

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	18/05/2018 11:35
Date Of Accident	12/05/2018 19:30
Exact Location Of Accident	ORCHARD TURN (TAKASHIMAYA DRIVE THRU)
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SKE9981C
Insured/Policyholder	
Name Of Registered Owner	KOOH GIN SHING
NRIC No	S7309148I
Email Address	ALOYSIUS@EMOTIVE-DESIGN.COM
Mobile Phone No	(LOCAL) +65-90210364
Alternative Phone No	Office-90210364

Vehicle Particulars

Manufacturer	MERCEDES-BENZ
Model	GLC 250-2.0 4MATIC (A)
Exact Purpose for which vehicle was being used at time of accident	PRIVATE 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 CAR

Insurance Company

Name of Insurance Company	TOKIO MARINE INSURANCE SINGAPORE LTD
Type Of Coverage	COMPREHENSIVE
Fleet Policy	NO
Policy Number	18-MT001837-R00
Cover Note Number	

Driver

Name of Driver	KOOH GIN SHING
NRIC No	S7309148I
Date Of Birth	12/03/1973
Occupation	INDOOR
Date Of Driving Pass	30/10/1995
Driving Experience	22 YEARS AND 6 MONTHS

Gender	MALE
Mobile Number	(LOCAL) +65-90210364
Fax Number	
Contact Number	OFFICE-90210364
E-Mail Address	ALOYSIUS@EMOTIVE-DESIGN.COM
Address	8 GEYLANG EAST AVENUE 2 #05-04
Postcode	389757
Was driver an employee of the Insured's Company	NO
If No, Relationship of the Driver with the Insured	OWNER
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?	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

STATEMENT RECORDED BY SOO - PROGRESSIVE AUTOMOTIVE PTE LTD (6741 5336) I GO OVERSEA IN THE NEXT DAY AFTER ACCIDENT HAPPEN. ATTACH ARE THE PASSPORT RECORD TO PROOF THAT I WAS NO IN SINGAPORE DURING THE PERIOD FOR 24 HOURS ACCIDENT REPORT LODGING PERIOD.

Attachment(s)

Are accident photos available for attachment?	YES
Was there any video captured by Car Camera?	YES
Was there any audio recorded?	NO

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	SHA1072K
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	TAXI
Name of Driver	KOH CHUAN HING
NRIC/Passport Number	S1456584A

Contact Number	96119786
Address	
Postcode	
Insurance Company Name	
Nature Of Damage	
No. Of Passenger (Including Driver)	

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.:

SKETCH PLAN

	Vehicle No
	A - SKE 9981C
	B - SHA 1072K

DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

On 13th May 2018 1928 hrs, I was driving to Takashimaya office tower going straight. I stopped for a few seconds to keep a look out of oncoming cars, once cleared I moved started to move off and a taxi turning for side road taking for granted & without keeping a proper look out came dashing into my side of my car.

DECLARATION

I/We declare the foregoing particulars are true in every respect. Please be advised that your insurer may have a 14 day clause whereby the claim against own policy must be made within the stipulated timeframe from the date of occurrence. Kindly check your policy for more details.

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 Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



