

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	25/08/2018 09:45
Date Of Accident	23/08/2018 18:40
Exact Location Of Accident	KPE TOWARDS TPE AFTER KALLANG WAY EXIT
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SLK968H
Insured/Policyholder	
Name Of Registered Owner	HO YU DA (HE YUDA)
NRIC No	S8408119A
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-97420326
Alternative Phone No	OFFICE-88888888

Vehicle Particulars

Manufacturer	HONDA
Model	HR-V-1.5 DX 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 CAR

Insurance Company

Name of Insurance Company	TOKIO MARINE INSURANCE SINGAPORE LTD
Type Of Coverage	COMPREHENSIVE
Fleet Policy	NO
Policy Number	17-MU000112-R00
Cover Note Number	

Driver

Name of Driver	HO YU DA (HE YUDA)
NRIC No	S8408119A
Date Of Birth	17/03/1984
Occupation	INDOOR
Date Of Driving Pass	11/05/2005
Driving Experience	13 YEARS AND 3 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-97420326
Fax Number	
Contact Number	OFFICE-88888888
EEmail Address	NOEMAIL

Address	BLK 334A ANCHORVALE CRESCENT #08-120
Postcode	541334
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	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	
Was any body injured in the Accident?	NO
Was any injured conveyed to hospital by ambulance?	
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: : TAN XIN MING GENDER: : FEMALE
Passenger 2	NAME: : HO JING XUAN GENDER: : FEMALE
Passenger 3	NAME: : HO ZI XUAN 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 23/08/2018 AT ABOUT 1840HRS AT KPE (TPE) FROM PIE (CHANGI). I WAS TRAVELLING ON THE EXTREME LEFT LANE ALONG KPE TOWARDS TPE AND SUDDENLY A VEHICLE (B) ON MY RIGHT VEERED INTO MY LANE WITHOUT CAUTIOUS AND HENCE COLLIDED ONTO MY WHOLE RIGHT PORTION OF MY VEHICLE (A) CAUSING DAMAGES TO MY VEHICLE. I HAVE THREE PASSENGERS INSIDE MY VEHICLE. (A) SLK968H (B) GBD9299B

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	GBD9299B
Vehicle Make/Model/Colour	NISSAN
Details Of Properties	
Vehicle Category	COMMERCIAL VEHICLE
Name of Driver	

NRIC/Passport Number

Contact Number

Address

Postcode

Insurance Company Name

Nature Of Damage

No. Of Passenger (Including Driver)

SKETCH PLAN

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6. 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 the report will for a fee be made available upon application by interested parties.
7. By the lodgment of this report to the Insurers, you hereby consent to the archiving of the report and the parties on the report and the report being made available aforesaid.
8. Consent under the Personal Data Protection Act (PDPA)

I understand, acknowledge, agree and consent that:

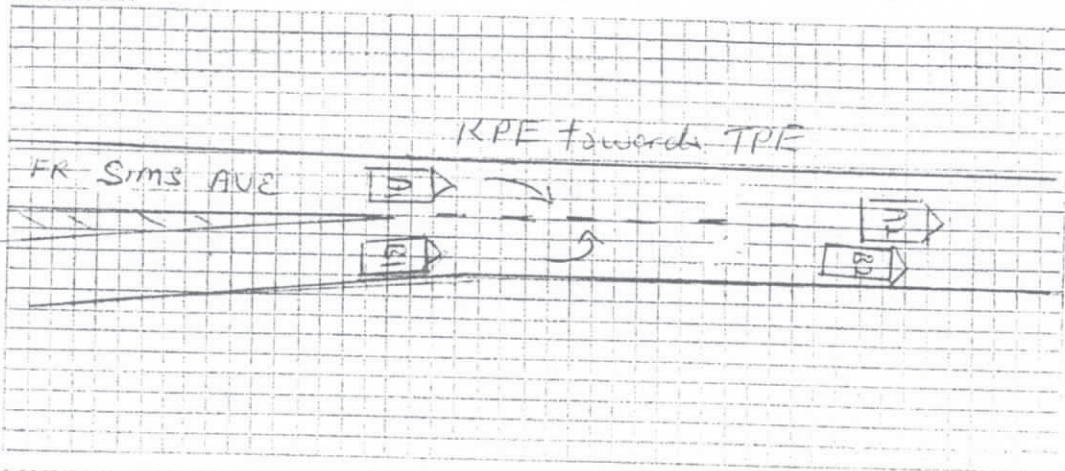
- (a) My insurer, my workshop and the General Insurance Association of Singapore ("GIA") may/are permitted to collect, use, disclose and/or process my personal data/personal information set out in this (form) and any other personal information provided by me or possessed by my insurer (collectively the "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:
 - (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 Insurers who have insured vehicle(s) involved in this accident and the Insurers' lawyers/law firms, may/are permitted, to have access, disclose and/or process my Personal Information for the purpose(s) of the Purposes stated in (a).
- (c) my Personal Information may/are be disclosed by any of the Insurers and/or GIA to third third parties for the purposes or agents including their lawyers/law firms, who may/are use the outside of Singapore, where or more are disclosed to third parties.
- (d) my Personal Information may/are be collected and used to manage the claims history for the "Insurers" and disclosure, to assist in an emergency response to the claims history.
- (e) the information so collected, stored, used and/or disclosed:
 - (i) to all Insurers and/or any concerned 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:

Supporting Insurer Representative's Signature
Name:
NRIC/IN No.:

SKETCH PLAN



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

On 23/08/2018 at about 1840 hrs at KPE (TPE)
 from PTE (Cheng). I was travelling on the extreme
 left lane along KPE towards TPE and suddenly a
 vehicle (R) on my Right veered into my lane
 without caution and hence collided onto my
 whole Right Portion of my Vehicle (A) causing
 damages to my vehicle. I have three passenger
 inside my vehicle.

(A) SLK 968 H
 (R) GRD 9549 B

Note: Please note that your insurer may have 14 days time frame for you to submit an Own Damage Claim under your own comprehensive policy. Please check your policy for more information.

DECLARATION

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

[Signature]

Policyholder's Signature
 Date & Time:

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

[Signature]
 Reporting Centre Personnel's Signature
 Name:
 NRIC/ID No: