

**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	10/08/2018 09:26
Date Of Accident	06/08/2018 16:00
Exact Location Of Accident	ALONG MOULMEIN ROAD BEFORE SINARAN DRIVE
Country/State of Loss	SINGAPORE

**DETAILS OF OWN VEHICLE**

Vehicle Registration Number	SKQ7882E
<b>Insured/Policyholder</b>	
Name Of Registered Owner	LEE E VEN
NRIC No	S7176968B
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-96885309
Alternative Phone No	OFFICE-96885309

**Vehicle Particulars**

Manufacturer	HONDA
Model	ODYSSEY-2.4 EXV-S CVT SR (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	MOTORCYCLE

**Insurance Company**

Name of Insurance Company	TOKIO MARINE INSURANCE SINGAPORE LTD
Type Of Coverage	COMPREHENSIVE
Fleet Policy	NO
Policy Number	
Cover Note Number	

**Driver**

Name of Driver	LEE E VEN
NRIC No	S7176968B
Date Of Birth	08/02/1971
Occupation	INDOOR
Date Of Driving Pass	04/05/2005
Driving Experience	13 YEARS AND 3 MONTHS
Gender	FEMALE
Mobile Number	(LOCAL) +65-96885309
Fax Number	
Contact Number	OFFICE-96885309
Email Address	NOEMAIL

Address	BLK 671 HOUGANG AVENUE 8 #07-699
Postcode	530671
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	COLLIDED INTO MOTORCYCLIST
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?	NO
Was any injured conveyed to hospital by ambulance?	
Was any other material or property damaged?	NO
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

ON 6/7/2018 @ 1600HRS, I WAS DRIVING VEHICLE NUMBER(SKQ7882E) ALONG MOULMEIN ROAD BEFORE TURNING TO SINARAN DRIVE. WHILE WAITING IN QUEUE TO DO A TURN, MOTORCYCLE (FBE7974T) RIDE IN BETWEEN OF THE CURB AND MY CAR (SKQ7882E) HITS MY LEFT SIDE SIDE MIRROR. WHEN THE BIKE FELL, THE BIKE HITS MY LEFT SIDE PANEL AND BUMPER. NO INJURIES AT THE SCENE. THE MOTORCYCLIST HAD AGREED TO PROCEED WITH THIRD PARTY CLAIM.

#### Attachment(s)

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

## Sketch Plan


### SKETCH PLAN


#### IMPORTANT NOTICE


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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: 7/8/18 4pm

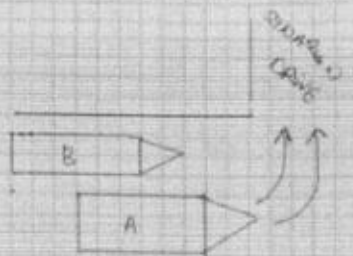
  
Driver's Signature  
(If driver is not the policyholder)  
Date & Time: 7/8/18 4pm

  
Reporting Centre Personnel's Signature  
Name: KALIMAHARAO JONATHAN  
NRIC/FIN No.: 58725772C



# Sketch Plan #2

## SKETCH PLAN



A: SKG 7892E  
B: LBE 7974T

## DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

On 27/08/2018 @ 1600hrs, I was driving along Westmead Rd towards waiting turn to Sharrah Drive. While queuing up to turn at slow traffic suddenly vehicle number LBE 7974T dash and hit my left side side mirror. As when bike fell, the bike scratch my left side fender and bumper. No injuries at the scene. The involve vehicle is aware that I will proceed for third party claim in which the rider agreed.

## DECLARATION

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

Policyholder's Signature

Date & Time: 27/8/18 4PM

Driver's Signature

(If driver is not the policyholder)