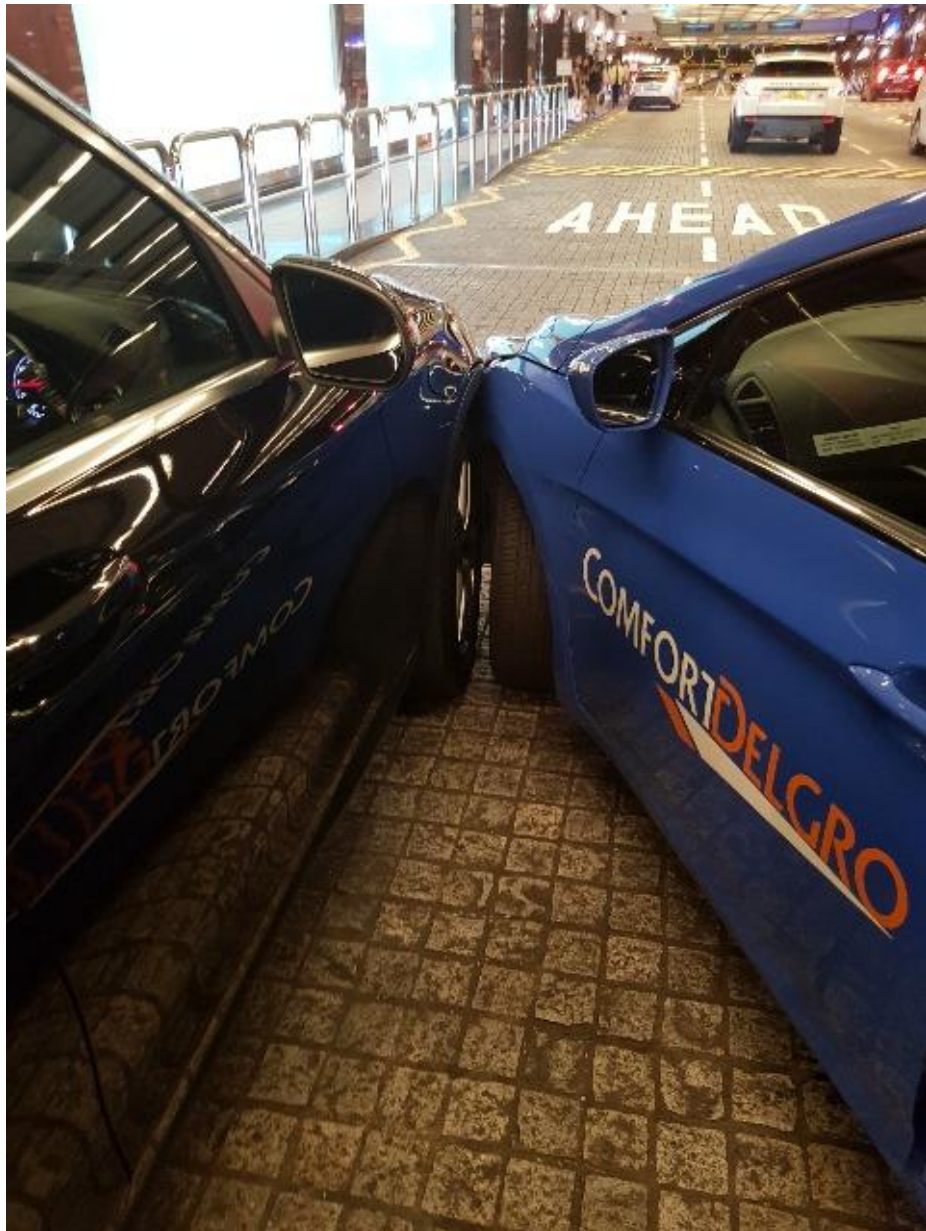
Accident Photo



Accident Photo



Accident Photo



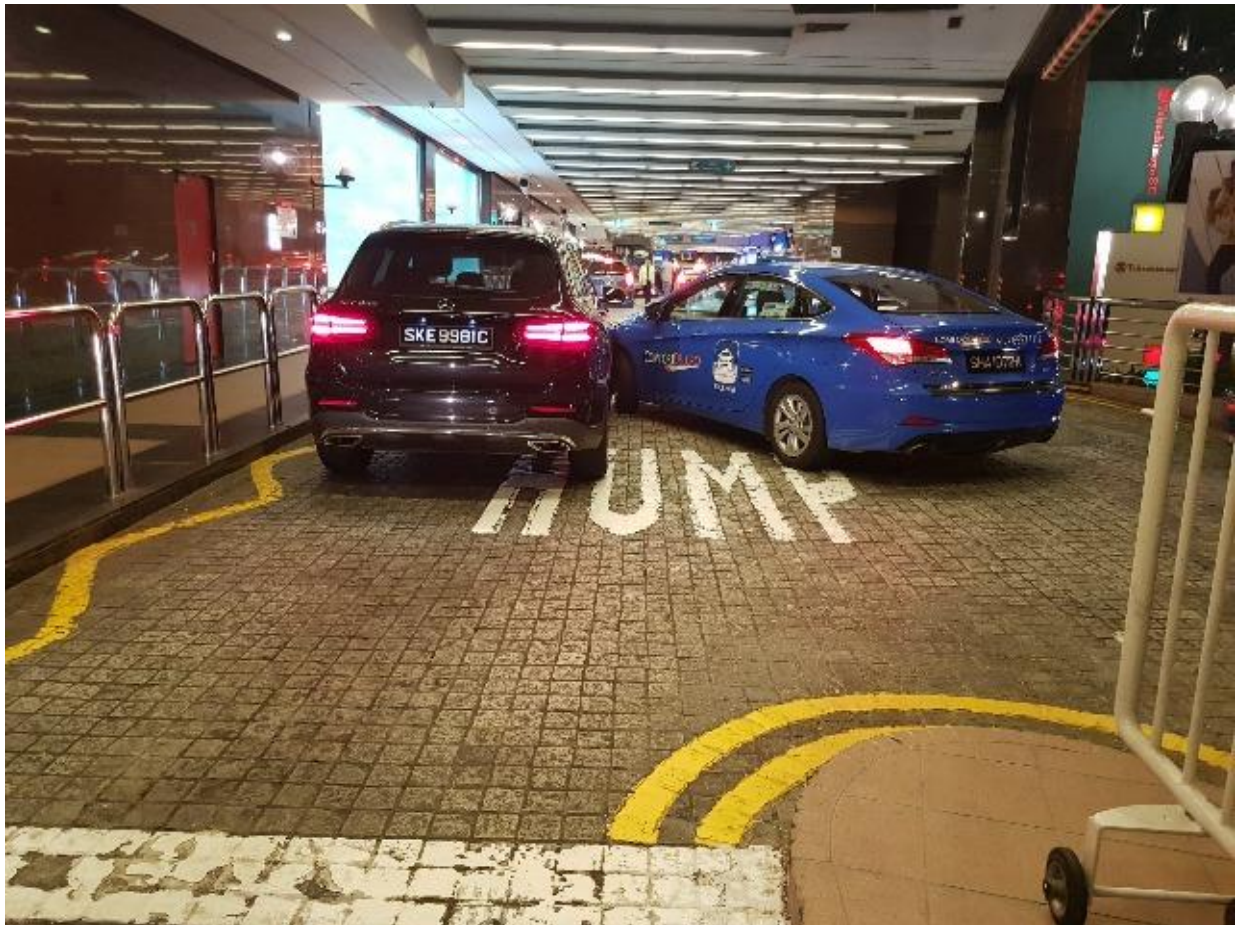
Accident Photo



Accident Photo



Accident Photo



[illegible]

THIS PASSPORT IS VALID FOR ALL COUNTRIES
EXCEPT THE FOLLOWING:

1

PASSPORT



REPUBLIC OF SINGAPORE

Type	Country Code	Passport No
PA	SGP	E5769592E
Name		

KOOH GIN SHING

Sex
Nationality

M SINGAPORE CITIZEN

Date of birth

12 MAR 1965
Date of issue

31 DEC 2015

Modifications

SEE PAGE 2

National ID No
077001607

573091481

CHINESE

SHING

THE UNIVERSITY OF CHICAGO

GP7303124

100

10

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Addendum Sheet

GENERAL INSURANCE ASSOCIATION OF SINGAPORE
RECORDS MANAGEMENT CENTRE

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 : MPA 218064718 Vehicle Registration No : SKE 9981 C
Name (as shown in NRIC) : ROOH CAH SHINY
(*Vehicle Driver / Vehicle Owner) (*) Please delete as appropriate
NRIC/Passport No : S7309148I
Address : 8 Geylang East Avenue 2 #05-04 S(389757)
Contact (Tel) : _____ (H/P) : 90210364
(Email) : aloyusius@emotive-design.com
Date of Accident : 12/5/18 Time of Accident : 1930
Place of Accident : Orchard Turn (Takashimaya Drive Turn)
Insurance Company : Tokio Marine

(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:

Kindly attach the proof to show go overseas next day
after accident happen. Attach passport.



[Signature]

Signature of Vehicle Owner / Driver

Date: