

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 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	26/02/2018 14:21
Date Of Accident	24/02/2018 10:40
Exact Location Of Accident	AT 5 CHANDER ROAD
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SJM4541B
Insured/Policyholder	
Name Of Registered Owner	LYE SIONG WOH
NRIC No	S7109928H
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-97955883
Alternative Phone No	OFFICE-97955883

Vehicle Particulars

Manufacturer	HYUNDAI
Model	HD
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	PRIVATE CAR

Insurance Company

Name of Insurance Company	TOKIO MARINE INSURANCE SINGAPORE LTD
Type Of Coverage	COMPREHENSIVE
Fleet Policy	NO
Policy Number	18-MJ000127-R00
Cover Note Number	

Driver

Name of Driver	LYE SIONG WOH
NRIC No	S7109928H
Date Of Birth	19/03/1971
Occupation	INDOOR
Date Of Driving Pass	28/05/1994
Driving Experience	23 YEARS AND 8 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-97955883
Fax Number	
Contact Number	OFFICE-97955883
EMail Address	NOEMAIL

Address	BLK 164 TAMPINES STREET 12 #09-289
Postcode	521184
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
Number of vehicles involved in the accident	
Was any body injured in the Accident?	YES
Was any injured conveyed to hospital by ambulance?	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

REFER TO BELOW STATEMENT/SKETCH PLAN

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	GZ4801C
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	COMMERCIAL VEHICLE
Name of Driver	
NRIC/Passport Number	
Contact Number	
Address	
Postcode	
Insurance Company Name	CHINA TAIPING INSURANCE (SINGAPORE) PTE. LTD.
Nature Of Damage	
No. Of Passenger (Including Driver)	

DETAILS OF INJURED PERSON 1

Name	LYE SIONG WOH
Approximate Age	

Injuries Sustain

Injured person in which vehicle?

SJM4541B

Were seat belts worn?

YES

Was this injured conveyed to hospital by ambulance?

Address

BLK 164 TAMPINES STREET 12 #09-289

Postcode

521184

SKETCH PLAN

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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:

24/2/18 12:25

Driver's Signature

(If driver is not the policyholder)

Date & Time:

24/2/18 12:25

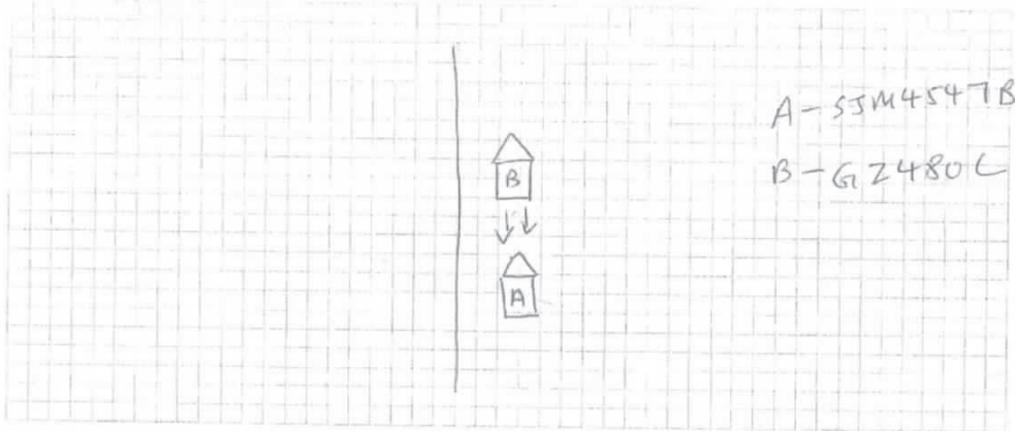
Think One Autocare Pte Ltd
 18 Defu Lane Avenue
 Singapore 539522
 Tel: 6844 3300 Fax: 6842 4981

Reporting Centre Personnel's Signature

Name:

NRIC/FIN No.:

SKETCH PLAN



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

On 24/2/2018 at 10.38am, I was on the way to pick up a passenger at S Chander Road. When I turned into Chander Road, the lorry was in front of me. I was at a safety distance. At the bend, he stopped the vehicle. As I was behind and hit the lorry, I stopped too. Then he reversed his lorry onto my car.

