SINGAPORE ACCIDENT STATEMENT

IMPORTANT NOTICE

- Please report <u>correctly</u> the details of the accident to speed up the claims process
- 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 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.

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

07/07/2018 11:04

Date Of Accident

06/07/2018 18:35

Exact Location Of Accident

BLK233 JURONG EAST ST 21 OSCP

SINGAPORE Country/State of Loss

DETAILS OF OWN VEHICLE

Vehicle Registration Number

SLV7709K

Insured/Policyholder

Name Of Registered Owner

ZUNAIRAH BINTE JANIS

NRIC No

S8308114G

Email Address

NOEMAIL

Mobile Phone No

(LOCAL) +65-90213121

Alternative Phone No

OTHERS-93210471

Vehicle Particulars

Manufacturer

HONDA

Model

SHUTTLE-1.5 G CVT (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-MT000188

Cover Note Number

15/01/2018 - 14/01/2019

Name of Driver

MOHAMMAD HISHAM BIN ISA

NRIC No. Date Of Birth S8104073G 15/02/1981

Occupation

INDOOR

Date Of Driving Pass

14/07/2010

Driving Experience

7 YEARS AND 11 MONTHS

Gender

MALE

Mobile Number

(LOCAL) +65-93210471

Fax Number

OTHERS-91213121

Contact Number

HI SH81@HOTMAIL.COM

EMail Address

BLK 384 BUKIT BATOK WEST AVE 5 Address

#01-330

650384 Postcode

Was driver an employee of the Insured's Company NO

SPOUSE If No, Relationship of the Driver with the Insured

Vehicle Registration Number of Driver's Own

Vehicle

Insurance Company of Driver's Own Vehicle

General Information of the Accident

COLLISION - HEAD ON COLLISION Type Of Accident

CLEAR Weather Conditions DRY Road Surface

Other Information

ambulance?

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

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

REFER TO THE SKETCH PLAN BY DRIVER

Attachment(s)

Are accident photos available for attachment?

YES

Was there any video captured by Car Camera?

YES

Remarks/ Reasons:

PASS TO OWN WORKSHOP

Was there any audio recorded?

NO

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number

SHD3948E

Vehicle Make/Model/Colour

NRIC/Passport Number

Details Of Properties

TAXI

Vehicle Category

TANG KANG HO

Name of Driver

S1763902A

Contact Number

Address

Postcode

Insurance Company Name

Nature Of Damage

No. Of Passenger (Including Driver)

Sketch Plan Pg. 1

SKETCH PLAN

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- The issue and acceptance of this Form by insurance companies is not an admission of policy liability on the part of the insurance companies.
- Any false reporting may be referred to the Police for Investigation.
- 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)
 - 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
 - (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 Sering Eastennel's Signature

Name:

NRIC/FIN No.:

Sketch Plan Pg. 2

Vehicle A: SW 7109K Vehicle B: SMD 3048E Vehicle C/Others: BIR 333 BIR 33		SIV FROOK	Vehicle B	SHD 3948 E	Location: _	:/Others	,	
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Policyholder's Signature

Date & Time:

Driver's Signature (If driver is not the policyholder)

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