

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	06/12/2017 15:29
Date Of Accident	05/12/2017 11:30
Exact Location Of Accident	DAIRY FARM ROAD
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SJK4275X
Insured/Policyholder	
Name Of Registered Owner	MINISTRY OF DEFENCE
Co Reg No	V080000H
Email Address	NOEMAIL
Mobile Phone No	
Alternative Phone No	OFFICE-98761616

Vehicle Particulars

Manufacturer	HONDA
Model	ACCORD-2.0 (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 CAR

Insurance Company

Name of Insurance Company	TOKIO MARINE INSURANCE SINGAPORE LTD
Type Of Coverage	COMPREHENSIVE
Fleet Policy	NO
Policy Number	17-MB022998-R07

Cover Note Number

Driver

Name of Driver	ONG CHEE MIN (WANG QIMIN)
NRIC No	S8010966J
Date Of Birth	15/04/1980
Occupation	INDOOR
Date Of Driving Pass	21/08/2000
Driving Experience	17 YEARS AND 3 MONTHS
Gender	FEMALE
Mobile Number	
Fax Number	
Contact Number	
Email Address	NOEMAIL

Address BLK 450 BUKIT PANJANG RING ROAD #09-587
 Postcode
 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? YES
 If Yes, Please state which Police Station
 POLICE STATION NAME [OTHER] BUKIT PANJANG NPC
 Was notice of intended Prosecution given? NO
 If Yes, against whom?

Circumstances of Accident

On the 5 December 2017 at about 1130hours, I was driving my vehicle SJK 4275X along a slip road below the Upper Bukit Timah Road flyover to Upper Bukit Timah Road. The traffic was moderate at that point of time. I stopped my vehicle before entering into Upper Bukit Timah Road to check for oncoming traffic before the turn. While waiting, I felt a hit at the back of my vehicle. When I came out to take a look, I saw that vehicle SHC 7987X had hit onto the rear bumper of my vehicle causing a massive dent. I had checked with the driver about the accident and he informed that he had presumed that I had drove my vehicle off. After which we exchanged our particulars and left the area. My vehicle is not fitted with a car-cam. No one was injured during the accident. This is the first such incident that happened.

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 SHC7987X
 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

SKETCH PLAN

IMPORTANT NOTICE

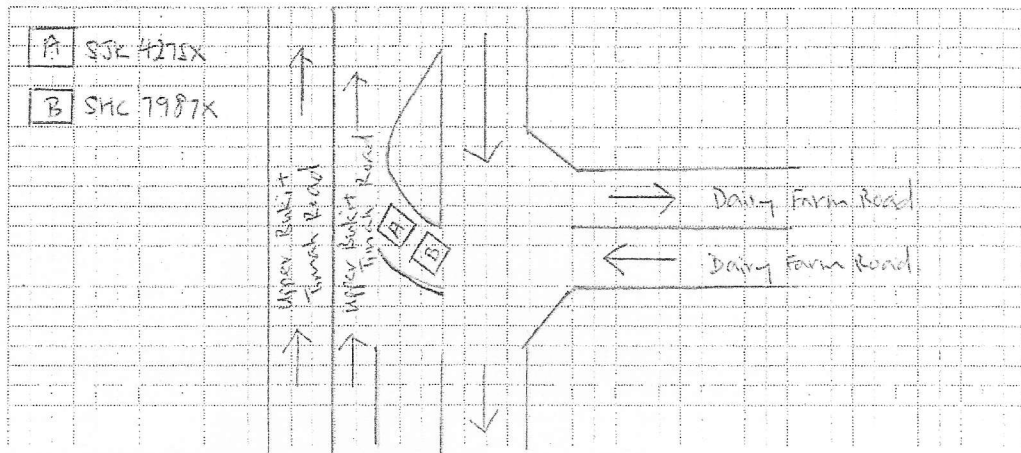
1. Please report **correctly** the details of the accident to **your** insurer as soon as possible.
2. This form must be completed by **you** and returned to **your** insurer.
3. Information provided must be **truthful and accurate** as possible. Any false or misleading information may affect insurance coverage and may constitute an offence under the Insurance Act.
4. The issue and acceptance of this form by insured persons is a part of the normal business of the insurer and does not constitute an admission of liability.
5. **Any false report may be referred to the police for investigation.**
6. The report will be forwarded by the insurer to the Director of Motor Vehicle Insurance, Insurance Association of Singapore (IAS) for archiving and for use in the event of a dispute between the insured and the insurer.
7. At the moment of this report to the insurer, you must be **aware** of the fact that the report is being made available to the insurer.
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 Corporation of Singapore (GIC) may use my Personal Information to process my personal data and/or to provide services to me and/or to provide services to other insured persons who have insured vehicles involved in this accident shall be collected, referred to, the "Insurer", the Monetary Authority of Singapore and any relevant government agencies for the purpose of:
 - (i) processing, handling and/or dealing with my claims; handling my insurance; or the investigation and/or early investigations relating to the claims;
 - (ii) investigating the accident and/or my claims;
 - (iii) carrying out and/or dealing with my instructions or requests in my capacity as a policyholder;
 - (iv) administering my claims (including the handling of my claims and/or my insurance policy which could involve disclosure of certain personal data and/or information relating to the accident and/or the external cover of envelope/mail packages); and/or
 - (v) complying with applicable law in administering, processing, handling and/or dealing with my claims, including the "Purposes".
 - (b) all insurer(s) who have insured vehicle(s) involved in the accident and the Monetary Authority of Singapore may use my Personal Information to collect, use, disclose and/or process my Personal Information and/or vehicle(s) of the above (a) and/or;
 - (c) my Personal Information may/can be disclosed by my insurer(s) and/or the Monetary Authority of Singapore to agents including their lawyers/law firms, which may be used for the purpose of the above (a) and/or;
 - (d) my Personal Information will also be collected and used to compile claim history for the purpose of fraud 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 required by law; and
 - (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)

Sketch Plan Pg. 2

SKETCH PLAN



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

On the 5th Dec 2017 at about 1130hrs, I was driving my vehicle SJK 4275X along a slip road below the Upper Bukit Timah Road Flyover to Upper Bukit Timah Road. The traffic was moderate at that point of time. I stopped my vehicle before entering into Upper Bukit Timah Road to check for oncoming traffic before the turn. While waiting, I felt a hit at the back of my vehicle. When I came out to take a look, I saw that vehicle SHC 7987X had hit onto the rear bumper of my vehicle causing a massive dent. I had checked with the driver about the accident and he informed that he had presumed that I had drove my vehicle off. After which we exchanged our particulars and left the area. My vehicle is not fitted with a car-cam. No one was injured during the accident. This is the first such incident that happened.

DECLARATION

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

Rahm
Policyholder's Signature

Date & Time:

6/12/2017 11:45 hrs



Scheer 5/12/17 1145 hrs
Driver's Signature

(If driver is not the policyholder)

Date & Time:

Jenny Lim
Reporting Centre Personnel's Signature

Name:

NRIC/FIN No.:

Jenny Lim
S6927273H