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 <u>truthful and accurate</u> 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 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

aforesaid.	ent to the archiving of this report at the centre and to copies of the report being made available
	ACCIDENT STATEMENT
Date Of Report	21/02/2018 14:14
Date Of Accident	16/02/2018 12:20
Exact Location Of Accident	BRADDELL RD TWDS BISHAN
Country/State of Loss	SINGAPORE
D	ETAILS OF OWN VEHICLE
Vehicle Registration Number	SGM9515X
Insured/Policyholder	
Name Of Registered Owner	ASCOTT CAR RENTAL PTE LTD
Co Reg No	201431143G
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-81448822
Alternative Phone No	OFFICE-81448822
Vehicle Particulars	
Manufacturer	VOLKSWAGEN
Model	JETTA 1.4 TSI AUTO 1K21Q5 7 SPD
Exact Purpose for which vehicle was being used at time of accident	PRIVATE 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-MI001390-R00
Cover Note Number	

Driver

Name of Driver

LEE HONG XUAN

NRIC No

S9040623Z

Date Of Birth

24/10/1990

Date Of Birth 24/10/1990
Occupation INDOOR
Date Of Driving Pass 15/07/2011

Driving Experience 6 YEARS AND 7 MONTHS

Gender MALE

Mobile Number (LOCAL) +65-94243147

Fax Number

Contact Number OFFICE-94243147

EMail Address NOEMAIL

Address BLK 418 HOUGANG AVENUE 8

#05-962

Postcode 530418

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

-

NO

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 Number of vehicles involved in the accident 3

Was any body injured in the Accident? NO

Was any injured conveyed to hospital by ambulance?

Was any other material or property damaged? YES

I have been approached by unknown person(s) soliciting/offering accident claims assistance.

Number of Passengers (Including Driver) 6

Passenger 1 NAME: : -

GENDER: : MALE

Passenger 2 NAME: : -

GENDER: : FEMALE

Passenger 3 NAME: : -

GENDER: : MALE

Passenger 4 NAME: : -

GENDER: : FEMALE

Passenger 5 NAME: : -

GENDER: : FEMALE

Details of Police Action

Was the accident reported to the police?

If Yes, Please state which Police Station

Was notice of intended Prosecution given? NO

If Yes, against whom?

Circumstances of Accident

ON STATED DATE AND TIME, I WAS TRAVELLING ALONG BRADDELL RD. VEHICLE C TRAVELLING ALONG LANE 4 FILTERED TO LANE 5. IN A RESULT VEHICLE C HIT ONTO VEHICLE B REAR RIGHT PORTION. AFTER THE COLLISION, VEHICLE B MOVE FORWARD AND HIT ONTO MY VEHICLE REAR PORTION.

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 SKT4542R

Vehicle Make/Model/Colour

Details Of Properties

Vehicle Category PRIVATE CAR

Name of Driver

NRIC/Passport Number

Contact Number

Address Postcode

Insurance Company Name

Nature Of Damage

No. Of Passenger (Including Driver)

DETAILS OF OTHER VEHICLE PROPERTY 2

5

Vehicle Registration Number SGK8978K

Vehicle Make/Model/Colour

Details Of Properties

Vehicle Category PRIVATE HIRE

Name of Driver

NRIC/Passport Number

Contact Number

Address Postcode

Insurance Company Name

Nature Of Damage

No. Of Passenger (Including Driver) 3

Accident Sketch Plan

SKETCH PLAN

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- Any false reporting may be referred to the Police for investigation.
- 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.
- 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 ;
 - 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:
 - 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: Oriver's Signature (If driver is not the policyholder)

Date & Time:

Reporting Centre Personnel's Signature Name:

NRIC/FIN No.:

Accident Sketch Plan

TCH PLAN		
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CLARATION TO THE ION OF THE ION O	ing particulars are true in every respect.	Maria
211035	/	Reporting Centre Personnel's Signature
licyholder's Signature	Driver's Signature	Reporting Centre Personnels Signature

Accident Sketch Plan

CONFIDENTIAL

Annex E

NOTICE OF COMPLIANCE

This is to confirm that Lee Hong Xuan, \$9040623Z has reported to the Police a non-injury traffic accident which occurred along Braddell Road on 16/02/2018 at 1221 pm involving the following vehicles: \$GM9515X (Black Volkwagan), \$JT4542R (Black Toyota) \$7616957H Ang Chun Hua contact: 93380797 and \$GK8978K (Red Toyota Wish) \$8626103J Khoo Wyn Seng Brandon contact: 96370496.

2 If this accident was reported to the Police within 24 hours of its occurrence, Then he/she has complied with Sec 84(2) of the Road Traffic Act, Cap 276.

Rank/Name of Issuing Officer: SSGT Robin Teo

Date: 16/02/2018

Time: 1336hrs

HOUGANG NPC 00 HOUGANG AVE 9 SINGAPORE 538775 TEL: 1600-4600099

S/D Ref: 40

Police Post/Unit: Hougang NPC

Original – to be issued to informant Duplicate – to be submitted to Traffic Police

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Version as of 15 Jan 2002



























