

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	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
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

Address	BLK 272 TOH GUAN ROAD #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

Type Of Accident	FIRE, EXPLOSION OR LIGHTNING
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?	
Was any other material or property damaged?	NO
I have been approached by unknown person(s) soliciting/offering accident claims assistance.	NO
Number of Passengers (Including Driver)	0

Details of Police Action

Was the accident reported to the police?	YES
If Yes, Please state which Police Station	
Police Station Name	GEYLANG NEIGHBOURHOOD POLICE CENTRE
Police Station Address	ROAD: 132 PAYA LEBAR ROAD , POSTCODE: 409014 , COUNTRY: SINGAPORE
Police Station Contact	TEL NO: 1800-8486999 - FAX NO: 68486799
Was notice of intended Prosecution given?	NO
If Yes, against whom?	

Circumstances of Accident

PLEASE REFER TO POLICE REPORT G/20171220/2099

Attachment(s)

Are accident photos available for attachment?	YES
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)

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: 8/3/18

1145 Hours

Reporting Centre Personnel's Signature
Name: Res Li Wai Hoo
NRIC/FIN No.:

Sketch Plan #2

SKETCH PLAN

Викорона

DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

REFER TO POLICE REPORT.

DECLARATION

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



Policyholder's Signature _____
Date & Time: _____

Driver's Signature
(If driver is not the policyholder)

Date & Time: 2/3/12 1145 Hrs

Reporting Centre Personnel Signature

Name: _____
NRIC/FIN No: _____

Sketch Plan #3



**SINGAPORE
POLICE FORCE**



G/20171220/2099

1 of 1

POLICE REPORT (NP299)

Report No. G/20171220/2099

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 / S8415198Z	Contact No. Home/Office	Mobile 87168228
Nationality SINGAPORE CITIZEN	Email Address	
Occupation Car rental sales	Sex Male	Age 33
Institution/School Name	Date of Birth 25/05/1984	Race Chinese
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: G / Sgt 2 LING JUNXIAN	Signature Of Informant:
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:

Authentication Stamp
SINGAPORE
POLICE FORCE

SIGNATURE

Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Addendum Sheet



GENERAL INSURANCE ASSOCIATION OF SINGAPORE RECORDS MANAGEMENT CENTRE
 6 Raffles Quay #18-00 Singapore 048580
 Tel: (65) 6224 0010 Fax: (65) 6224 0030
 Operating hours: Monday to Friday, 09:00 - 17:00
 UEN: S665500206 / GST Reg. No.: MW20017735

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.: WNR 1180 32622 Vehicle Registration No.: SKD1059D
 Name (as shown in NRIC): Car Cove Leasing Pte Ltd NRIC/FIN/Passport No.: D01600573M
 (*Vehicle Driver / Vehicle Owner) (*) Please delete as appropriate
 Address: _____ Singapore ()
 Contact (Tel): _____ Mobile No.: 8781 8338
 Email Address: _____
 Date of Accident: 20.12.2018 Time of Accident: 1200 HRS
 Place of Accident: No 19 Kim Chuan Terrace
 Insurance Company: Tokio Marine Insurance Singapore Ltd

(B) ADDITIONAL INFORMATION / 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"

[Signature]
 Policyholder / Driver's Signature
 Date: 05 APR 2019



[Signature]
 Reporting Centre Personnel's Signature
 Name: Robert W. [Signature]
 NRIC/FIN No.: 05/04/2019
 Date: