

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	11/06/2018 09:12
Date Of Accident	09/06/2018 14:45
Exact Location Of Accident	SERANGOON GARDEN MARKET (OPEN CARPARK)
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SLN6875L
Insured/Policyholder	
Name Of Registered Owner	KENNETH LIM BOON TONG
NRIC No	S7729569J
Email Address	BLADEJAZZ@HOTMAIL.COM
Mobile Phone No	(LOCAL) +65-98511171
Alternative Phone No	OFFICE-84989629
Vehicle Particulars	
Manufacturer	HONDA
Model	HR-V-1.5 DX CVT (A)
Exact Purpose for which vehicle was being used at time of accident	PERSONAL TRAVEL
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-MU005778-R01
Cover Note Number	
Driver	
Name of Driver	KENNETH LIM BOON TONG
NRIC No	S7729569J
Date Of Birth	18/10/1977
Occupation	INDOOR
Date Of Driving Pass	21/12/1999
Driving Experience	18 YEARS AND 5 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-98511171
Fax Number	
Contact Number	OFFICE-84989629
Email Address	BLADEJAZZ@HOTMAIL.COM

Address 176 CACTUS ROAD
 Postcode 809666
 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 COLLISION - OPENING DOOR OF VEHICLE
 Weather Conditions CLEAR
 Road Surface DRY

Other Information

Was any foreign vehicle involved in this accident? NO
 Number of vehicles involved in the accident 2
 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) 2
 Passenger 1 NAME: : ETHEL LAM YI JU
 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

REFER TO ATTACHED STATEMENT - THIRD PARTY DIRECT SETTLEMENT.

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 SH7117J
 Vehicle Make/Model/Colour HYUNDAI/SONATA/BLUE
 Details Of Properties
 Vehicle Category TAXI
 Name of Driver CHENG SOO MENG
 NRIC/Passport Number
 Contact Number
 Address
 Postcode
 Insurance Company Name MS FIRST CAPITAL INSURANCE LTD
 Nature Of Damage
 No. Of Passenger (Including Driver)

Vehicle No SLN 6875L

SKETCH PLAN

Annex D

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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.

[Signature]
1600 9 Jun 18

Policyholder's Signature / Date & Time

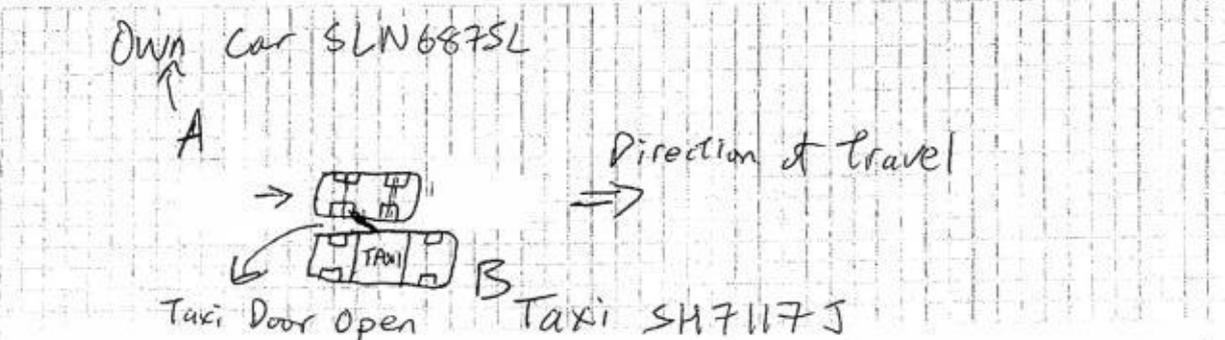
[Signature]

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

[Signature]

Witnessed by Reporting Centre Personnel

Sketch Plan



Please continue to Annex E

Vehicle No SLN 687SL

Annex E

Describe Circumstances of the Accident

I was driving by on the road with the Taxi (SH7117J) parked on my right. ~~when~~ As I passed by in my car, the left rear passenger door opened and scratched the right rear door and ^{right} rear panel of my car.

Declaration

We declare the foregoing particulars are true in every respect.

 1600 9 JAN 18

Policyholder's Signature / Date & Time



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



Witnessed by Reporting Centre Personnel