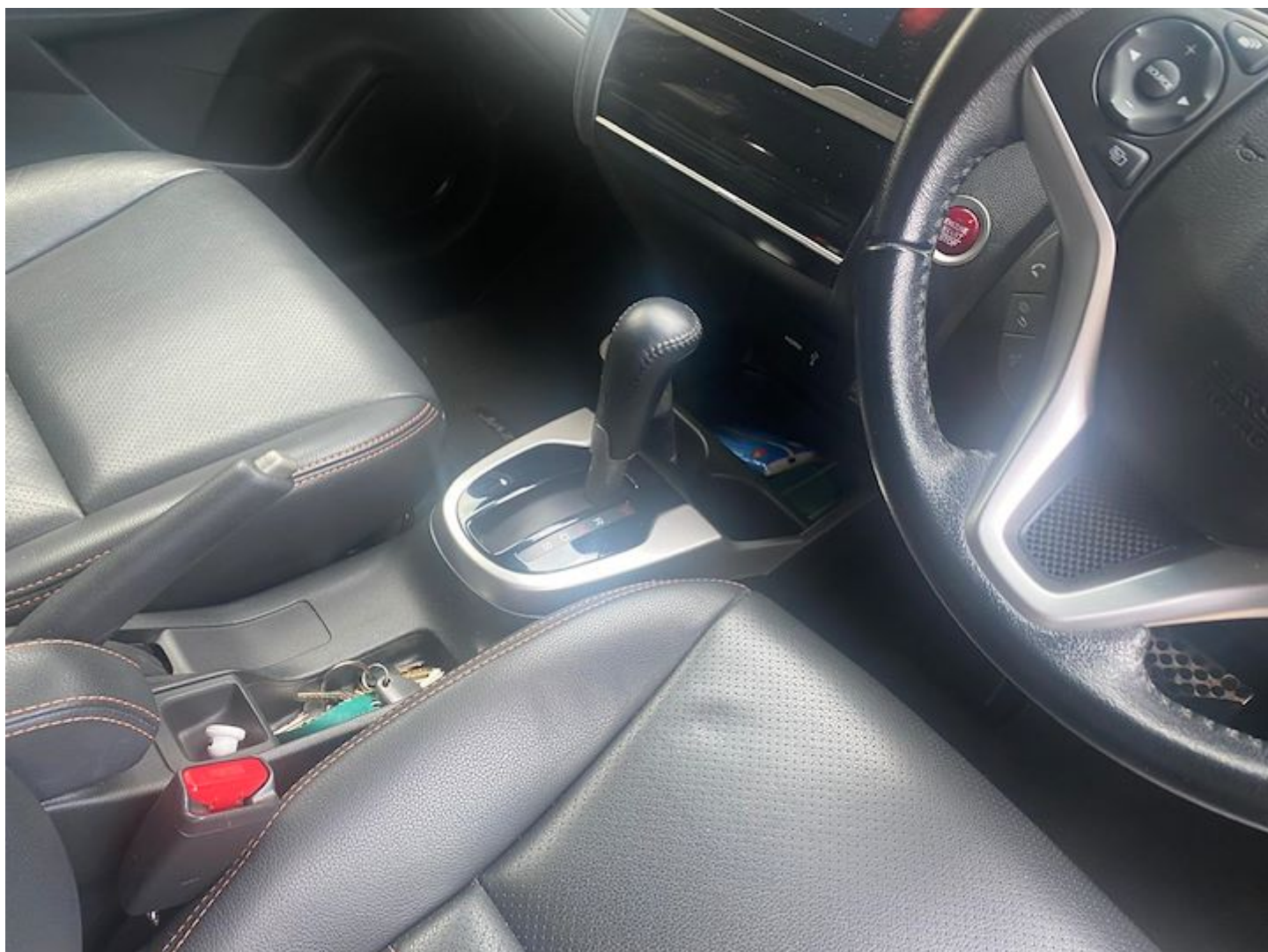
















IMPORTANT NOTE: Please submit the completed Addendum form to the same Accident Reporting Centre with whom you submitted the Original Report.

ADDENDUM

(A) PARTICULARS OF PERSON MAKING THE AMENDMENTS:

Original Report No: SH0H246C0001 Vehicle Registration No: SLL3767X
 Name (as shown in NRIC): NG YUAN ZHANG KENNETH NRIC/FIN/Passport No: T0328523A
 (*Vehicle Driver/Policyholder) (*) Please delete as appropriate
 Address: 82 TANAH MERAH KECHIL AVE #04-10 Singapore ()
 Contact (Tel): _____ Mobile No.: 90090016
 Email Address: KENNETHNGYZ4950@GMAIL.COM
 Date of Accident: 11/06/2024 Time of Accident: 20:06 (SGT)
 Place of Accident: 441A Fernvale Rd, Singapore 792441
 Insurance Company: Tokio Marine Insurance Singapore Ltd

(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:

I WOULD LIKE AMEND ON THE SKETCH PLAN WITH POLICYHODER'S SINGNATURE

PAMOLA HUE

 Policyholder / Actual Driver's Signature
 Date:

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