

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	20/03/2018 13:47
Date Of Accident	16/03/2018 16:45
Exact Location Of Accident	JUNC OF WOODLANDS AVE 9 & ST 81
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SJF5625P
Insured/Policyholder	
Name Of Registered Owner	ASCOTT CAR RENTAL PTE LTD
Co Reg No	-
Email Address	NOEMAIL
Mobile Phone No	
Alternative Phone No	OFFICE-81450022

Vehicle Particulars

Manufacturer	HONDA
Model	FIT
Exact Purpose for which vehicle was being used at time of accident	PERSONAL 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 HIRE

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	RHYS PHENG WEI JIE
NRIC No	S8024690J
Date Of Birth	19/08/1980
Occupation	OUTDOOR
Date Of Driving Pass	19/06/2003
Driving Experience	14 YEARS AND 8 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-98877771
Fax Number	
Contact Number	
Email Address	NOEMAIL

Address	BLK 549 BEDOK NORTH AVE 1 #09-452
Postcode	460549
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	-
	-
	-

General Information of the Accident

Type Of Accident	COLLISION - CROSS JUNCTION
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

I STOP BEHIND A TRUCK ON THE TRAFFIC JUNC OF WOODLANDS AVE 9 & WOODLANDS ST 81 ON THE EXTREME LEFT LANE DUE TO RED LIGHT. SUDDENLY THE TRUCK REVERSING INTO MY PATH. AS THE RESULT, HIT ONTO MY VEH FRONT PORTION. AFTER THE INCIDENT, THE DRIVER SIGN ON THE PAPER ADMITTED HIS FAULT.

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	XE686K
Vehicle Make/Model/Colour	TRD1486R
Details Of Properties	
Vehicle Category	COMMERCIAL VEHICLE
Name of Driver	S V VIKNESH KUMAR
NRIC/Passport Number	S8739445Z
Contact Number	
Address	
Postcode	
Insurance Company Name	
Nature Of Damage	
No. Of Passenger (Including Driver)	

DETAILS OF INJURED PERSON 1

Name	RHYS PHENG WEI JIE
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Approximate Age

Injuries Sustain

Injured person in which vehicle?

Were seat belts worn?

Was this injured conveyed to hospital by ambulance?

Address

Postcode

BODY

SJF5625P

YES

NO

Accident 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.



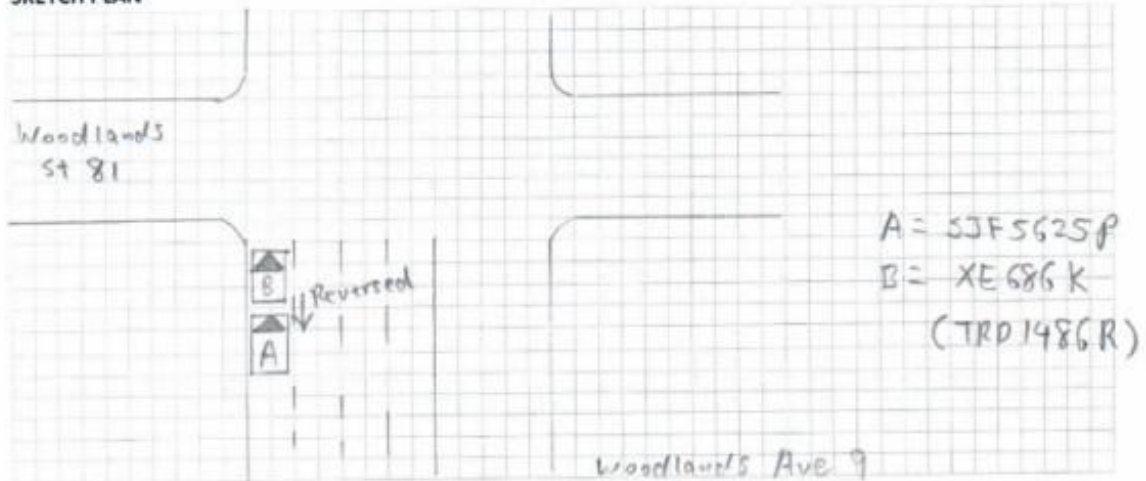
Policyholder's Signature
Date & Time:

Driver's Signature
(If driver is not the policyholder)
Date & Time:

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

Accident Sketch Plan

SKETCH PLAN



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

Please Refer to statement

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:

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

SCOTT & BENTON

YSL BEDOK CLINIC & SURGERY

BLK 539 BEDOK NORTH ST 3 #01-631 S 460539
TEL: 6245 2684 FAX: 6245 0043

MEDICAL CERTIFICATE

NO. M24250

NB: This certificate does not exempt the bearer from attending court.

Time In:	Time Out:	Date: 19/03/2018
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This is to certify that PHENG WEI JIE RHYS

NRIC S8024690J is unfit for work/school for 2 day(s)
from 19/03/2018 to 20/03/2018 inclusive.

Remarks:

DR SIEW MAN GAH
NOMINATED
MEDICAL OFFICER

DR SIEW MAN GAH

YSL BEDOK CLINIC & SURGERY
(wholly owned by QUALITAS HEALTHCARE PTE LTD)
BLOCK 539 BEDOK NORTH STREET 3 #01-631
SINGAPORE 460539
TEL: 6245 2684 FAX: 6245 0043

Notes

7. Suburban of record

Learning Honda Red car

On 16/03/18 @ 9:45 pm. At a red
traffic light junction. A trailer ~~16/03~~
1000 series and hit my car front.
The driver admit it's his mistake.

Phys.

Cont

VERWESH

[Signature]

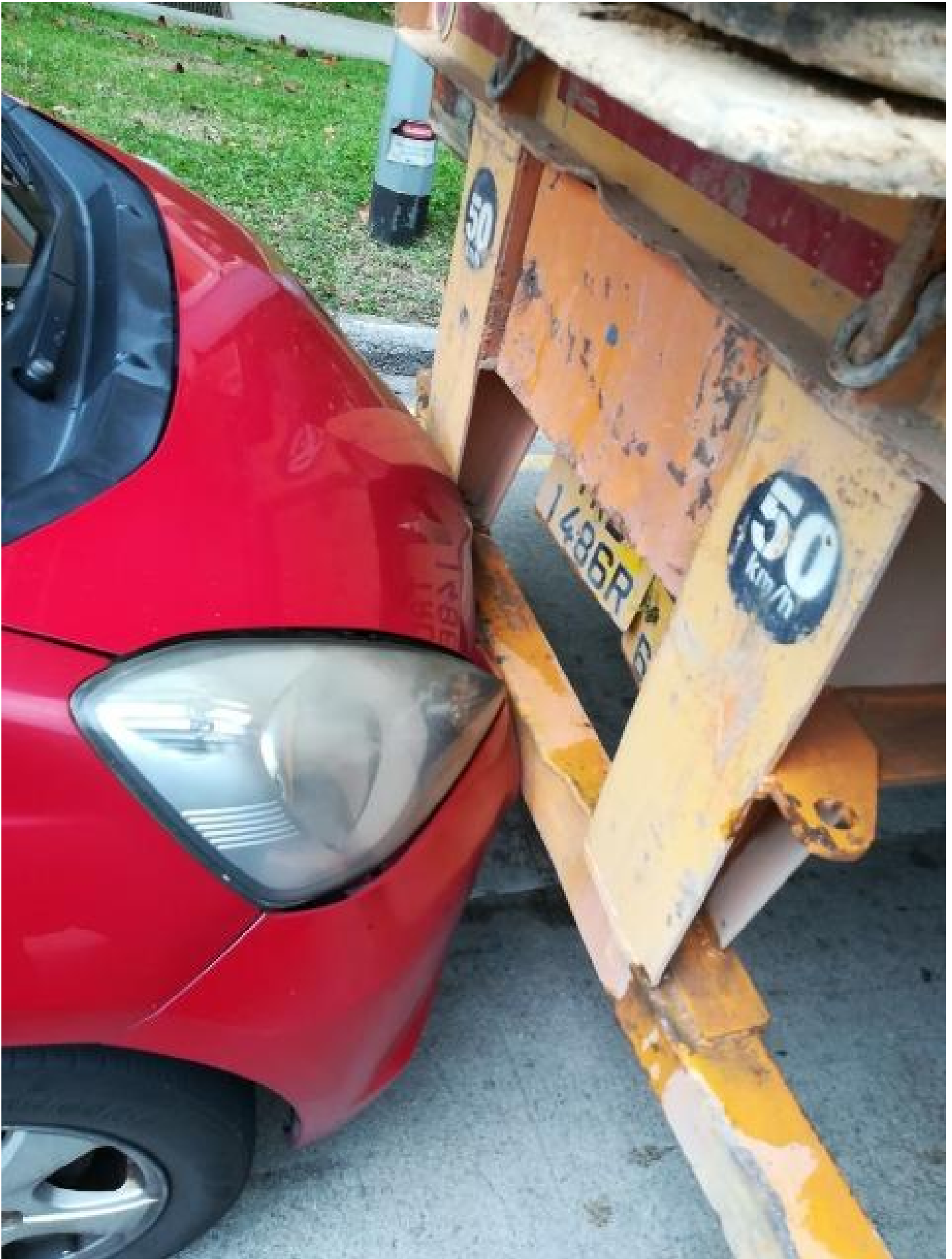
SB739445Z

HP: 97559622

Accident Photo



Accident Photo



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