

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 | 02/04/2018 16:33 |
| Date Of Accident | 01/04/2018 15:25 |
| Exact Location Of Accident | ALONG THE PREMISES OF THE WARREN (37 CHOA CHU KANG |
| Country/State of Loss | SINGAPORE |

DETAILS OF OWN VEHICLE

| | |
|-----------------------------|----------------------------|
| Vehicle Registration Number | SLK4439S |
| Insured/Policyholder | |
| Name Of Registered Owner | PRIME CARS LEASING PTE LTD |
| Co Reg No | 201508241D |
| Email Address | NOEMAIL |
| Mobile Phone No | |
| Alternative Phone No | OFFICE-88888888 |

Vehicle Particulars

| | |
|--------------|---------------|
| Manufacturer | HONDA |
| Model | VEZEL-1.5 (A) |

Exact Purpose for which vehicle was being used at time of accident

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-MH001484-R01 |
| Cover Note Number | |

Driver

| | |
|----------------------|------------------------|
| Name of Driver | NG KOK YONG, GERALD |
| NRIC No | S8407546I |
| Date Of Birth | 16/03/1984 |
| Occupation | INDOOR |
| Date Of Driving Pass | 17/01/2003 |
| Driving Experience | 15 YEARS AND 2 MONTHS |
| Gender | MALE |
| Mobile Number | (LOCAL) +65-96411011 |
| Fax Number | |
| Contact Number | |
| E-Mail Address | GERALD.NG.KY@GMAIL.COM |

Address BLK 101 GANGSA ROAD
#10-11
Postcode 670101
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 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? 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. NO
Number of Passengers (Including Driver) 3
Passenger 1
NAME: : NG MEILING GERALDINE
GENDER: : FEMALE
Passenger 2
NAME: : TANG AH LECK
GENDER: : FEMALE

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

ON 01/04/2018 AT ABOUT 1524HOURS AT ALONG THE PREMISES OF THE WARREN 37 CHO A CHU KANG S(689675). I WAS WAITING TO EXIT OUT THE MAIN ROAD KJE(PIE TUAS) AND SUDDENLY A VEHICLE (B) REVERSE AND HIT ONTO MY FRONT PORTION OF MY VEHICLE (A) CAUSING DAMAGES TO MY VEHICLE (A). I HAVE 2 PASSENGERS IN MY VEHICLE. (A) SLK4439S (B) SLG7056P

Attachment(s)

Are accident photos available for attachment? YES
Was there any video captured by Car Camera? YES
Remarks/ Reasons: PLS GET FROM WORKSHOP
Was there any audio recorded? NO

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number SLG7056P
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)

SKETCH PLAN

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7. By the lodging of this report to the Insurers, you hereby consent to the archiving of this report at the centre and to its upload to 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:

- (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 ("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 the purpose(s) of the above Purposes and
1. my Personal Information may be disclosed by any of the insurers and/or SIA to their third party such as consultants or agents including their lawyers/law firms, which may be located outside of Singapore, for one or more of the above Purposes;
 2. my Personal Information will be collected and used to generate a Data History for the purpose of fraud detection, investigation and management and to prosecute civil litigations;
 3. the Personal Information collection and/or usage may be shared, disclosed:
 - (i) to all insurers and/or any other third parties that assist in evaluating, investigating, controlling, managing, funding, 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:

[Handwritten Signature]

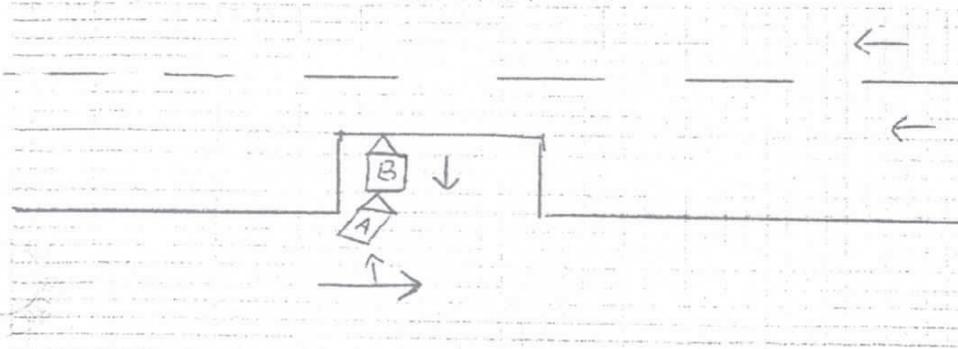
Driver's Signature
(If driver is not the policyholder)
Date & Time:

[Handwritten Signature]

Reporting Officer/Insurer's Signature
Name:
NIC/PIN No.:

SKETCH PLAN

KJE (PIE, TUAS)



Premises of The Warren (37 Choa Chu Kang, S(689675))

DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

On 01/04/2018 at about 1524 hours at along the premises of the Warren 37 Choa Chu Kang, S(689675).

I was waiting to exit out the main road KJE (PIE TUAS) and suddenly, a vehicle (B) reverse and hit onto my front portion of my vehicle (A) causing damages to my vehicle (A). I have 2 passengers in my vehicle.

(A) SLK4439S

(B) SLG7056P

DECLARATION

(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 Officer/Personnel's Signature
Name:
NRIC/PIN No.:

Handwritten signature of reporting officer