### 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.			
	ACCIDENT STATEMENT		
Date Of Report	08/03/2018 15:07		
Date Of Accident	20/12/2017 12:00		
Exact Location Of Accident	NO.19 KIM CHUAN TERRACE		
Country/State of Loss	SINGAPORE		
	DETAILS OF OWN VEHICLE		
Vehicle Registration Number	SKD1057D		
Insured/Policyholder			
Name Of Registered Owner	CAR COVE LEASING PTE LTD		
Co Reg No	201602573M		
Email Address	EDWIN@CARCOVE.COM.SG		
Mobile Phone No	(LOCAL) +65-87168228		
Alternative Phone No	OFFICE-87168228		
Vehicle Particulars			
Manufacturer	CITROEN		
Model	GRAND C4 PICASSO-1.6 EGS (A)		
Exact Purpose for which vehicle was being used at time of accident	CAR WAS AT THE WORKSHOP		
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	THIRD PARTY FIRE AND/OR THEFT		
Fleet Policy	NO		
Policy Number	17-MI000277-R00		
Cover Note Number			
Driver			
Name of Driver	TEO SENG HENG ,VICTOR		
NRIC No	S8415198Z		
Data Of Righ	25/05/1084		

 NRIC No
 \$8415198Z

 Date Of Birth
 25/05/1984

 Occupation
 INDOOR

 Date Of Driving Pass
 31/10/2007

Driving Experience 10 YEARS AND 1 MONTH

Gender MALE

Mobile Number (LOCAL) +65-87168228

Fax Number

Contact Number OTHERS-87168228

EMail Address EDWIN@CARCOVE.COM.SG

**BLK 272 TOH GUAN ROAD** Address

#12-77

Postcode 600272

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** 

FIRE, EXPLOSION OR LIGHTNING Type Of Accident

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? NO

Was any injured conveyed to hospital by

ambulance?

NO Was any other material or property damaged?

I have been approached by unknown person(s)

soliciting/offering accident claims assistance.

Number of Passengers (Including Driver) 0

**Details of Police Action** 

Was the accident reported to the police?

If Yes, Please state which Police Station

Police Station Name GEYLANG NEIGHBOURHOOD POLICE CENTRE

NO

YES

NO

ROAD: 132 PAYA LEBAR ROAD, POSTCODE: 409014, COUNTRY: Police Station Address

**SINGAPORE** 

Police Station Contact TEL NO: 1800-8486999 - FAX NO: 68486799

Was notice of intended Prosecution given?

If Yes, against whom?

#### **Circumstances of Accident**

PLEASE REFER TO POLICE REPORT G/20171220/2099

Attachment(s)

YES Are accident photos available for attachment? Was there any video captured by Car Camera? NO Was there any audio recorded? NO

#### Sketch Plan

#### SKETCH PLAN

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- 8. Consent under the Personal Data Protection Act (PDPA)

Lunderstand, 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)
  - (i) processing, handling and/or dealing with my claims including the settlement of the claims and any necessary
  - (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
- (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

Griver's Signature

(If driver is not the policyholder) Date & Time: 8 3 18

1145 Hours

## Sketch Plan #2

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	11 M
ESCRIBE CIRCUMSTAN	ICES OF THE ACCIDENT
TOTAL CINCUIVISTAN	CES OF THE ACCIDENT
	REFER TO POLICE REPORT.
	rticulars are true in every respect.
e declare the to egoing pa	rticulars are true in every respect.
	inticulars are true in every respect.
e declare the Dregging pa	rticulars are true in every respect.  Aux april 2018
e declare the Dregging pa	prider's Signature (if driver is not the policybolder)  The parting Centre Pegsopnel's Signature of the policybolders of the policybold
12/	and estos/sold





1 of 1

Report No. G/20171220/2099

## POLICE REPORT (NP299)

Police Station Of Origin Geylang N.P.C 132 Paya Lebar Road SINGAPORE 409014 Tel No: 1800-8486999

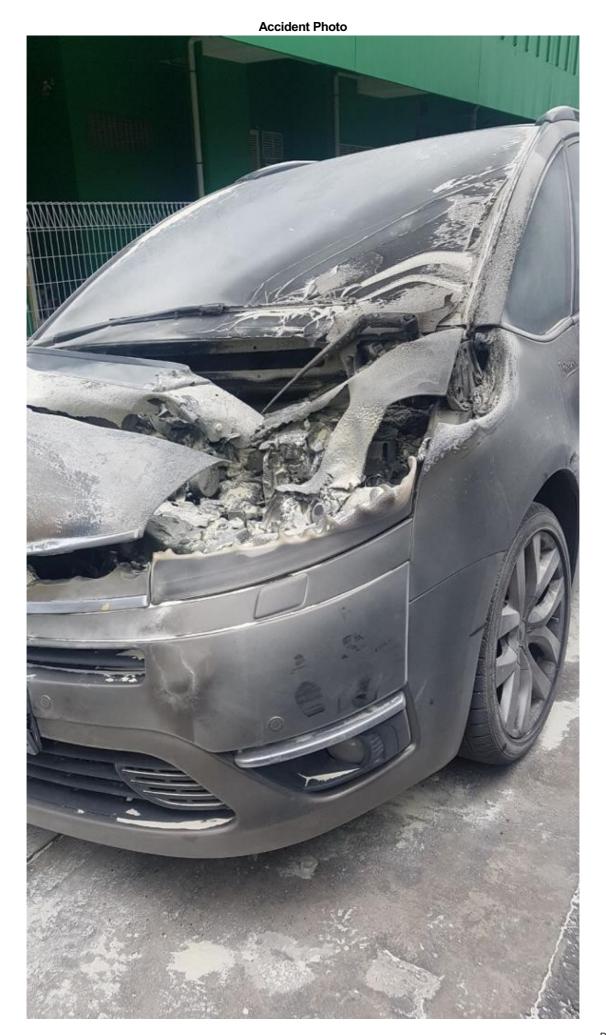
Date/Time Report Made 20/12/2017 15:24	Vide Report No.			Station Diary No 72
Name Of Informant TEO SENG HENG, VICTOR	Address APT BLK 272 TOH GUAN ROAD #12-77 SINGAPORE 600272			
ID Type / ID No. NRIC NO / \$8415198Z	Contact No. Home/Office		Mobile 87168228	
Nationality SINGAPORE CITIZEN	Email Address			
Occupation	Sex	Age	Date of Birth	Race
Car rental sales	Male	33	25/05/1984	Chinese
Institution/School Name	Language			
Date/Time Of Incident 20/12/2017 12:00	Location Of Incident 19 KIM CHUAN TERRACE TAI KIM INDUSTRIAL ESTATE SINGAPORE 537041			

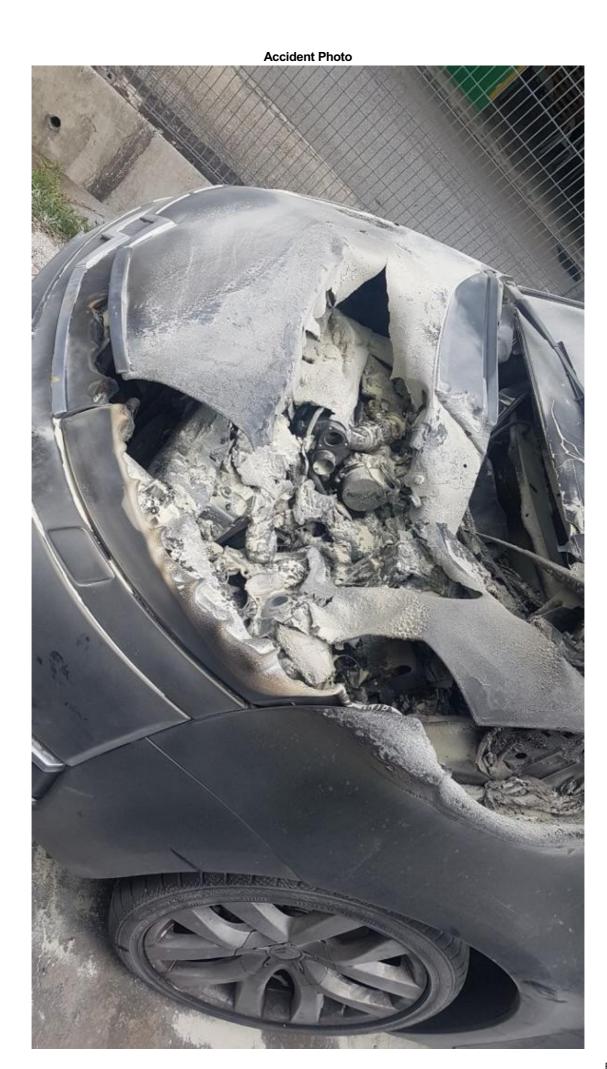
## Brief details.