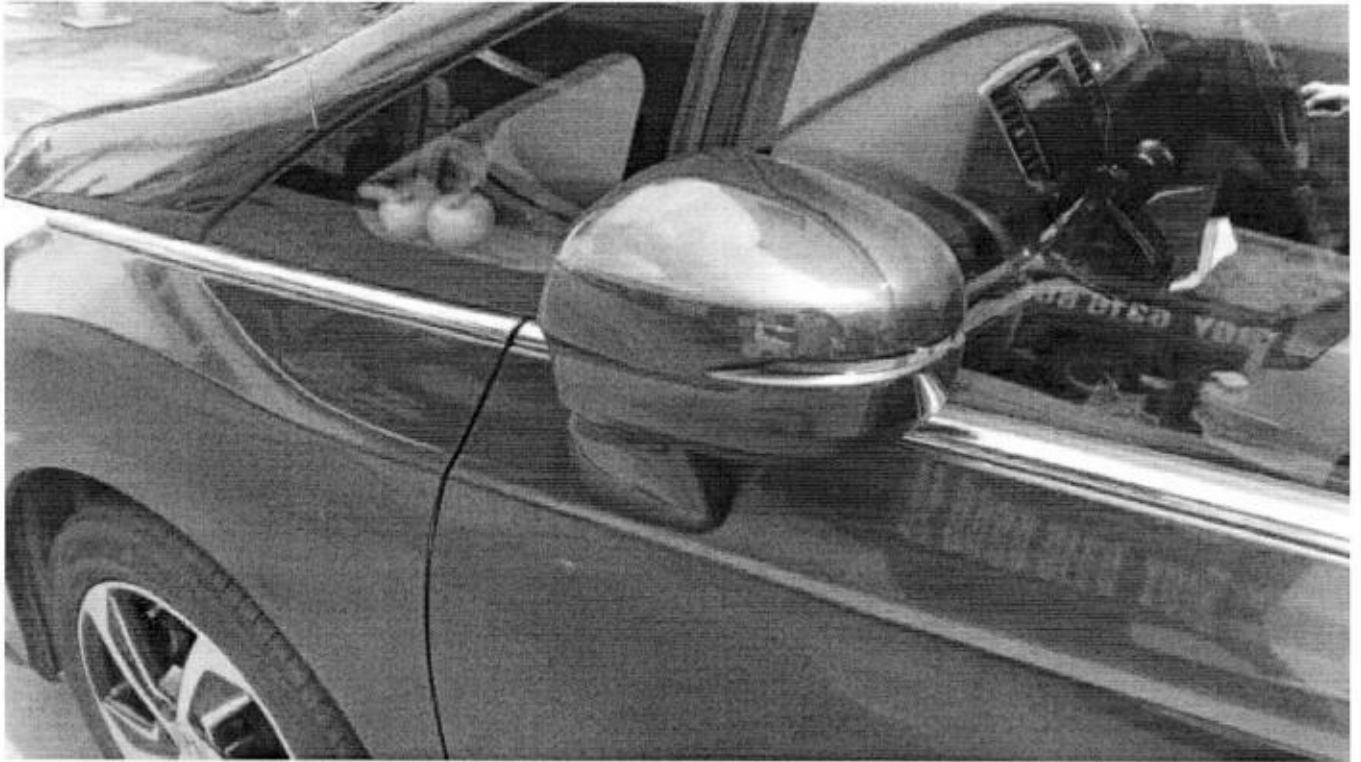
Date & Time: 27/8/18 4PM

Reporting Centre Personnel's Signature

Name: Muhammad Idrees

NRIC/FIN No: S8325272

Accident Photo



Accident Photo





Accident Photo

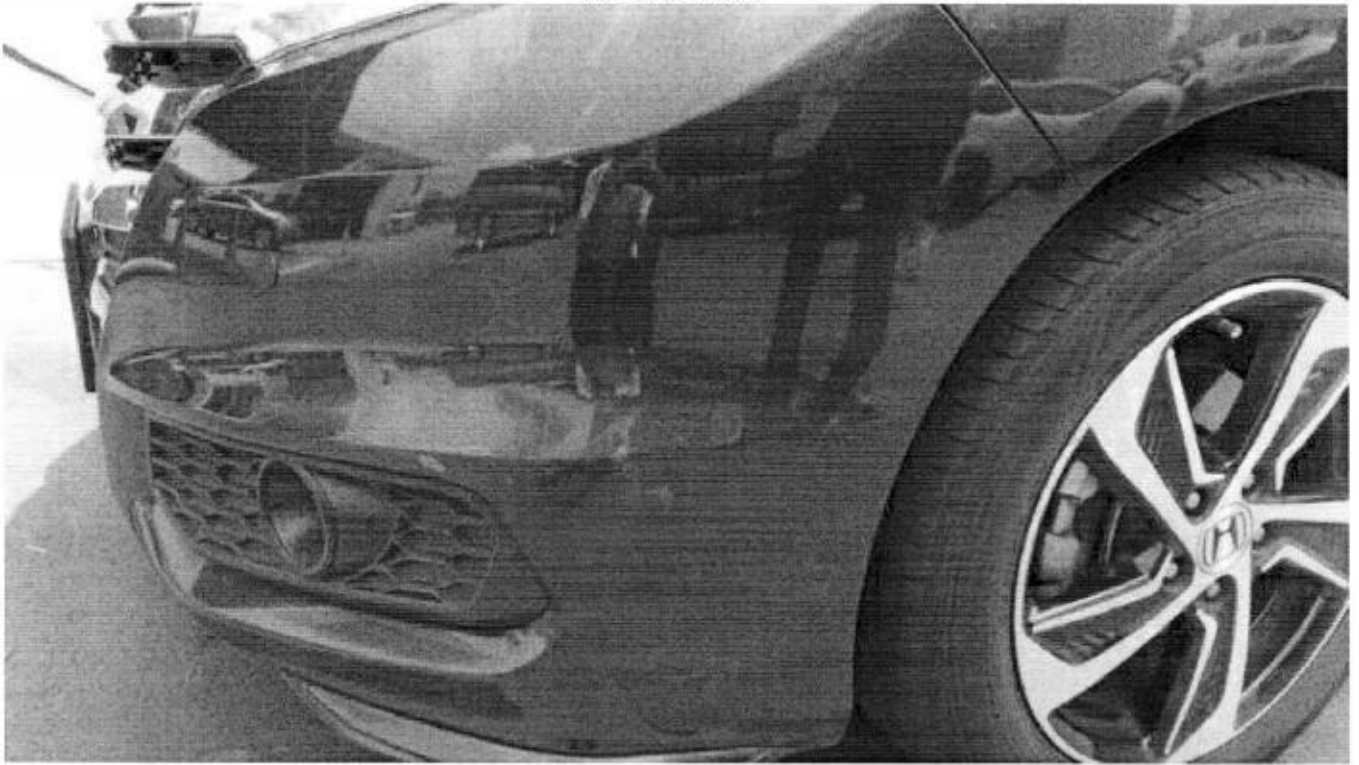


Accident Photo





Accident Photo



Driving License



Identification Card

