

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	18/06/2018 16:41
Date Of Accident	16/06/2018 19:20
Exact Location Of Accident	AT DROP OFF POINT FURAMA RIVER FRONT HOTEL NO 405
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SLX6520H
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	18-MI0008949-R01
Cover Note Number	

Driver

Name of Driver	TAN KIM CHENG
NRIC No	S1769636Z
Date Of Birth	11/04/1966
Occupation	OUTDOOR
Date Of Driving Pass	13/01/1988
Driving Experience	30 YEARS AND 5 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-93203725
Fax Number	
Contact Number	
Email Address	KCTAN66@GMAIL.COM

Address	295 TAMPINES ST 22 #12-512
Postcode	520295
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	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?	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)	3
Passenger 1	NAME: : LAWRENCE TONG GENDER: : MALE
Passenger 2	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 16/06/2018 AT ABOUT 1922 HRS AT DROP OFF POINT OF FURAMA RIVER FRONT HOTEL, NO 405 HAVELOCK ROAD, MY VEHICLE (A) WAS STATIONARY STOP BEHIND VEHICLE (B) AT THE ABOVE MENTIONED PREMISES WHILE ALIGHTING MY CUSTOMER. SUDDENLY A VEHICLE (B) REVERSED HER VEHICLE WITHOUT CAUTIOUS AND WITHOUT PROPER LOOKOUT HENCE COLLIDED ONTO MY FRONT PORTION OF MY VEHICLE (A) CAUSING DAMAGES TO MY VEHICLE. DURING THE IMPACT MY PASSENGER WAS HALFWAY ALIGHTING FROM MY VEHICLE AND WAS INJURED. I HAVE 2 PASSENGERS DURING THE INCIDENT.

Attachment(s)

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

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	SLR9794X
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)

DETAILS OF INJURED PERSON 1

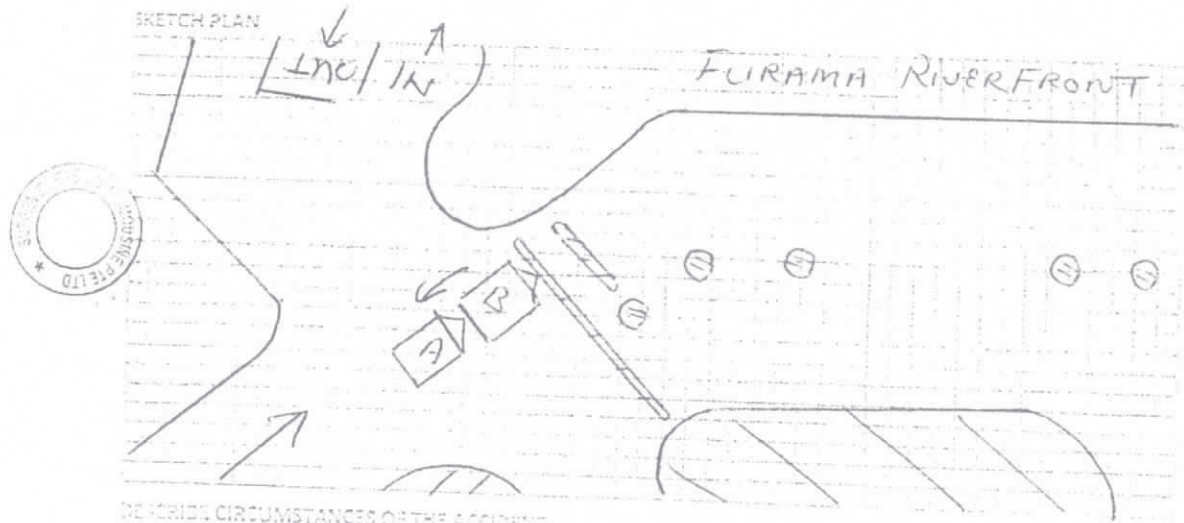
Name LAWRENCE TONG
Approximate Age
Injuries Sustain
Injured person in which vehicle? SLX6520H
Were seat belts worn?
Was this injured conveyed to hospital by ambulance?
Address
Postcode

DETAILS OF INJURED PERSON 2

Name PASSENGER
Approximate Age
Injuries Sustain
Injured person in which vehicle? SLX6520H
Were seat belts worn?
Was this injured conveyed to hospital by ambulance?
Address
Postcode

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 2. 2. The second part of the document is a table of contents.
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DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

On 16/06/2018 at about 1922 hrs at drop off point of Furama River Front Hotel, No 405 Havelock Road. My Vehicle (A) was stationary stop behind Vehicle (B) at the above mentioned premises while alighting my customer. Suddenly a Vehicle (B) reversed her vehicle without cautious and without proper lookout hence collided onto my front Portion of my Vehicle (A) causing damages to my vehicle. During the impact my passenger was half way alighting from my vehicle and was injured. I have 2 passengers during the incident.

(A) SLX 6520 H
(B) SLR 9794 X

DECLARATION

I hereby declare that the above information is true and correct to the best of my knowledge.

Police Officer's Signature
Date & Time:

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

Reporting Centre Person's Signature
Name:
NR (CPN) No: