

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	27/04/2017 16:00
Date Of Accident	26/04/2017 07:45
Exact Location Of Accident	BRADDELL ROAD
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SJP8910T
Insured/Policyholder	
Name Of Registered Owner	YONG CHOY MUI
NRIC No	S1430991H
Email Address	YONGJUDY36@GMAIL.COM
Mobile Phone No	(LOCAL) +65-97981647
Alternative Phone No	OTHERS-97981647

Vehicle Particulars

Manufacturer	TOYOTA
Model	CAMRY 2.4
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
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	16-MC010988-R05
Cover Note Number	

Driver

Name of Driver	OH JIAYI EUGENE
NRIC No	S9204615Z
Date Of Birth	05/02/1992
Occupation	INDOOR
Date Of Driving Pass	01/04/2011
Driving Experience	6 YEARS AND 0 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-97983129
Fax Number	
Contact Number	
E Mail Address	EUGENEHJY@GMAIL.COM

Address	36 JALAN JARAK
Postcode	809195
Was driver an employee of the Insured's Company	NO
If No, Relationship of the Driver with the Insured	CHILDREN
Vehicle Registration Number of Driver's Own Vehicle	-
	-
	-
Insurance Company of Driver's Own Vehicle	-
	-
	-

General Information of the Accident

Type Of Accident	COLLISION- CHANGE/CROSS LANE
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
I have been approached by unknown person(s) soliciting/offering accident claims assistance.	NO
Number of Passengers (Including Driver)	1

Details of Police Action

Was the accident reported to the police?	NO
If Yes, Please state which Police Station	
Was notice of intended Prosecution given?	NO
If Yes, against whom?	

Circumstances of Accident

I was travelling straight after CTE Exit 10, Braddell Road. Vehicle no. SGH 1018T changed / crossed into my lane without signalling from my left (as seen in photos). I quickly jammed my brakes and stopped my vehicle. The rear wheel of vehicle no. SGH 1018T hit the front left portion of my vehicle including the head lamp, bumper panel etc.

Attachment(s)

Are accident photos available for attachment?	YES
Was there any video captured by Car Camera?	NO
Was there any audio recorded?	NO

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	SGH1018T
Vehicle Make/Model/Colour	
Details Of Properties	
Name of Driver	HONG CHUL KI
NRIC/Passport Number	S7263144G
Contact Number	92363909
Address	
Postcode	
Insurance Company Name	EQ INSURANCE COMPANY LTD
Nature Of Damage	
No. Of Passenger (Including Driver)	

Details of Witness

Name	
Phone Number	
Email Address	

SKETCH PLAN

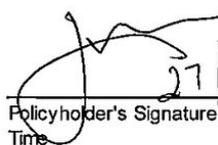
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8. **Consent under the Personal Data Protection Act (PDPA)**

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.

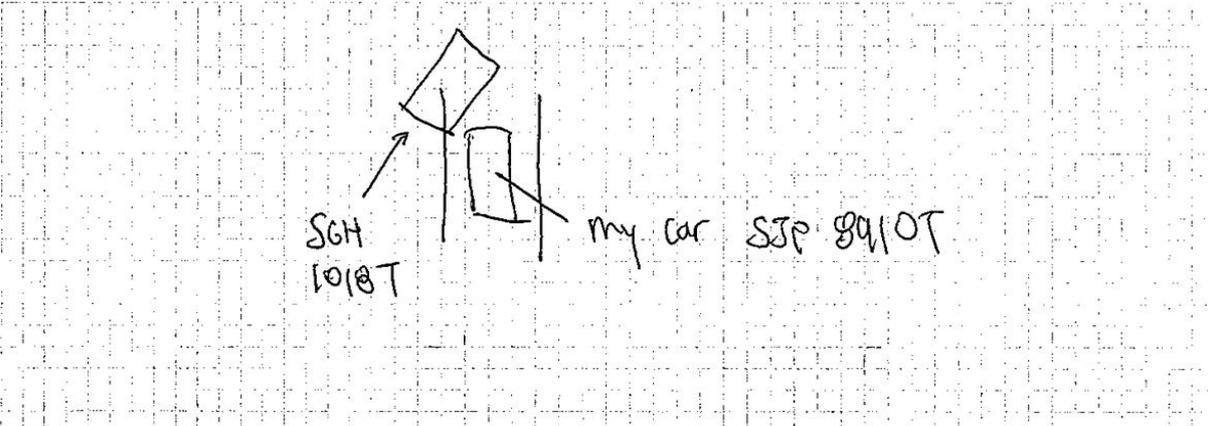

 27/4/17
 Policyholder's Signature / Date & Time

15:57

 27/4/17
 Driver's Signature (if driver is not the policyholder) / Date & Time


 Witnessed by Reporting Centre Personnel

Sketch Plan



Driver NRIC and Driving Licence Pg. 1

REPUBLIC OF SINGAPORE DRIVING LICENCE



Licence Number: **S9204615Z**
 Name: **OH JIAYI, EUGENE**
 Birth Date: **05 Feb 1992**
 Issue Date: **01 Apr 2011**

001952509K

REPUBLIC OF SINGAPORE
 IDENTITY CARD NO. **S9204615Z**



Name: **OH JIAYI, EUGENE**
胡 佳 毅
 Race: **CHINESE**
 Date of birth: **05-02-1992** Sex: **M**
 Country of birth: **SINGAPORE**

S9204615Z

YOU ARE LICENSED TO DRIVE VEHICLES IN THE FOLLOWING CLASSES

Class	Description	EFFECTIVE DATE
Class 2B	Motorcycles <= 200 CC	27 Aug 2014
Class 2A	Motorcycles between 201 CC and 400 CC	30 Nov 2015
Class 2	Motorcycles > 400 CC	07 Feb 2017
Class 3	Motor cars <= 2000 kg with <= 7 passengers, exclusive of the driver; and motor tractors/vehicles <= 2500 kg	01 Apr 2011

S9204615Z S / No. 9000256385

Licence No S9204615Z

NP 428A

4010518



NRIC No. **S9204615Z**



Date of issue: **05-03-2007**

Address: **36 JALAN JARAK SINGAPORE 809195**

REPUBLIC OF SINGAPORE
IDENTITY CARD NO. S1430991H



Name
YONG CHOY MUI



Race
CHINESE

Date of Birth
21-11-1960

Sex
F

Country of Birth
SINGAPORE



0 0 5 3 7 7 2



NRIC No. S1430991H



Blood Group
O+

Date of issue
22-08-1991

36 JALAN JARAK
SINGAPORE 809195

NRIC No: S1430991H Date: 08-09-2001 No: 1142514

Accident Photo



Accident Photo



Accident Photo



Accident Photo



Chassis Number

TOYOTA MOTOR CORPORATION
MODEL ACV40R-JEAGKT
ENGINE 2AZ-FE 2362 mL
FRAME No. MR053BK4007006049
COLOR TRIM PLANT GVM(kg)
1F8 LA40 Z35
INVBULT U250E -02A DEC 06
MFD. BY: TOYOTA MOTOR THAILAND CO., LTD. MADE IN THAILAND

Scene 1



Scene 2



Scene 3



Scene 4