On 20/12/2017 at around 1200hrs, I received a call from a workshop at 19 Kim Chuan Terrace. I was told by them that one of our company car that was placed there for repair had caught fire. I was told by them at it caught fire earlier on 20/12/2017 at around 0500hrs and was put out a passerby.

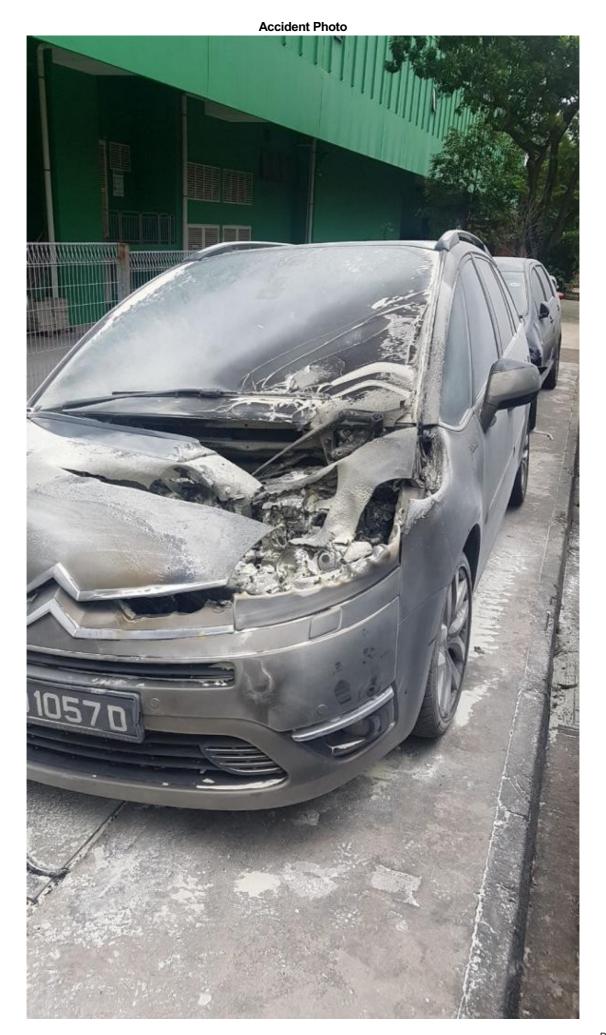
Signature Of Officer Recording The Report:	Signature Of Informant;		
G / Sgt 2 LING JUNXIAN	145		
Signature Of Interpreter: Not applicable	Date/Time: 20/12/2017 15:24		
Officer In-Charge Of Case: G / Bedok Police Divisional Investigation Branch / Insp DICKSON TAN LIP SHIN Contact No.: 62447200	Classification Of Case:		











# **Accident Photo**



#### **Addendum Sheet**



GENERAL INSURANCE ASSOCIATION OF SINGAPORE RECORDS MANAGEMENT CENTRE

6 Raffles Quay #16-00 Singapore 048360 Tel (65) 6224 0010 | Fax (65) 6224 0030 Diperating Hours Monday to Friday, 09:00 - 17:00 UEN 566500256 / GST Reg. No. 16400017735

Solicyholder / Driver's Date: 0.5 APR 2018

# IMPORTANT NOTE: Please submit the completed Addendum form to the same Authorised Reporting Centre with whom you submitted the Original Report. ADDENDUM (A) PARTICULARS OF PERSON MAKING THE AMENDMENTS: Original Report No : NN R II \$ 32622 Vehicle Registration No: Sk01054D Name as shown in NIIC : Car Care Leasing Pte Ltd NRIC/FIN/Passport No : Dol 602573M (\*Vehicle Driver (Vehicle Owner)(\*) Please delete as appropriate Singapore( Address Mobile No.: 8781 8338 Contact (Tel) Email Address \_\_Time of Accident : \_\_\_ 1300 HES Date of Accident : 20 . 12 - 20 19 Place of Accident : No 19 tim Chuan Terrace Insurance Company: Tokio Marina Insurance Singapore Ltd (B) ADDITIONALINFORMATION / AMENDMENTS: I have made a report on the above mentioned accident and would like to include additional information or make the following amendments: Amend Claim Type " Own Damage" to " Third Party

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Reporting Centre Personnel's Signature

Name: NRIC/FINNO Date: