

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 Authorised 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 ability.
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 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 Report	14/02/2015 12:24
Date Of Accident	13/02/2015 21:45
Exact Location Of Accident	SCOTTS RD NEAR A BUS STOP INFRONT THONG TECK BLDG
Country/State of Loss	Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SJQ2256H
Insured/Policyholder	
Name Of Registered Owner	LEE YONG JING (LI YONGJING)
NRIC No	S8429992H
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-90025307
Alternative Phone No	Home-90025307

Vehicle Particulars

Manufacturer	HYUNDAI
Model	HD AVANTE 1.6 A
Exact Purpose for which vehicle was being used at time of accident	
Are you claiming under your own insurance policy for repair to your vehicle?	No
If No, Please state action to be taken	Third Party
Vehicle Category	Private Car

Insurance Company

Name of Insurance Company	Tokio Marine Insurance Singapore Ltd
Type Of Coverage	Comprehensive
Fleet Policy	No
Policy Number	14-MY002372-R01
Cover Note Number	

Driver

Name of Driver	LEE YONG JING (LI YONGJING)
NRIC No	S8429992H
Date Of Birth	02/10/1984
Occupation	Indoor
Date Of Driving Pass	26/04/2005
Driving Experience	9 Years And 9 Months
Gender	Male
Mobile Number	(Local) +65-90025307
Fax Number	
Contact Number	Home-90025307
Email Address	NOEMAIL

Address	BLK 547B SEGAR ROAD #09-05
Postcode	672547
Was driver an employee of the Insured's Company	No
If No, Relationship of the Driver with the Insured	Owner
Vehicle Registration Number of Driver's Own Vehicle	-
	-
	-
Insurance Company of Driver's Own Vehicle	-
	-
	-

General Information of the Accident

Type Of Accident	Collision- Head to Rear (TP Hit Insured)
Weather Conditions	Clear
Road Surface	Dry

Other Information

Was any foreign vehicle involved in this accident?	No
Was any body injured in the Accident?	No
Was any other material or property damaged?	Yes
Was there any video captured by Car Camera?	Yes
Number of Passengers (Including Driver)	2

Details of Police Action

Was the accident reported to the police?	Yes
If Yes, Please state which Police Station	
Police Station Name	Bukit Panjang Neighbourhood Police Centre
Police Station Address	ROAD: 42 Fajar Road , POSTCODE: 679005 , COUNTRY: Singapore
Police Station Contact	TEL NO: 1800-8929999 - FAX NO: 67673650
Was notice of intended Prosecution given?	No
If Yes, against whom?	

Circumstances of Accident

I WAS ON MY WAY HOME, DRIVING ALONG SCOTTS ROAD AROUND 9.45PM, 13 FEB 2015. AT THE AREA NEAR THONG TECK BUILDING, A CAR SUDDENLY HIT ME FROM BEHIND. I GOT OFF THE CAR AND REALISED THAT THE OTHER PARTY HAS ALREADY SHIFTED HIS CAR QUITE A DISTANCE FROM OUR CAR. I DIDN'T MANAGE TO TAKE PICTURES OF BOTH CARS TOGETHER SINCE HE INSISTED ON SHIFTING HIS CAR TO THE SIDE OF THE ROAD. HE ADMITTED FAULT THAT HE DID NOT KEEP A SAFETY DISTANCE FROM OUR CAR. HE MADE A VERBAL AGREEMENT TO PAY FOR OUR DAMAGES AFTER I SEND MY CAR TO THE CAR MECHANIC FOR ASSESSING THE NEXT DAY. IT WAS TOO DARK TO JUDGE THE DAMAGES CLEARLY ON THE SPOT. WE EXCHANGED CONTACT AND LEFT THE SCENE. WHEN I GOT HOME, I TOOK CLEARER PICTURE OF THE DAMAGE ON MY CAR AND SENT HIM THE PICTURES. UPON SEEING THE DAMAGE, HE DENIED RESPONSIBILITY, SAYING THAT THE DAMAGES WERE NOT CAUSED BY HIM. HE REFUSED TO PAY FOR ANY DAMAGES CAUSED. WE HAD NO CHOICE BUT TO HEAD TO THE POLICE STATION TO MAKE A REPORT FOLLOWED BY AN INSURANCE CLAIM. NO PERSON WAS INJURED IN THIS ACCIDENT.

