

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	19/10/2017 18:09
Date Of Accident	19/10/2017 15:20
Exact Location Of Accident	OPEN CAR PARK OF BLK 119 PASIR RIS ST 11
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SLP8061U
Insured/Policyholder	
Name Of Registered Owner	SUPREME LEASING & LIMOUSINE PTE LTD
Co Reg No	201710190R
Email Address	NOEMAIL
Mobile Phone No	
Alternative Phone No	OFFICE-88888888

Vehicle Particulars

Manufacturer	HONDA
Model	SHUTTLE HYBRID-1.5 (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 HIRE
Insurance Company	
Name of Insurance Company	TOKIO MARINE INSURANCE SINGAPORE LTD
Type Of Coverage	COMPREHENSIVE
Fleet Policy	NO
Policy Number	17-MI000894-R00
Cover Note Number	
Driver	
Name of Driver	KANG TIN HIN
NRIC No	S1398370D
Date Of Birth	22/01/1959
Occupation	OUTDOOR
Date Of Driving Pass	29/12/1976
Driving Experience	40 YEARS AND 9 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-83676160
Fax Number	
Contact Number	
Email Address	NOEMAIL

Address	BLK 111 PASIR RIS ST 11
	#01-639
Postcode	510111
Was driver an employee of the Insured's Company	NO
If No, Relationship of the Driver with the Insured	OTHER - HIRER
Vehicle Registration Number of Driver's Own Vehicle	-
	-
	-
Insurance Company of Driver's Own Vehicle	-
	-
	-

General Information of the Accident

Type Of Accident	COLLISION - OPENING DOOR OF VEHICLE
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

ON 19/10/2017 AT ABOUT 1520HRS AT DRIVEWAY OF BLK 119 PASIR RIS ST 11. I WAS TRAVELLING ON THE ABOVE MENTIONED DRIVEWAY AND WHEN PASSING BY A STATIONARY VEHICLE (B), SUDDENLY THE PASSENGER OF VEHICLE (B) OPEN THE REAR LEFT DOOR WITHOUT CAUTIOUS AND HENCE COLLIDED ONTO MY RIGHT FRONT PORTION OF MY VEHICLE (A) CAUSING DAMAGES TO MY VEHICLE. (A) SLP 8061U (B) SHD 6758S

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	SHD6758S
Vehicle Make/Model/Colour	
Details Of Properties	
Name of Driver	
NRIC/Passport Number	
Contact Number	
Address	
Postcode	
Insurance Company Name	
Nature Of Damage	
No. Of Passenger (Including Driver)	

Details of Witness

Name	
Phone Number	
Email Address	

SKETCH PLAN

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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 use in the above Purpose(s) and
- (c) My Personal Information may/are 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 located outside of Singapore, for the purpose of the above Purpose(s).
- (d) My Personal Information will also be collected and used for the purpose of the history for the purpose of fraud detection, investigation and management in present and future claims.
- (e) The information so collected under (a) above may be shared / disclosed:
 - (i) to all Insurers and/or any other third parties that assist in evaluating, investigating, controlling or managing claims, regulators, law enforcement and government agencies as reasonably required for the purposes stated; or
 - (ii) for complying with requirements under any regulations, laws or court orders.



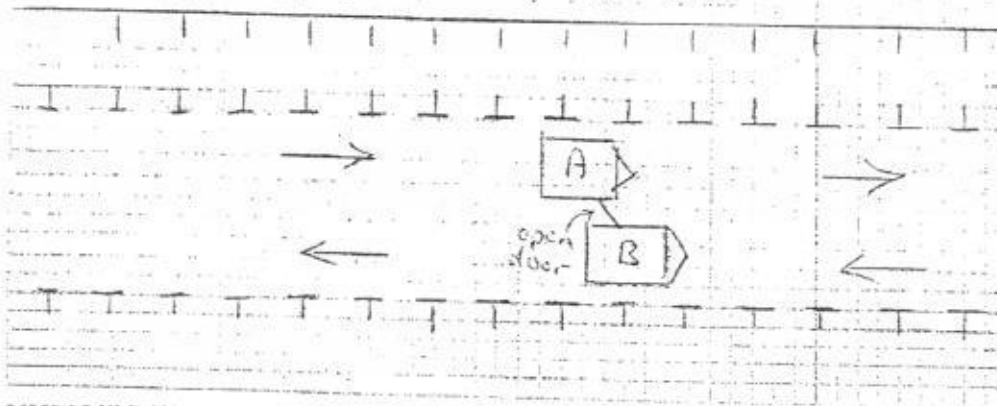
Policyholder's Signature
Date & Time:

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

Reporting Centre Representative's Signature
Name
NRIC/FIN No.:

SKETCH PLAN

BLK 119 Pasir Ris St 11



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

On 17/10/2017 at about 1520 hrs at driveway of
BLK 119 Pasir Ris St 11. I was travelling on the above
mentioned driveway and when passing by a stationary
vehicle (B), suddenly the passenger of vehicle (B)
open the Rear left door without cautious and
have collided onto my Right Front Portion of
my Vehicle (A) causing damages to my vehicle.

(A) SLP8061U

(B) SHD 6758-S

[Handwritten signature]

DECLARATION

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

[Signature]
Policyholder's Signature
Date & Time:

[Signature]
Driver's Signature
(if driver is not the policyholder)
Date & Time:

[Signature]
Reporting Centre Personnel's signature
Name:
NRIC/ID No.: