

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	26/04/2017 17:04
Date Of Accident	25/04/2017 18:45
Exact Location Of Accident	CECIL STREET TOWARDS COLLYER QUAY
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SDL9700T
Insured/Policyholder	
Name Of Registered Owner	DING WENJING
NRIC No	S2684974H
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-96160388
Alternative Phone No	OFFICE-96160388

Vehicle Particulars

Manufacturer	MERCEDES-BENZ
Model	GLC 250-2.1 LUXURY AMG (A)
Exact Purpose for which vehicle was being used at time of accident	DRIVING HOME FROM WORK.
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	YES
Policy Number	MV010938
Cover Note Number	

Driver

Name of Driver	DING WENJING
NRIC No	S2684974H
Date Of Birth	01/12/1959
Occupation	INDOOR
Date Of Driving Pass	28/11/1995
Driving Experience	21 YEARS AND 4 MONTHS
Gender	MALE
Mobile Number	+65-96160388
Fax Number	
Contact Number	OFFICE-96160388
EMail Address	NOEMAIL

Address	BLK 406 PASIR RIS DRIVE 6 #10-467
Postcode	510406
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- CHANGE/CROSS LANE
Weather Conditions	CLEAR
Road Surface	WET

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)	2

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

Attachment(s)

Are accident photos available for attachment?	NOT AVAILABLE DUE TO CIRCUMSTANCES OF ACCIDENT
Was there any video captured by Car Camera?	NO
Was there any audio recorded?	NO

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	SHD8841X
Vehicle Make/Model/Colour	MERC CAB / WHITE
Details Of Properties	VEH. B
Name of Driver	CHINESE MALE
NRIC/Passport Number	
Contact Number	
Address	
Postcode	
Insurance Company Name	
Nature Of Damage	FRONT RH PORTION
No. Of Passenger (Including Driver)	

Details of Witness

Name	
Phone Number	
Email Address	

Sketch Plan Pg. 1

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.

J 24/10

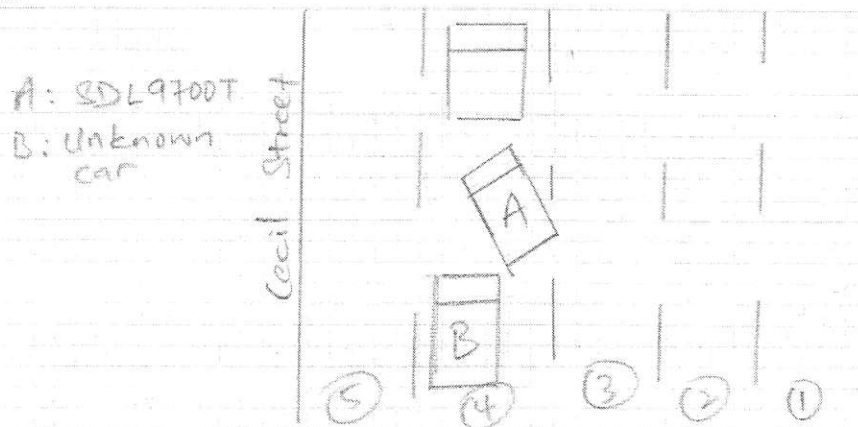
Policyholder's Signature / Date & Time

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

Z

Witnessed by Reporting Centre Personnel

Sketch Plan



Describe Circumstances of the Accident

Describe Circumstance of the Accident.

ON 25/04/2017 @ 1845 HRS. I WAS DRIVING MY VEHICLE (SDL9700T) TRAVELLING ALONG CECIL STREET TOWARDS COLLYER QUAY, WITH 1 PASSENGER (CHINESE MALE) ONBOARD, IN LANE 3.

THE TRAFFIC WAS HEAVY AND CONGESTED.

I FILTERED SLOWLY INTO LANE 4 WITH LEFT INDICATOR ON. WHEN I WAS ALMOST FULLY IN LANE 4, I CAME TO A STOP AS THE FRONT VEHICLES STOPPED. WHILE STATIONARY, SUDDENLY I FELT AN IMPACT FROM THE REAR.

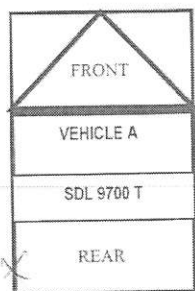
UPON INSPECTION, VEHICLE B (UNKNWOWN MERC CAB - 841X) APPROACHED FROM LANE 4 AT A FAST SPEED AND THE FRONT RIGHT BRUSHED AGAINST MY VEHICLE REAR LEFT RIM.

DUE TO THE IMPACT, MY VEHICLE WAS DAMAGED ON THE REAR LEFT RIM. VEHICLE B WAS ON THE FRONT RIGHT PORTION.

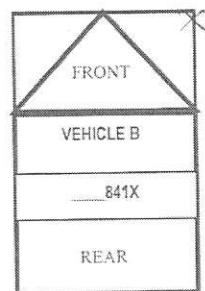
NO INJURIES INVOLVED.

VEHICLE B HAD NO PASSENGER ONBOARD.

DAMAGES FOUND ON VEHICLE A & B



MY VEHICLE



THIRD PARTY VEHICLE

Driver's Signature
Wednesday, April 26, 2017 @ 5:12:05 PM

Declaration

We declare the foregoing particulars are true in every respect.

Policyholder's Signature / Date & Time

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

Witnessed by Reporting Centre Personnel