#### 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 <u>truthful and accurate</u> as possible. Any wilful misrepresentation or witholding 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

aforesaid.	
	ACCIDENT STATEMENT
Date Of Report	06/07/2018 12:34
Date Of Accident	05/07/2018 14:55
Exact Location Of Accident	BIDEFORD RD PARAGON MALL EXIT
Country/State of Loss	SINGAPORE
	DETAILS OF OWN VEHICLE
Vehicle Registration Number	SLX3193M
Insured/Policyholder	
Name Of Registered Owner	BLAZE MOTORING PTE LTD
Co Reg No	201531362N
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-85225202
Alternative Phone No	OFFICE-85225202
Vehicle Particulars	
Manufacturer	ТОУОТА
Model	PRIUS HYBRID 1.8E CVT
Exact Purpose for which vehicle was being used at time of accident	COMMERCIAL 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 HIRE
Insurance Company	
Name of Insurance Company	TOKIO MARINE INSURANCE SINGAPORE LTD
Type Of Coverage	COMPREHENSIVE
Fleet Policy	NO
Policy Number	18-MJ000417-R00
Cover Note Number	
Dutina	

#### Driver

Name of Driver

NRIC No

S7983590J

Date Of Birth

Occupation

Outdoor

Date Of Driving Pass

LIM FOO SHIN

04/10/1979

Outdoor

24/01/2006

Driving Experience 12 YEARS AND 5 MONTHS

Gender MALE

Mobile Number (LOCAL) +65-87433053

Fax Number

Contact Number OFFICE-87433053

EMail Address NOEMAIL

Address 10A BRADDELL HILL

#11-03

Postcode 579720

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 2
Was any body injured in the Accident? YES
Was any injured conveyed to hospital by ambulance?

Was any other material or property damaged?

I have been approached by unknown person(s) soliciting/offering accident claims assistance.

Number of Passengers (Including Driver) 1

**Details of Police Action** 

Was the accident reported to the police? YES

If Yes, Please state which Police Station

Police Station Name GEYLANG NEIGHBOURHOOD POLICE CENTRE

NO

Police Station Address ROAD: 132 PAYA LEBAR ROAD, POSTCODE: 409014, COUNTRY:

SINGAPORE

Police Station Contact **TEL NO**: 1800-8486999 - **FAX NO**: 68486799

Was notice of intended Prosecution given?

If Yes, against whom?

**Circumstances of Accident** 

REFER TO POLICE REPORT - T/20180706/2040.

Attachment(s)

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

**DETAILS OF OTHER VEHICLE PROPERTY 1** 

Vehicle Registration Number SGN9173T

Vehicle Make/Model/Colour

**Details Of Properties** 

Vehicle Category PRIVATE CAR

Name of Driver TAN GEE JIAN

NRIC/Passport Number S0461408I

**Contact Number** 

Address Postcode

Insurance Company Name

Nature Of Damage

No. Of Passenger (Including Driver)

Passenger 1

2

NAME: GENDER:

#### **DETAILS OF INJURED PERSON 1**

LIM FOO SHIN Name

Approximate Age

Injuries Sustain **NECK & BACK** Injured person in which vehicle? SLX3193M

Were seat belts worn? YES

Was this injured conveyed to hospital by

ambulance?

NO

Address

Postcode

#### **Accident Sketch Plan**

#### SKETCH PLAN

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- The 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.
- By the lodgment 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.
- 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:
  - 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:
  - 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

for complying with requirements under any regulations, laws or court orders.

Policyholder's

Driver's Signature

(If driver is not the policyholder)

Date & Time:

Reporting Centre Personne's Signature

Name:

NRIC/FIN No.:

#### **Accident Sketch Plan**

ETCH PLAN	
1 2	A: SLX3193M
	A: SLX3193M B: SGN9173T
SCRIBE CIRCUMSTANCES OF THE ACCIDENT	
Refer to police report-7/20180706/21	90
CLABATION	
e de la true in every respect.	
Cyholog s Spanner Driver's Signature	Reporting Centre Personne S Signature

Date & Time;

NRIC/FIN No.:

#### Police Report





1 of 3

Police Station Of Origin:

Report No. T/20180706/2040

Geylang N.P.C 132 Paya Lebar Road SINGAPORE 409014 Tel No: 1800-8486999

#### REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 06/07/2018 11:51		Made:	Vide Report No.:	Station Diary No.: 44	
Informa	nt's Partic	ulars		CANAL TO SELECT AND ASSESSMENT OF THE PARTY	
Name of	Informant: SHIN		Address: 10A BRADDELL HILL #11-03 SINGAPORE 579720		
ID Type / ID No.: NRIC NO / S7983590J		90J	Contact No.: Home/Office: Mobile: 87433053		
National MALAYS	1777 1777 17		Email:		
Sex: Male	Age: 38	Date of Birth: 04/10/1979	Type of Informant: Driver		
Race: Chinese			Language:	Institution / School Name:	
Occupation: Driver			Driving Licence Information	Date of Expiry:	

Type of Accident:	Non-Injury Others	Drink Drive: No	Date/Time of Accident: 05/07/2018 14:55	Type of Location	
CRCHARD R					
In front of Paragon Exit Weather:		Road Surface:		Road Speed Limit:	
Traffic Flow:		Traffic Control:		Traffic Volume:	
riamo riow.		Type of Collision:			

Details of Vehicle Involved						
Vehicle No.	Туре	Make	Model	Color	Condition	No of Passenger
SGN9173T	Car				Slightly Damaged	0
SLX3193M	Car				Seriously Damaged	0

#### Police Report





2 of 3

Police Station Of Origin: Geylang N.P.C 132 Paya Lebar Road SINGAPORE 409014 Tel No: 1800-8486999

Report No. T/20180706/2040

CONTINUATION OF REPORT

#### Brief Details.

On the above mentioned date time nd location, while I was exiting to Orchard Road from Paragon on the left most lane, A Sliver vehicle bearing plate number SGN9173T hit on to the rear right bumper of my vehicle. The impact causes my bumper to be loosen, and lights to be damaged. And I wish to state that I suffered from both neck and back pain due to the impact, and was given 5 days of MC for the injuries. I also do not have any CCTV recording device in my vehicle at the point of time.

#### **Police Report**





Police Station Of Origin:
Geylang N.P.C
132 Paya Lebar Road SINGAPORE 409014
Tel No: 1800-8486999 CONTINUATION OF REPORT

3 of 3 Report No. T/20180706/2040

#### Sketch Plan

Informant is not able to provide sketch plan

IMPORTANT: Please attach a copy of your vehicle's Insurance Certificate to this report. If you don't have the certificate with you now, please fax a copy to 65474885 stating the **report number** as reference.

Signature Of Officer Recording The Report: G / Sgt 2 TOO YONG FOOK	Signature Of Informant:
Signature Of Interpreter: Not applicable	Date/Time: 06/07/2018 11:51
Officer In Charge Of Case: TP / GIA / Staff Sgt WONG SIEU LUI Contact No.: 65476151	Classification Of Case:
Authentication Stamp NP168	



















































