

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	04/12/2017 11:06
Date Of Accident	02/12/2017 17:05
Exact Location Of Accident	ALONG WOODLANDS AVE 12
Country/State of Loss	SINGAPORE
DETAILS OF OWN VEHICLE	
Vehicle Registration Number	GBB7769K
Insured/Policyholder	
Name Of Registered Owner	SELECT GROUP LTD
Co Reg No	199500697Z
Email Address	MAGDALENE@SELECT.COM.SG
Mobile Phone No	
Alternative Phone No	OFFICE-68878321
Vehicle Particulars	
Manufacturer	TOYOTA
Model	DYNA 150 MANUAL 3SEATER
Exact Purpose for which vehicle was being used at time of accident	COMMERCIAL 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	COMMERCIAL VEHICLE
Insurance Company	
Name of Insurance Company	TOKIO MARINE INSURANCE SINGAPORE LTD
Type Of Coverage	COMPREHENSIVE
Fleet Policy	NO
Policy Number	17-MB010216-R07
Cover Note Number	01/07/2017 - 30/06/2018
Driver	
Name of Driver	DURASAMY GOKULAN
NRIC No	G3097812P
Date Of Birth	19/03/1989
Occupation	OUTDOOR
Date Of Driving Pass	06/01/2017
Driving Experience	0 YEAR AND 10 MONTH
Gender	MALE
Mobile Number	(LOCAL) +65-81421070
Fax Number	
Contact Number	
EEmail Address	NOEMAIL

Address	C/O 24A SENOKO SOUTH RD #01-01
Postcode	758099
Was driver an employee of the Insured's Company	YES
If No, Relationship of the Driver with the Insured	
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

ON 2/12/2017@5.05PM, I WAS DRIVING MY VEHICLE (GBB7769K) ON THE WAY BACK OFFICE. ALONG WOODLANDS AVE 12, BEFORE THE YELLOW BOX, THE MOTORCYCLE IN FRONT OF ME STOPPED SUDDENLY. I IMMEDIATE E-BRAKE TO AVOID THE SAID MOTORCYCLE. UNFORTUNATELY, THE VAN (GBE8369J) BEHIND ME, COLLIDED ONTO MY REAR. NO ONE INJURED. WE EXCHANGED OUR PARTICULARS AND LEFT

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	GBE8369J
Vehicle Make/Model/Colour	
Details Of Properties	
Name of Driver	MUHAMMAD HANAFEE BIN MOHD KHAIRI
NRIC/Passport Number	S9017983G
Contact Number	90091461
Address	
Postcode	
Insurance Company Name	
Nature Of Damage	
No. Of Passenger (Including Driver)	

Details of Witness

Name	
Phone Number	
Email Address	

Sketch Plan

SKETCH PLAN

VEHICLE NO.: 9BBT769K

INSURER : TOKIO

DATE & TIME: 2/12/2017 @ 5:05pm

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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.
- (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: Wendy
NRIC/FIN No.: 4/12/2017
(45)

1. 2

Woodland Ave 12

Woodland Ave 12

A: GBB 7769 K

B: GBE 8369 J

Muhammad Hanafee Bin Mohd Khairi

S90179836

HP: 90091461

motorcycle

On 2/12/2017 @ 5:05 pm, I was driving my vehicle (GBB 7769K) on the way back office. Along the woodland Ave 12, before the yellow box, the motorcycle in front of me stopped suddenly. I immediately e-brake to avoid the said motorcycle. Unfortunately the van (GBE 8369J) behind me, collided onto my rear. No one was injured. We exchanged our particulars and left.

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



Select Group Limited



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

Wendy 4/12/17
e Personnel's Signature
YS

() Claim Own Policy () Claim Third Party () Reporting Only
() Claim OD/TP at other workshop ()

Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



SCENE



SCENE



SCENE