Are accident photos available for attachment?	Yes
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DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	SDQ5220L
Vehicle Make/Model/Colour	PORSCHE CAYENNE S HYBRID (V6)
Details Of Properties	
Name of Driver	RAJIV MALIWAL
NRIC/Passport Number	S2715301A
Contact Number	96166724
Address	
Postcode	
Insurance Company Name	
Nature Of Damage	
No. Of Passenger (Including Driver)	

Details of Witness

Name	
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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

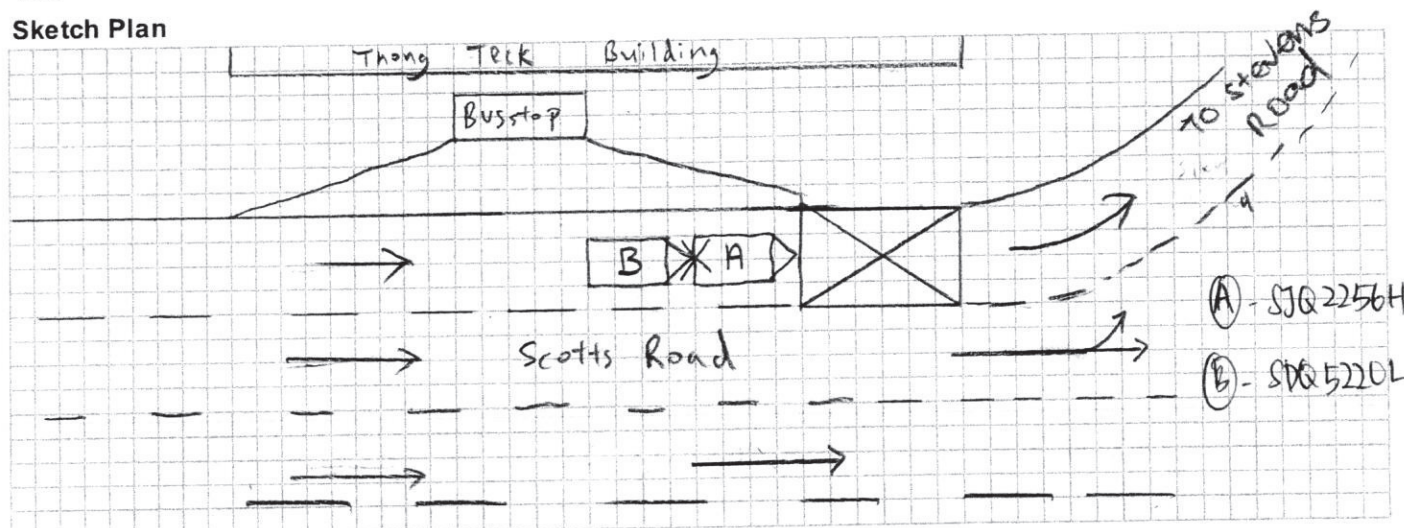
(c) my Personal Information may/can be disclosed by any of the Insurers and/or GIA to their third party service providers or agents (including their lawyers/law firms), which may be sited outside of Singapore, for one or more of the above Purposes.

Policyholder's Signature / Date & Time

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

Witnessed by Reporting Centre Personnel

Sketch Plan



Please note that you might be able to submit an Own Damage Claim under own policy within 14 days.

() Claim Own Damage ☒ Claim TP () Reporting Only () Claim OD/TP at other workshop

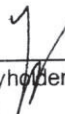
Workshop name: _____


Describe Circumstances of the Accident


I was on my way home, driving along Scotts Road around 9.45pm, 13 Feb 15. At the area near Thong Tek building, a car suddenly hit me from behind. I got off the car and realised that the other party has already shifted his car quite a distance from our car. I didn't manage to take pictures of both car together since he insisted on shifting his car to the side of the road. He admitted fault that he did not keep a safety distance from our car. He made a verbal agreement to pay for our damages after I send my car to the car mechanic for assessing the next day. It was too dark to judge the damages clearly on the spot. We exchanged contact and left the scene. When I got home, I took clearer pictures of the damages on my car and sent him the pictures. Upon seeing the damages, he denied responsibility, saying that the damages were not caused by him. He refused to pay for any damages caused. We had no choice but to head to the police station to make a report followed by an insurance claim. No person was injured in this accident.

Declaration

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

 14 Feb 15 / 1130
Policyholder's Signature / Date & Time

 14 Feb 15 / 1130
Driver's Signature (If driver is not the policyholder) / Date & Time


Witnessed by Reporting Centre Personnel