

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	02/05/2018 16:12
Date Of Accident	02/05/2018 12:10
Exact Location Of Accident	DRIVEWAY TOWARDS ALEXANDRA RETAIL CENTRE
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SLV9638T
Insured/Policyholder	
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	PRIUS ALPHA HYBRID-1.8 S 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	LOW BOON KIAT
NRIC No	S7723666Z
Date Of Birth	31/08/1977
Occupation	INDOOR
Date Of Driving Pass	19/05/2005
Driving Experience	12 YEARS AND 11 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-91165054
Fax Number	
Contact Number	
EEmail Address	NOEMAIL

Address	BLK 445 YISHUN AVE 11 #11-40
Postcode	760445
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?	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)	6
Passenger 1	NAME: : PASSENGER GENDER: : FEMALE
Passenger 2	NAME: : PASSENGER GENDER: : FEMALE
Passenger 3	NAME: : PASSENGER GENDER: : FEMALE
Passenger 4	NAME: : PASSENGER GENDER: : FEMALE
Passenger 5	NAME: : PASSENGER 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 02/05/2018 T ABOUT 1210HRS AT ALONG DRIVEWAY TOWARDS ALEXANDRA RETAIL CENTRE, NO.460 ALEXANDRA ROAD. I WAS TURNING RIGHT FROM ALEXANDRA ROAD INTO THE DRIVEWAY TOWARDS ALEXANDRA RETAIL CENTRE DROP OFF POINT. SUDDENLY A VEHICLE (B) FROM THE SLIP ROAD OF ALEXANDRA ROAD EXIT OUT WITHOUT STOPPING AND WITHOUT GIVING WAY TO MY MAIN TRAFFIC AND HENCE COLLIDED ONTO MY LEFT REAR PORTION OF MY VEHICLE (A) CAUSING DAMAGES TO MY VEHICLE. I HAVE 5 PASSENGERS INSIDE MY VEHICLE. (A) SLV9638T (B) SLB5145E

Attachment(s)

Are accident photos available for attachment?	YES
Was there any video captured by Car Camera?	YES

Remarks/ Reasons: PLS GET FROM W/S
Was there any audio recorded? NO

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number SLB5145E
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

IMPORTANT NOTICE

- 1. Please read the Terms and Conditions of Insurance before you complete this form.
- 2. The information provided by you will be used for the purposes of the insurance policy only.
- 3. Information provided must be truthful and accurate as possible. Any willful misrepresentation or withholding of material facts may allow insurers to rescind the policy.
- 4. The issuance or acceptance of this form by the insurer constitutes the formation of a policy by and on behalf of the insurer's company.
- 5. Claims for compensation may be referred to the Police for investigation.
- 6. This report will be forwarded by the insurers of the S.A. Roadside Management Corporation to the General Insurance Association of Singapore (GIAS) for statistical and operational purposes. The fee payable to GIAS is a contribution to the general fund.
- 7. A copy of this form and the relevant policy may be referred to the Police for investigation.
- 8. The information provided in this form may be used for the purposes of the insurance policy only.
- 9. Consent under the Personal Data Protection Act (PDPA):

I hereby give my knowledge, approval and consent that:

(i) My Insurer, my workshop and the General Insurance Association of Singapore (GIAS) may be 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 claim including the settlement of the claim and any necessary investigations relating to the claim;
- (ii) investigating the accident and/or 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 such's external cover of envelopes/mail packaging and/or

(v) completing and/or processing my claim (including a possible lawsuit or litigation) for a claim or settlement of my claim.

(ii) My Insurer, my workshop and the General Insurance Association of Singapore (GIAS) may be 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:

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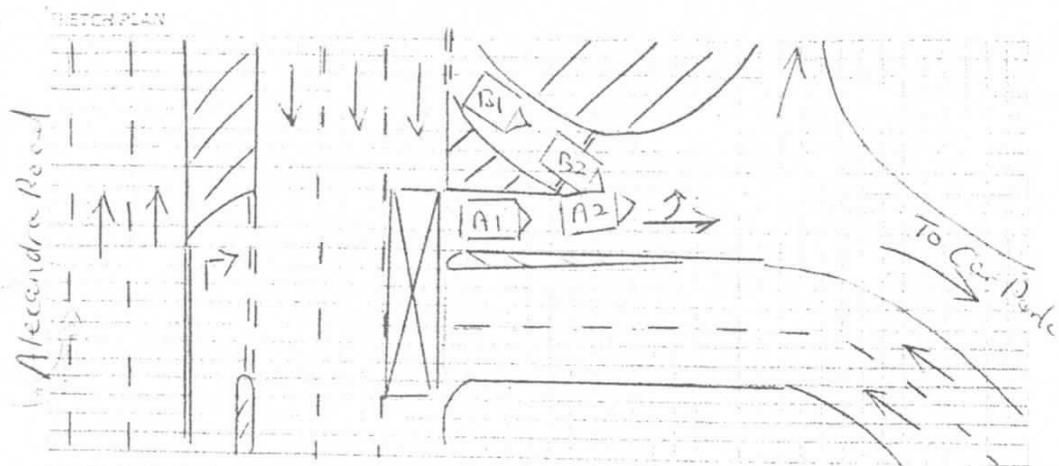
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[Signature]
 Name: *[Signature]*
 Address: *[Signature]*
 Date: *[Signature]*

[Signature]
 Name: *[Signature]*
 Address: *[Signature]*
 Date: *[Signature]*



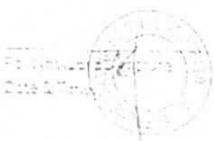
DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

On 02/05/2018 at about 12:10 hrs at along Driveway towards Alexandra Retail Centre, No 460 Alexandra Road. I was turning Right from Alexandra Road into the driveway towards Alexandra Retail Centre Drop off point. Suddenly a Vehicle (B) from the slip road of Alexandra Road exit out without stopping and without giving way to my main traffic and hence collided onto my left Rear Portion of my vehicle (A) causing damages to my vehicle. I have 5 passengers inside my vehicle.

(A) SUV 9638 T
 (B) SUV 5145 E

DECLARATION

I/We declare the foregoing particulars are true and correct.



[Signature]
 Signature
 (If different to the police officer)
 Date & Time

[Signature]
 Signature
 (If different to the police officer)
 Date & Time