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 witholding 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	13/11/2017 13:24
Date Of Accident	11/11/2017 18:30
Exact Location Of Accident	CIRCLE AT STADIUM DRIVE
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SLR6584E

Insured/Policyholder

Name Of Registered Owner	LIM TECK KENG ADELIN
NRIC No	S7147687A
Email Address	LIMADELIN@GMAIL.COM
Mobile Phone No	(LOCAL) +65-97971097
Alternative Phone No	OTHERS-NOPHONE

Vehicle Particulars

Manufacturer	HONDA
Model	HR-V-1.5 (A)
Exact Purpose for which vehicle was being used at time of accident	PRIVATE USED
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	17-MU009266-R00
Cover Note Number	

Driver

Name of Driver	LIM TECK KENG ADELIN
NRIC No	S7147687A
Date Of Birth	08/10/1971
Occupation	INDOOR
Date Of Driving Pass	16/10/1995
Driving Experience	22 YEARS AND 0 MONTHS
Gender	FEMALE
Mobile Number	(LOCAL) +65-97971097
Fax Number	
Contact Number	OTHERS-NOPHONE
EMail Address	LIMADELIN@GMAIL.COM

Address	BLK 313B ANCHORVALE ROAD #07-108
Postcode	542313
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
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

PLEASE REFER TO ATTACHMENT REPORT.

Attachment(s)

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

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	SHA7099U
Vehicle Make/Model/Colour	/ / BLUE
Details Of Properties	FRONT
Name of Driver	LIOW CHOO LENG
NRIC/Passport Number	S0545164G
Contact Number	96114300
Address	
Postcode	
Insurance Company Name	FIRST CAPITAL INSURANCE LTD
Nature Of Damage	
No. Of Passenger (Including Driver)	2

Details of Witness

Name	
Phone Number	
Email Address	

Vehicle No ᵖˡ SLR6584E   **SKETCH PLAN**   Annex D

IMPORTANT NOTICE

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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.

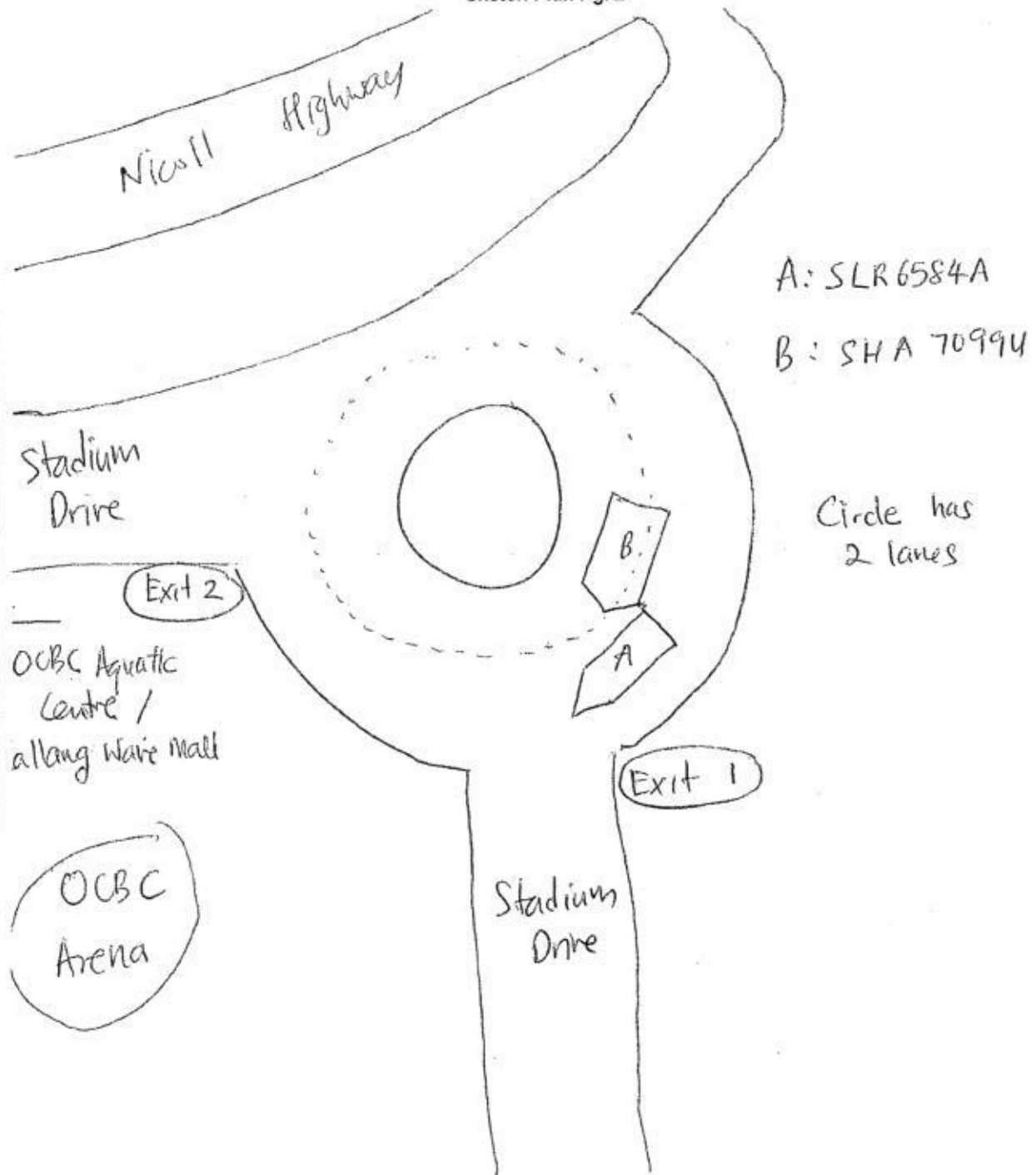|		
Adelif	Same as policyholder.	_(signature)_
Policyholder's Signature / Date & Time 13|11|17 11am	Driver's Signature (If driver is not the policyholder) / Date & Time	Witnessed by Reporting Centre Personnel

Sketch Plan

please refer to Annex E (back page)

Please continue to Annex E

Nicoll Highway

Stadium Drive

Exit 2

OCBC Aquatic Centre / allang Wave Mall

OCBC Arena

Stadium Drive

A: SLR 6584A

B: SHA 7099U

Circle has 2 lanes

B

A

Exit 1

Vehicle No __SLR 6584 E__

Describe Circumstances of the Accident

Circle
(1) The circle has 2 lanes : inner lanes and outer lane.
(2) The circle has no arrow indication on the lanes.

Accident
I was driving on the outer lane near exit 1 when
Car B hit my car A from behind as Car B was turning out
into Exit 1 from inner lane.

My car A back right damaged by Car B.
Car B front left damaged.

We came out of the vehicle and ~~checked~~ Confirmed that there is no
body injury to both drivers and the passenger in Car B.

Declaration

We declare the foregoing particulars are true in every respect.

Adelif

Policyholder's Signature / Date & Time
13/11/17 11am

same as policyholder

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

Witnessed by Reporting Centre Personnel