DECLARATION

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


 Policyholder's Signature
 Date & Time: 24/2/18 10:25


 Driver's Signature
 (If driver is not the policyholder)
 Date & Time: 24/2/18 12:25

Think One Autocare Pte Ltd
 18 Defu Lane Avenue
 Singapore 539522
 Tel: 6844 3300 Fax: 6842 4088


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

Date of Accident : 24/2/2018 Accident Time: 10.38hrs (24-HR-Format)

Accident Place : At 5 Chander Road

Vehicle No. (Car Plate No.) : SJM4547B Make/Model: Hyundai HD

Insurance Company : TM Policy No: MJ000127

Owner or Company Name /IC No. : Lye Siang Woh / 571099281

Owner or Company Contact No. : _____ Owner's Hp 9795 5883 Company Tel _____

DRIVER'S Name / IC No. : as above

DRIVER'S Date Of Birth : 19/3/1971 DRIVER'S License Pass Date 28/5/1994

Relationship of Owner & Driver : Spouse \ Parents \ Children \ Sibling \ Employee \ Others: owner

DRIVER'S Address : Blk 164 Tampines St 12 #09-289 5521184

DRIVER'S Contact No./ Alt No. : 1) _____ 2) _____

DRIVER'S Occupation : INDOOR \ OUTDOOR (e.g. working inside or outside office)

Email Address : _____

Weather & Road Surface : CLEAR & DRY \ RAINING & WET \ AFTER RAIN & WET

Reporting Type : Reporting Only \ Claim Other Party \ Claim Own Insurance

Number of Passengers (Including Driver): NO

Was there any video Captured by car camera: YES \ NO

Exact purpose for which vehicle was being used at the time of accident: Private use \ Work purpose

Any Injury (If YES, Pls state): yes

Other Party Driver's Particular (if any)

Vehicle No: <u>GZ480C (China)</u>	Vehicle No: _____
Vehicle Make/Model: _____	Vehicle Make/Model: _____
Name Driver: _____	Name Driver: _____
IC No. Driver/Contact: _____	IC No. Driver/Contact: _____

*** NEW - Passenger's name & gender:**

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Policyholder's Signature

Date & Time:

24/2/18 12:25



Driver's Signature

(If driver is not the policyholder)

Date & Time:

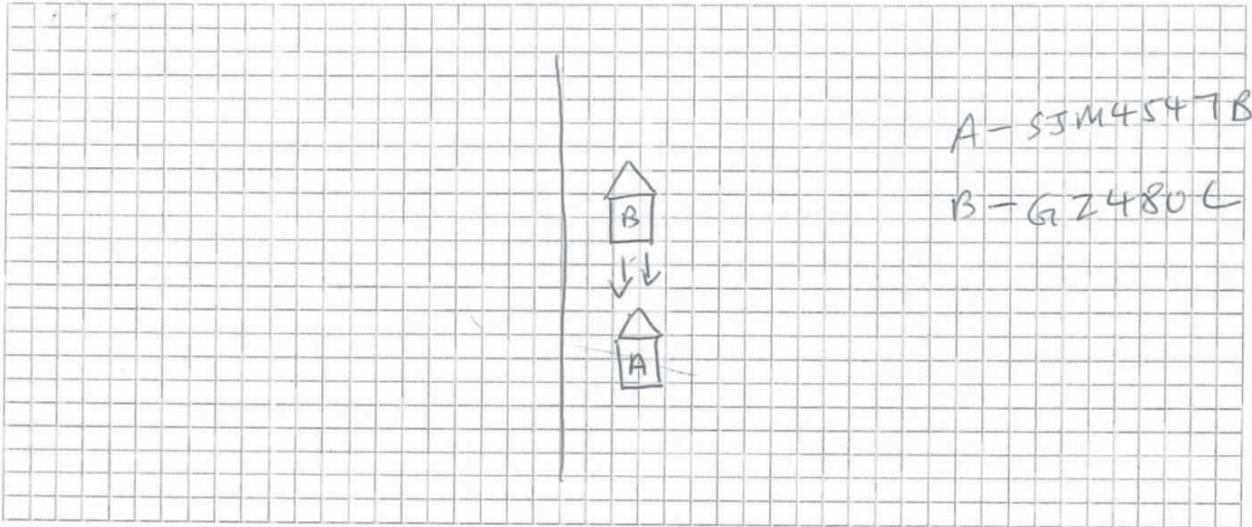
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Reporting Centre Personnel's Signature

Name:

NRIC/FIN No.:

SKETCH PLAN

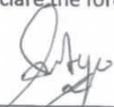


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