

## 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	22/11/2017 13:26
Date Of Accident	22/11/2017 09:15
Exact Location Of Accident	UPPER CHANGI EAST
Country/State of Loss	SINGAPORE

### DETAILS OF OWN VEHICLE

Vehicle Registration Number	SLR7418X
<b>Insured/Policyholder</b>	
Name Of Registered Owner	SECTION CREDIT & MOTOR LEASING PTE LTD
Co Reg No	198703128Z
Email Address	NOEMAIL
Mobile Phone No	
Alternative Phone No	OFFICE-68628878

### Vehicle Particulars

Manufacturer	TOYOTA
Model	COROLLA AXIO HYBRID 1.5 CVT

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	YES
Policy Number	16-MF000843-R02

Cover Note Number

### Driver

Name of Driver	GOH CHEK MENG
NRIC No	S1719015F
Date Of Birth	08/09/1965
Occupation	OUTDOOR
Date Of Driving Pass	27/09/1985
Driving Experience	32 YEARS AND 1 MONTH
Gender	MALE
Mobile Number	(LOCAL) +65-96405848
Fax Number	
Contact Number	
E-Mail Address	NOEMAIL

Address	BLK 686 HOUGANG STREET 61 #12-172 SINGAPORE
Postcode	530686
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	CHAIN COLLISION
Weather Conditions	CLEAR
Road Surface	DRY

#### Other Information

Was any foreign vehicle involved in this accident?	NO
Was any body injured in the Accident?	YES
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

REFER TO ATTACHED STATEMENT

#### 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	SFC7860B
Vehicle Make/Model/Colour	
Details Of Properties	
Name of Driver	ALTAFF HUSSIEN
NRIC/Passport Number	S2015025D
Contact Number	94508052
Address	
Postcode	
Insurance Company Name	
Nature Of Damage	
No. Of Passenger (Including Driver)	

#### Details of Witness

Name	
Phone Number	
Email Address	

#### DETAILS OF OTHER VEHICLE PROPERTY 2

Vehicle Registration Number	SJE9462X
Vehicle Make/Model/Colour	

**Details Of Properties**

Name of Driver BEH PANG YOKE  
NRIC/Passport Number S1651811E  
Contact Number 96820052  
Address  
Postcode  
Insurance Company Name  
Nature Of Damage  
No. Of Passenger (Including Driver)

**Details of Witness**

Name  
Phone Number  
Email Address

**DETAILS OF OTHER VEHICLE PROPERTY 3**

Vehicle Registration Number SHC1504X  
Vehicle Make/Model/Colour  
Details Of Properties  
Name of Driver SYED MOHAMMAD TAHIR BIN SYED ARIFFIN ALKADREE  
NRIC/Passport Number S1557924B  
Contact Number 90044855  
Address  
Postcode  
Insurance Company Name INDIA INTERNATIONAL INSURANCE PTE LTD  
Nature Of Damage  
No. Of Passenger (Including Driver)

**Details of Witness**

Name  
Phone Number  
Email Address

**DETAILS OF INJURED PERSON 1**

Name GOH CHEK MENG  
Approximate Age  
Injuries Sustain  
Injured person in which vehicle? SLR7418X  
Were seat belts worn?  
Was injured conveyed to hospital by ambulance?  
Address BLK 686 HOUGANG STREET 61 #12-172 SINGAPORE  
Postcode 530686

**DETAILS OF INJURED PERSON 2**

Name PASSENGER  
Approximate Age  
Injuries Sustain  
Injured person in which vehicle? SLR7418X  
Were seat belts worn?  
Was injured conveyed to hospital by ambulance?  
Address  
Postcode

## Accident Sketch Plan Pg. 1

### SKETCH PLAN

#### 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 liability.
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. The report will be forwarded by 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 lodgment 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.
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.
- (d) my Personal Information will also be collected and used to compile claims history for the purpose of fraud detection, investigation and management in present and all future claims.
- (e) the information so collected under (d) above may be shared / disclosed:
  - (i) to all insurers and/or any other third parties that assist in evaluating, investigating, controlling or managing fraud, 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.



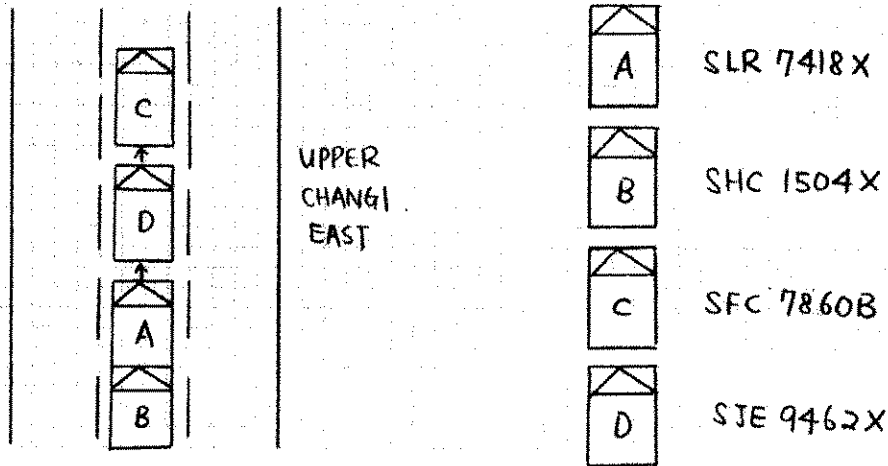
Policyholder's Signature  
Date & Time:

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

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

# Individual Statement Pg. 1

## SKETCH PLAN



## DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

On 22.11.2017 @ 0915 hrs, I was driving my car SLR7418X with one female passenger along Upper Changi East on Lane 2. I was travelling behind one car SJE9462X and keeping in a safe distance. SJE9462X applied brake to stop, my car followed suit and my car managed to stop in time. Seconds later, one Comfort taxi SHC1504X collided onto my car behind, the great collision impact caused my car to surge forward and collided onto the rear portion of SJE9462X.

After the accident, we alighted from our vehicles to check on the damages. I then realized it was a chain collision involving SFC7860B being 1<sup>st</sup> vehicle; SJE9462X being 2<sup>nd</sup> vehicle, my car SLR7418X being 3<sup>rd</sup> vehicle and SHC1504X being the last vehicle. I asked my passenger whether she was injured and she stated her leg slightly scratched then she left the accident scene. We exchanged particulars. I felt backache and neck pain so I will consult doctor if my pain persisted.

*[Signature]* 22/11/17

## DECLARATION

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

*[Signature]*  
Policyholder's Signature  
Date & Time:

*[Signature]* 22/11/17 1208hrs  
Driver's Signature  
(If driver is not the policyholder)  
Date & Time:

*[Signature]*  
Reporting Centre Personnel's Signature  
Name:  
NRIC/FIN No.: