

## 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	04/08/2018 10:55
Date Of Accident	03/08/2018 19:15
Exact Location Of Accident	LORNIE ROAD
Country/State of Loss	SINGAPORE

### DETAILS OF OWN VEHICLE

Vehicle Registration Number	SGN3973R
<b>Insured/Policyholder</b>	
Name Of Registered Owner	COMFORT LIMOUSINE SERVICES PTE LTD
Co Reg No	201508380W
Email Address	NOEMAIL
Mobile Phone No	
Alternative Phone No	OFFICE-68628878

### Vehicle Particulars

Manufacturer	TOYOTA
Model	WISH-1.8 (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	THIRD PARTY
Fleet Policy	YES
Policy Number	18-MG000492-R03
Cover Note Number	

### Driver

Name of Driver	HOVINGA MARTIJN
NRIC No	S2742907F
Date Of Birth	04/10/1960
Occupation	OUTDOOR
Date Of Driving Pass	22/10/2010
Driving Experience	7 YEARS AND 9 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-97608686
Fax Number	
Contact Number	
EMail Address	NOEMAIL

Address	28 DUCHESS ROAD #03-06 SINGAPORE
Postcode	269030
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	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)	4
Passenger 1	NAME: : PASSENGER A GENDER: : FEMALE
Passenger 2	NAME: : PASSENGER B GENDER: : MALE
Passenger 3	NAME: : PASSENGER C GENDER: : MALE

#### 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 ATTACHED STATEMENT

#### 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	SMA138C
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	PRIVATE CAR
Name of Driver	NG SOO CHING
NRIC/Passport Number	S9447340C
Contact Number	98315518

Address

Postcode

Insurance Company Name

CHINA TAIPING INSURANCE (SINGAPORE) PTE. LTD.

Nature Of Damage

No. Of Passenger (Including Driver)

## Accident Sketch Plan Pg. 1

### 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.



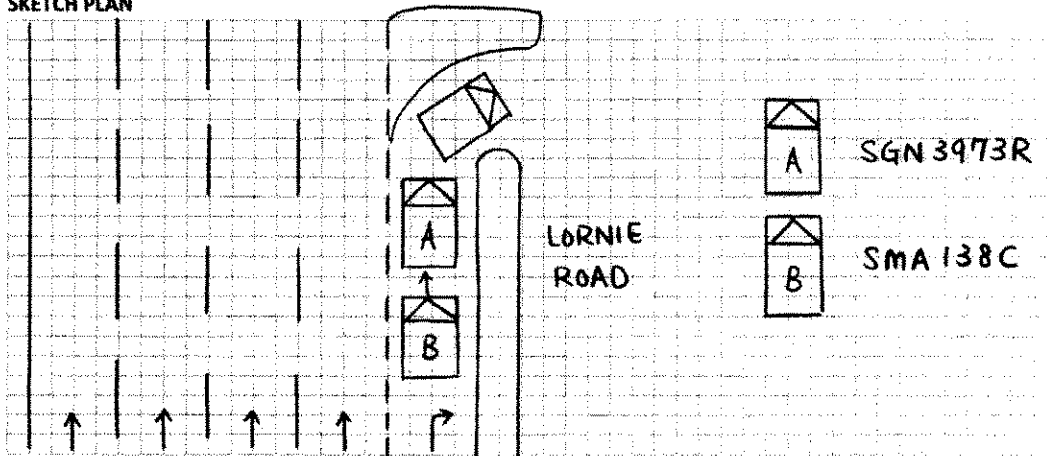
Policyholder's Signature  
Date & Time:

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

Reporting Centre Personnel's Signature  
Name:  
NRIC/FIN No.:

## Individual Statement Pg. 1

### SKETCH PLAN

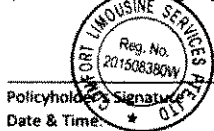


**DESCRIBE CIRCUMSTANCES OF THE ACCIDENT**

Refer attached statement

## DECLARATION

I/We declare the foregoing particulars are true in every respect.



Policyholder's Signature \_\_\_\_\_  
Date & Time: \_\_\_\_\_

GAMES SketchPlatform: v4


Driver's Signature  
(If driver is not the policyholder)  
Date & Time: 11 Aug -

Date & Time: 4 Aug 2018  
10:29 AM

Reporting Centre Personnel's Signature  
Name:  
NRIC/FIN No.:

On 03.08.2018 @ 1915 hrs, my car SGN3973R was stationary with three passengers (one female two males) along Lornie Road on most right lane (strictly for U-turn only) queuing for U-turn as the traffic light was in red. While stationary, one car SMA381C collided onto my car rear portion.

After the accident, we immediately alighted from our cars to check on the circumstances. We exchanged particulars and took the accident scene photos. I did record down our conversation and the driver of SMA381C admitted her fault through the voice recording. I also recorded the testimonial of one of my passengers who confirmed that the above is exactly what happened. At the material time of the accident, nobody injured in the accident.

  
Hovinga Martijn  
4 Aug 2018  
10:29 AM

**GENERAL INSURANCE ASSOCIATION OF SINGAPORE  
RECORDS MANAGEMENT CENTRE**

6 Raffles Quay #18-00, Singapore 048580  
Phone: +65 6224 0010 Fax: +65 6224 0030  
Operating Hours: Monday to Friday 9am to 5pm  
GST Registration No: M400017735

**Third Party Insurer Enquiry**

Our Ref No: GR-18-119770  
Date of Request: 04/08/2018

Your Ref No: Online Purchase

Prime Auto Claims Service Pte Ltd  
6 Benoi Place  
Singapore 629927

Dear Sir/Madam,

Enquiry Date 04/08/2018  
Enquiry By Liu Pei Yee  
TP Vehicle No. SMA138C  
Accident Date 03/08/2018

**Enquiry Result**

TP Vehicle No.	Insurer	Period of Insurance	Insurer Tel. No.
SMA138C	China Taiping Insurance (Singapore) Pte. Ltd.	24/05/2018-23/05/2019	6389 6111

Thank You.

The images provided to you are taken from the original reports forwarded to the centre by the members of the General Insurance Association of Singapore and we take no responsibility for their accuracy or contents and shall be under no liability whatsoever for any loss or damage arising out of or in connection with the reports or their images.

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