

## 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	20/04/2018 11:41
Date Of Accident	19/04/2018 11:40
Exact Location Of Accident	AT JUNCTION OF SHEARES AVE & MARINE BOULEVARD
Country/State of Loss	SINGAPORE

### DETAILS OF OWN VEHICLE

Vehicle Registration Number	SLR5285A
<b>Insured/Policyholder</b>	
Name Of Registered Owner	SUPREME LEASING & LIMOUSINE PTE LTD
Co Reg No	201710190R
Email Address	NOEMAIL
Mobile Phone No	
Alternative Phone No	OFFICE-88888888

### Vehicle Particulars

Manufacturer	TOYOTA
Model	SIENTA HYBRID-1.5 X CVT (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-MI000894-R00

Cover Note Number

### Driver

Name of Driver	LEONG JIN ING
NRIC No	S1535048B
Date Of Birth	05/01/1962
Occupation	OUTDOOR
Date Of Driving Pass	11/04/1983
Driving Experience	35 YEARS AND 0 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-96789613
Fax Number	
Contact Number	
EEmail Address	NOEMAIL

Address	BLK 842B TAMPINES ST 82 #13-30
Postcode	522842
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	SIDE SWIPE
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)	2
Passenger 1	
	NAME: : PASSENGER
	GENDER: : MALE

#### 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 19/04/2018 AT ABOUT 1140HRS AT JUNCTION OF SHEARES AVE AND MARINA BOULEVARD. I WAS TRAVELLING ON THE 2ND LANE FROM THE LEFT ALONG SHEARES AVE AND WHEN COMING TOWARDS THE ABOVE MENTIONED, I MADE A LEFT TURN INTO MARINA BOULEVARD. WHILE DOING SO, A VEHICLE (B) ON MY LEFT MOVING STRAIGHT AT A 'LEFT TURN ONLY' LANE WITHOUT CHECKING HIS BLINDSPOT AND WITHOUT CAUTIOUS HENCE COLLIDED ONTO MY WHOLE LEFT PORTION OF MY VEHICLE 'A' CAUSING DAMAGES TO MY VEHICLE. I HAVE ONE PASSENGER INSIDE MY VEHICLE. (A) SLR5285A (B) SHD3575Y

#### Attachment(s)

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

#### DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	SHD3575Y
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	TAXI
Name of Driver	
NRIC/Passport Number	
Contact Number	

Address

Postcode

Insurance Company Name

Nature Of Damage

No. Of Passenger (Including Driver)

#### DETAILS OF INJURED PERSON 1

Name

LEONG JIN ING

Approximate Age

Injuries Sustain

NECK AND BACK PAIN

Injured person in which vehicle?

SLR5285A

Were seat belts worn?

Was this injured conveyed to hospital by  
ambulance?

Address

Postcode

[illegible]

My Insurer, my work/club and the Central Insurance Association of Singapore ("CIA") may have "rights" 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:

- $\frac{d}{dt} \left( \frac{\partial L}{\partial v^i} \right) = \frac{\partial L}{\partial x^i}$

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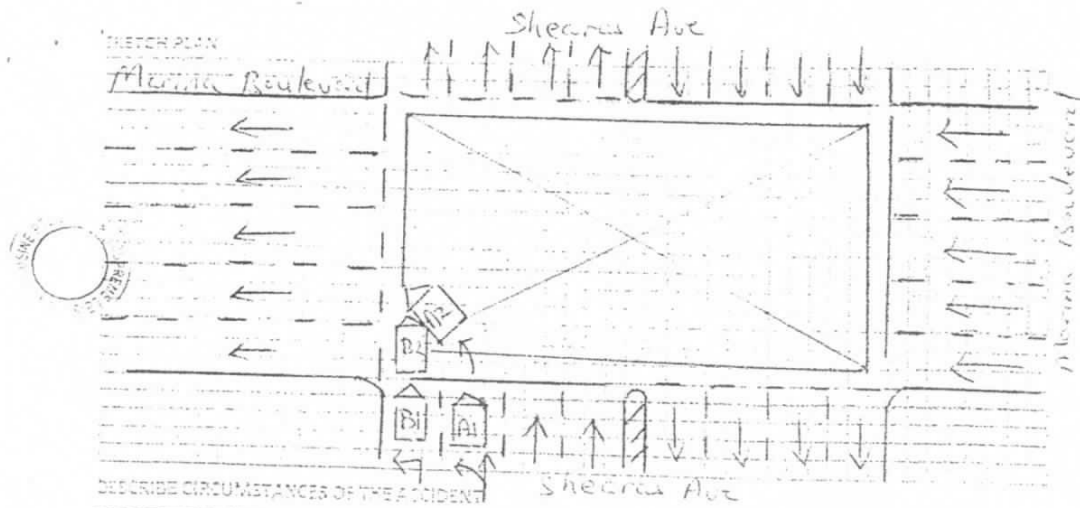
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(iv) administering my claims (including the mailing of correspondence, statements, notices, records or the approval), which could involve disclosure of certain personal data about me to third parties, reliability of the same as well as other external source of my input (mail agency, bank, etc.)



*[Handwritten signature]*

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DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

On 19/04/2018 at about 1140 hrs at Junction of Shearwater Ave and Marina Boulevard. I was travelling on the 2nd lane from the left along Shearwater Ave and when coming towards the above mentioned, I made a left turn into Marina Boulevard, while doing so, a vehicle (B) on my left moving straight at a 'LEFT TURN ONLY' lane without checking his blindspot and without caution, hence collided into my whole left portion of my vehicle (A) causing damages to my vehicle. I have one passenger inside my vehicle.

(A) SLR 5285H

(B) SHD 3575 Y

DECLARATION

I hereby declare that the information provided is true and correct.

Signature of Driver  
Date 27/04/2018

Signature of Witness  
Date 27/04/2018

Signature of Police Officer  
Date 27/04/2018